A CITY OF WISCONSIN DELLS MEETING AGENDA

Meeting Description COMMON COUNCIL MEETING

Date: MONDAY, JUNE 19, 2017 **Time:** 7:00PM **Location:** MUNICIPAL BUILDING

300 LA CROSSE STREET, WISCONSIN DELLS, WI

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

OPENING	
1	CALL TO ORDER & ROLL CALL
2	PLEDGE OF ALLEGIANCE
3	APPROVAL OF CONSENT AGENDA ITEMS: a. Approval of the May 15, 2017 Common Council Meeting Minutes b. Schedule of Bills Payable dated June 19, 2017 c. Applications for Bartender Licenses
4	COMMITTEE UPDATES BY CHAIRPERSONS: (PARKS & REC, LIBRARY, LEGISLATIVE, RIVER ARTS, PARKING BOARD, PLAN COMMISSION, FINANCE, PUBLIC WORKS, DESIGN REVIEW COMMITTEE, PUBLIC SAFETY & BID)
AGENDA ITEMS	
5	PUBLIC COMMENT/ CITIZEN APPEARANCES FOR ANY NON-AGENDA ITEM
6	APPLICATION FOR A TEMPORARY CLASS B BEER (PICNIC) LICENSE SUBMITTED BY ASSIST WI FOR JULY 4, 2017
7	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY CHULA VISTA/BADGERLAND PYROTECHNICS REQUESTING ROAD CLOSURES FOR A JULY 2, 2017 FIREWORKS EVENT
8	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY JOSEPH LEUTE FOR KILBOURN CITY LIVE MUSIC & ARTS FESTIVAL SEPTEMBER 29-30, 2017
9	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY ED SAARI (MUSCLE CAR ADVENTURES) FOR A MUSCLE CAR PARADE DOWNTOWN AND USE OF CITY PARKING LOTS ON SEPTEMBER 30, 2017
10	APPLICATION FOR A SPECIAL EVENTS PERMIT SUBMITTED BY WISCONSIN DELLS FESTIVALS, INC / WDVCB FOR THE ANNUAL "DELLS ON TAP" OCTOBER 13-14, 2017
11	APPLICATION FOR A TEMPORARY CLASS B BEER (PICNIC) LICENSE SUBMITTED BY WISCONSIN DELLS FESTIVALS, INC FOR DELLS ON TAP OCTOBER 13-14, 2017
12	APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY TIME FANTASY PRODUCTIONS LLC, WILLIAM NEHRING AGENT, FOR THE HIDEAWAY, 2255 WISCONSIN DELLS PARKWAY
13	APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2017 THROUGH JUNE 30, 2018: A. CLASS A BEER LICENSE B. CLASS A LIQUOR LICENSE C. CLASS A BEER & CLASS A LIQUOR LICENSES D. CLASS B BEER LICENSES E. CLASS B BEER & CLASS C WINE LICENSES F. CLASS B BEER & CLASS B LIQUOR LICENSES G. CLASS B BEER & CLASS B (QUOTA PLUS) LIQUOR LICENSES

14	APPLICATIONS FOR RENEWAL OF CIGARETTE & TOBACCO PRODUCT RETAIL LICENSES
15	APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES
16	APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE SUBMITTED BY BRIDGEVIEW CORP.
17	APPLICATIONS FOR RENEWAL OF SEASONAL EMPLOYEE LODGING FACILITY LICENSES
RESOLUTIONS	
18	RESOLUTION TO APPROVE THE REVISED 2017 SCHEDULE OF FEES
19	RESOLUTION TO APPROVE REQUEST BY DELLS SCHOOL DISTRICT REGARDING BUILDING PERMIT FEES
20	RESOLUTION TO ACQUIRE D.O.T. PARCEL ALONG STATE HWY 13 NORTH OF MICHIGAN AVENUE
21	RESOLUTION TO APPROVE THE RIVERWOOD EAGLE'S NEST DEVELOPMENT AGREEMENT
22	RESOLUTION TO APPROVE THE RIVERWOOD EAGLE'S NEST PDD-2 GENERAL DEVELOPMENT PLAN
23	RESOLUTION TO APPROVE THE RIVERWOOD EAGLE'S NEST SITE PLAN FOR PHASE 1A
24	RESOLUTION TO APPROVE THE DELLS RIVER ARTS DISTRICT TRADEMARK USE AGREEMENT (GENERAL) & FORM
25	RESOLUTION TO APPROVE THE DELLS RIVER ARTS DISTRICT TRADEMARK USE AGREEMENT WITH SPORTS IMPRESSIONS, LTD
26	RESOLUTION TO APPROVE THE RIGHTS-OF-WAY AND POLE ATTACHMENT AGREEMENT WITH WITN
27	RESOLUTION TO APPROVE THE COMPLIANCE MAINTENANCE ANNUAL REPORT FOR THE SANITARY SEWER
28	RESOLUTION TO SUSPEND CODE ENFORCEMENT OF SEC. 10.22(1) OVERNIGHT PARKING
29	RESOLUTION TO APPROVE ENDING THIS YEAR'S PARKING ENFORCEMENT SEASON ON SEPTEMBER 30TH
30	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO ALEXIS ELI (BLUEGREEN CORP) IN ORDER TO ALLOW A WALK-UP SERVICE WINDOW AT 29 BROADWAY
31	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO A&G RENTALS INC/CHULA VISTA RESORT IN ORDER TO ALLOW OUTDOOR ENTERTAINMENT/RECREATION/AMUSEMENT AT 2501 RIVER ROAD
32	RESOLUTION TO APPROVE THE SITE PLAN APPLICATION SUBMITTED BY A&G RENTALS INC/CHULA VISTA RESORT TO CONSTRUCT ADDITIONAL OUTDOOR RECREATION AT 2501 RIVER ROAD
33	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO NATHAN GRINDSTAFF/WORKFORCE HOUSING SOLUTIONS, LLC IN ORDER TO ALLOW SEASONAL WORKFORCE HOUSING AT 511 VINE STREET
34	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO HALLIS & JOYCE KLEIER IN ORDER TO ALLOW OVERNIGHT LODGING AT 925 BROADWAY
35	RESOLUTION TO APPROVE A CONDITIONAL USE PERMIT TO WD CEF, LLC/CUTTING EDGE FITNESS IN ORDER TO ALLOW AN EXERCISE STUDIO AT 820 VINE STREET
36	RESOLUTION TO APPROVE CERTIFIED SURVEY MAP REQUESTED BY OLSON BOAT CO. (PAUL OLSON)
ORDINANCE	
37	FIRST (AND POSSIBLE SECOND) READING OF ORDINANCE TO AMEND CODE SEC. 16.06 – LICENSING OF SEASONAL WORKFORCE HOUSING
CLOSING	
38	BUSINESS FOR REFERRAL TO COMMITTEES OR SUBSEQUENT MEETINGS
39	ADJOURNMENT
	NANCY R. HOLZEM, CITY CLERK/COORDINATOR POSTED: 06/16/2017

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

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

ITEM 3c

FOR OFFICE USE ONLY
Receipt# 60172
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 6/8/17 RC -CH
Police Chief: **Approved:** _____
Denied: _____

Please Note:

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

Application Date 6-7-17

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Burch (Last) Hannah (First) Jeanne (Middle)

Home Address 3946 9th Dr. (Street) Wisconsin Dells (City) WI. (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
3635 11th Lane

Drivers License # B620-3309-8918-02 **State Issued** WI

Phone Number 608-432-4925 **Date of Birth** 11-18-1998 **Place of Birth** Madison, WI.

Physical Description Sex F Race White Height 5'9" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Cheesecake Heaven

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

FOR OFFICE USE ONLY
Receipt# 59748
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____

Police Dept Verification: 5-4-17 (noch) (u)
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

Please Note:

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

Application Date 05/03/2017

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name DININSKI (Last) MIROSLAV (First) V (Middle)

Home Address 1043 GALE DR. (Street) WISCONSIN DELLS (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
FOREST DR. APT 714, WISCONSIN DELLS, WI 53965
33A GRAND CANYON DR., APT 201, BARABOO, WI 53913
FOREST DR. APT 807, WISCONSIN DELLS, WI 53965

Drivers License # D552-5587-6374-09 **State Issued** _____

Phone Number 858-692-9314 **Date of Birth** 10/14/1976 **Place of Birth** BULGARIA

Physical Description Sex M Race WHITE Height 5'11" Eye Color: BROWN Hair Color: BROWN

License to be used at (Name of Business) CHULA VISTA RESORT

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: _____ Date: 05/03/2017

Subscribed and sworn to before me this 3rd day of May, 2017.

Tammy L Miller
Notary Public

My Commission Expires: 4-14-18

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 60188
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification 6/12/17 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

Please Note:

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

Application Date 6-8-17

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Gruber (Last) Chloe (First) K (Middle)

Home Address ~~[illegible]~~ ~~[illegible]~~ ~~Street~~ 320 Berkley Blvd. (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
1106 20th St. Baraboo WI 53913

Drivers License # G616-1119-6927-04 **State Issued** WI

Phone Number (608)-434-9733 **Date of Birth** 11/27/96 **Place of Birth** Baraboo

Physical Description Sex F Race White Height 5'5" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Trappers Turn Golf Course

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: Chloe Grubu Date: 6/8/17

Subscribed and sworn to before me this 8th day of June, 20 17.

Tammy L Miller
Notary Public

My Commission Expires: 4-14-18

(SEAL) TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 59926
Amount Paid: $ 100.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 05-23-17 RC -CH
Police Chief: **Approved:** _____
Denied: _____

Please Note:

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

Application Date 5/22/2017

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Howard (Last) Zachary (First) E (Middle)

Home Address 1510 West Pine St. (Street) Baraboo (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years
1875 West Pine St Baraboo WI 53913
909 Cedarview ct. Green Bay WI 54311

Drivers License # H630-9859-1207-03 **State Issued** WI

Phone Number 920-676 9224 **Date of Birth** 06/07/1991 **Place of Birth** Green Bay, WI

Physical Description Sex M Race White Height 5' 10" Eye Color: Blue Hair Color: Blonde

License to be used at (Name of Business) Kickers

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: _____ Date: 5/10/17

Subscribed and sworn to before me this 10th day of May, 2017.

_____ (SEAL)
Notary Public

My Commission Expires: March 24, 2021

(Rev. 3/17)

Chief: Jody Ward

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

FOR OFFICE USE ONLY

Receipt# _____

Amount Paid: $ _____

License Exp. Date Provisional: _____ **(not more than 60 days)**

Operators-June 30, 2018 **(even year)**

Temporary Period _____ **(not more than 14 days)**

Council Date Granted: _____

Police Dept Verification: _____

Police Chief: **Approved:** _____

Denied: _____

License #: _____ **Date Issued:** _____

Tony - ~~608.487.5333~~

Please Note:

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

Application Date 5-17-17

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT

Name Johnson (Last) Matthew (First) Raymond (Middle)

Home Address 524 Pine St. (Street) Wis. Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
1430 Rose St. La Crosse WI, 54603

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

Phone Number (608) 518-8553 **Date of Birth** 3-25-83 **Place of Birth** La Crosse

Physical Description Sex M Race Wh Height 6'' Eye Color: Blue Hair Color: Blonde

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

(Continued)

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

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

Date	**Nature of Offense**	**County**	**State**

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: Martha R. Johnson Date: 0/07/17

Martha R. Johnson

NANCY R. HOLZEM NOTARY PUBLIC STATE OF WISCONSIN

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

Nancy R. Holzem
Notary Public

My Commission Expires: 10-18-2019

(Rev. 03/14)

(Continued)

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

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

Date	Nature of Offense	County	State
6-10-14	Class A-Battery Misdemeanor	Monroe	WI
3-5-15	Disorderly conduct B-Misdemeanor	La Crosse	WI.
3-6-07	Disorderly conduct	Monroe	WI

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

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

Subscribed and sworn to before me this _____ day

of _____, 20_____.

_____ (SEAL)

Notary Public

My Commission Expires: _____

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 60074
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____

License #: _____ **Date Issued:** _____

Police Dept Verification 6/1/17 RC -CH
Police Chief: **Approved:** [signature]
Denied: _____

Please Note:

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

Application Date 5-31-17

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Ledbetter (Last) Shu-li (First) Judy (Middle)

Home Address 1201 Wis Dells Pkwy (Street) Wis Dells (City) Wi (State) 53965 (Zip)

Mail License to (if different from Home Address) PO Box 543 (Street) Wis Dells (City) Wi (State) 53965 (Zip)

Previous Addresses within the past 10 years
Same

Drivers License # L 313-7905-7707-08 **State Issued** Wi

Phone Number _____ **Date of Birth** 6-7-57 **Place of Birth** Taiwan

Physical Description Sex F Race Caucasian Height 5'2" Eye Color: Brown Hair Color: Black

License to be used at (Name of Business) Country Keg

(Continued)

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

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

Date	Nature of Offense	County	State
Between 2000 - 2003		Sauk	Wi

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 5-31-17

Subscribed and sworn to before me this 31st day of May 2017.

Tammy L Miller
Notary Public

My Commission Expires: 4-14-18

TAMMY L MILLER NOTARY PUBLIC (SEAL) STATE OF WISCONSIN

(Rev. 03/14)

tmiller@dellscitygov.com

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

FOR OFFICE USE ONLY
Receipt# 59928
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 05-23-17 RC -CH
Police Chief: **Approved:** _____
Denied: _____

Please Note:

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

Application Date 5-22-17

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Little (Last) Ethan (First) Paul (Middle)

Home Address 524 Vine St (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
W2674 STATE ROAD 33
La Crosse WI 54601

Drivers License # L340-2159-8150-04 **State Issued** _____

Phone Number 608-451-2185 **Date of Birth** 04-30-98 **Place of Birth** La Crosse

Physical Description Sex M Race White Height 5'9" Eye Color: Bro Hair Color: Bro

License to be used at (Name of Business) Skybox

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: [signature] Date: 5-22-17

Subscribed and sworn to before me this 22nd day of May, 2017.

[signature]
Notary Public

My Commission Expires: 10/25/2019

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 59752
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____

License #: _____ **Date Issued:** _____

Police Dept Verification: 5-5-17 (no CA) (LL)
Police Chief: **Approved:** [signature]
Denied: _____

Please Note:

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

Application Date _____

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT

Name Rossi (Last) Frank (First) Charles (Middle)

Home Address 630 E Lake Ave (Street) Wisconsin Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years

15238 Rob Roy Dr Oak Forest Il 60452
5843 Charles Ln Oak Forest Il 60452
1547 S 60th Ct Cicero Il 60445

Drivers License # R200 2638 0108 06 **State Issued** WI

Phone Number 708 979 8113 **Date of Birth** 3/28/80 **Place of Birth** Plantation Fl

Physical Description Sex M Race White Height 5'7" Eye Color: Brown Hair Color: Brown

License to be used at (Name of Business) Cheesecake Heaven

(Continued)

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

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

Date	Nature of Offense	County	State
Apr/17	OWI	Sauk	WI

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Frank C Rosn

Signature of Applicant: Frank C Rosn Date: 5/4/17

Subscribed and sworn to before me this 4th day of May, 2017.

Tammy L Miller (SEAL)
Notary Public

My Commission Expires: 4-14-18

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 60224
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 6/12/17 RC - CH
Police Chief: **Approved:** _____
Denied: _____

Please Note:

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

Application Date 6-9-2017

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Schweda (Last) Carrie (First) L (Middle)

Home Address 1905 Broadway Street (Street) Apt 10 (Street) Wis. Dells (City) WI (State) 53965 (Zip)

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

Previous Addresses within the past 10 years
306 Washington Ave Wis. Dells, WI 53965

Drivers License # S300-1128-4960-08 **State Issued** WI

Phone Number 608-408-7251 **Date of Birth** 12/20/1984 **Place of Birth** Madison

Physical Description Sex F Race W Height 5'7 Eye Color: Green Hair Color: Brown

License to be used at (Name of Business) Shell Travel Mart

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: C Schweda Date: 6/9/17

Subscribed and sworn to before me this 9th day of June, 20 17

Notary Public

My Commission Expires: 10/25/2019

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

(Rev. 03/14)

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

FOR OFFICE USE ONLY
Receipt# 598339
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ **(not more than 60 days)**
Operators-June 30, 2018 **(even year)**
Temporary Period _____ **(not more than 14 days)**
Council Date Granted: _____
License #: _____ **Date Issued:** _____

Police Dept Verification: 5/15/17 BS
Police Chief: **Approved:** _____
Denied: _____

Please Note:

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

Application Date _____

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name Strand (Last) Shad (First) M (Middle)

Home Address 611 Prospect Ave (Street) Portage (City) WI (State) 53901 (Zip)

Mail License to (if different from Home Address) 222 Broadway (Street) Wis Dells (City) WI (State) 53965 (Zip)

Previous Addresses within the past 10 years
318 De Witt Portage WI 53901

Drivers License # S365-7938-3402-05 **State Issued** WI

Phone Number 608-477-2815 **Date of Birth** 11/07/83 **Place of Birth** Norfolk VA

Physical Description Sex M Race Wht Height 6'00 Eye Color: Haz Hair Color: Brown

License to be used at (Name of Business) Polynesian resort

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: _____ Date: 5/12/17

Subscribed and sworn to before me this 12th day of May, 2017.

Tammy L Miller
Notary Public

My Commission Expires: 4-14-18

TAMMY L MILLER NOTARY PUBLIC STATE OF WISCONSIN (SEAL)

(Rev. 03/14)

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

FOR OFFICE USE ONLY 60044
Receipt# _____
Amount Paid: $ 60.00
License Exp. Date Provisional: _____ (not more than 60 days)
Operators-June 30, 2018 (even year)
Temporary Period _____ (not more than 14 days)
Council Date Granted: _____

Police Dept Verification: 6/1/17 RC -CH
Police Chief: **Approved:** _____
Denied: _____

License #: _____ **Date Issued:** _____

Please Note:

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

Application Date June 1, 2017

License Applying For:

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

Check the appropriate box that applies to you:

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

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

PLEASE PRINT
Name ZOSUL (Last) Cassandra (First) _____ (Middle)

Home Address S4362 FOX Hill Circle (Street) BARABOO (City) WI (State) 53913 (Zip)

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

Previous Addresses within the past 10 years

_____

Drivers License # Z240-1009-8627-06 **State Issued** WISCONSIN

Phone Number 608-432-1621 **Date of Birth** 04/07/1998 **Place of Birth** BARABOO

Physical Description Sex F **Race** White **Height** 5'5" **Eye Color:** green **Hair Color:** blonde

License to be used at (Name of Business) Trappers turn

(Continued)

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

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

Date	Nature of Offense	County	State

STATE OF WISCONSIN

COUNTIES OF COLUMBIA, SAUK, ADAMS & JUNEAU

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

Signature of Applicant: _____ Date: 06/01/2017

Subscribed and sworn to before me this 1st day of June 20 17.

_____
Notary Public

My Commission Expires: 10/25/2019

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

(Rev. 03/14)

ITEM 6

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

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

FEE $ 10.00 R# 60305 Application Date: 06/15/2017

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

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

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

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

at the premises described below during a special event beginning 07/04/2017 and ending 07/04/2017 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name ASSIST WISCONSIN

(b) Address 704 WASHINGTON AVENUE *(Street)* ☐ Town ☐ Village ☑ City

(c) Date organized 02/21/2014

(d) If corporation, give date of incorporation

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

(f) Names and addresses of all officers:

President WILL MEISNER

Vice President HOLLY WATERMAN

Secretary MEGAN

Treasurer DAN

(g) Name and address of manager or person in charge of affair: WILL MEISSNER 704 WASHINGTON

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

(a) Street number MUNICIPAL BUILDING PARKING LOT

(b) Lot Block

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

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

3. Name of Event

(a) List name of the event DOWNTOWN 4TH OF JULY CELEBRATION

(b) Dates of event JULY 4, 2017

DECLARATION

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

ASSIST WISCONSIN *(Name of Organization)*

Officer *(Signature/date)* Officer *(Signature/date)* 6/15/17

Officer *(Signature/date)* Officer *(Signature/date)*

Date Filed with Clerk 06/15/2017 Date Reported to Council or Board

Date Granted by Council License No.

ITEM 7

City of Wisconsin Dells

Application for:

SPECIAL EVENTS PERMIT

Application Date: 6/2/17 FEE $160.00 Receipt No. 60115 YS

Name of Applicant: Badgerland Pyrotechnics LLC on Behalf of Chula Vista Resort

Address of Applicant: 2501 River Rd (Chula Vista Resort)

Daytime Telephone Number: (888) 640-3211 Email Address: Shows@Badgerlandpyro.com

Name & Address of Officers, if Corporation: 2305 River Rd Wisconsin Dells WI 53965

Garrett & Adriana Watson Owners Badgerland Pyrotechnics LLC.

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 7/2/17

Type of Event: Fireworks Display - Request to close Chula Vista parking @ 8:45pm to 9:30pm on 7/2/17 Rerouting traffic to Golden Ave.

Location of Event: 2501 River Rd

* Applicant has already been issued a Fireworks Display permit. NH

Number and Types of Participants:

Contact Person: Garrett Watson Telephone No: 888-640-3211 702-812-7797

Fireworks: (YES) or NO Submitted and Approved R# 59867

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

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: N/A

Starting Time & Estimated Ending Time: N/A

Starting Point: N/A

Parade/Run Route: N/A

COPY

Estimated Number of Units/or Runners: N/A

Garrett Watson — Garrett Watson

Printed Name of Applicant — Signature of Applicant — Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

☐ Date Approved: _____ day of _____ 20____

☐ Date Denied: _____ Reason(s): _____

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

Please See Attached MAPS and Cover letter

BADGERLAND
PYROTECHNICS

City of Wisconsin Dells

300 Lacross st

Wisconsin Dell, WI 53965

Re: Special Events Permit request to close Chula Vista Pkwy for 30-45 minutes on July 2, 2017

On July 2, 2017, we are requesting the approval of a Special Events Permit to Close Chula Vista Parkway in Two places for a shc period of time (please see attached maps for layout and details). We request this due to safety guidelines listed under NFPA 1123 of our Fireworks Display starting at approx. 9:00p. We request the closure to start at 8:45p on said date to about 9:30p c earlier if the show ends before 9:30p. Currently the fireworks display is scheduled to end at approx. 9:22p.

The Two places we are requesting to close Chula Vista Pkwy are as follows:

Position #1

At the 4 way stop where River Road and Chula Vista Pkwy intersect. River Road will remain open at all time in both directions

Position #2

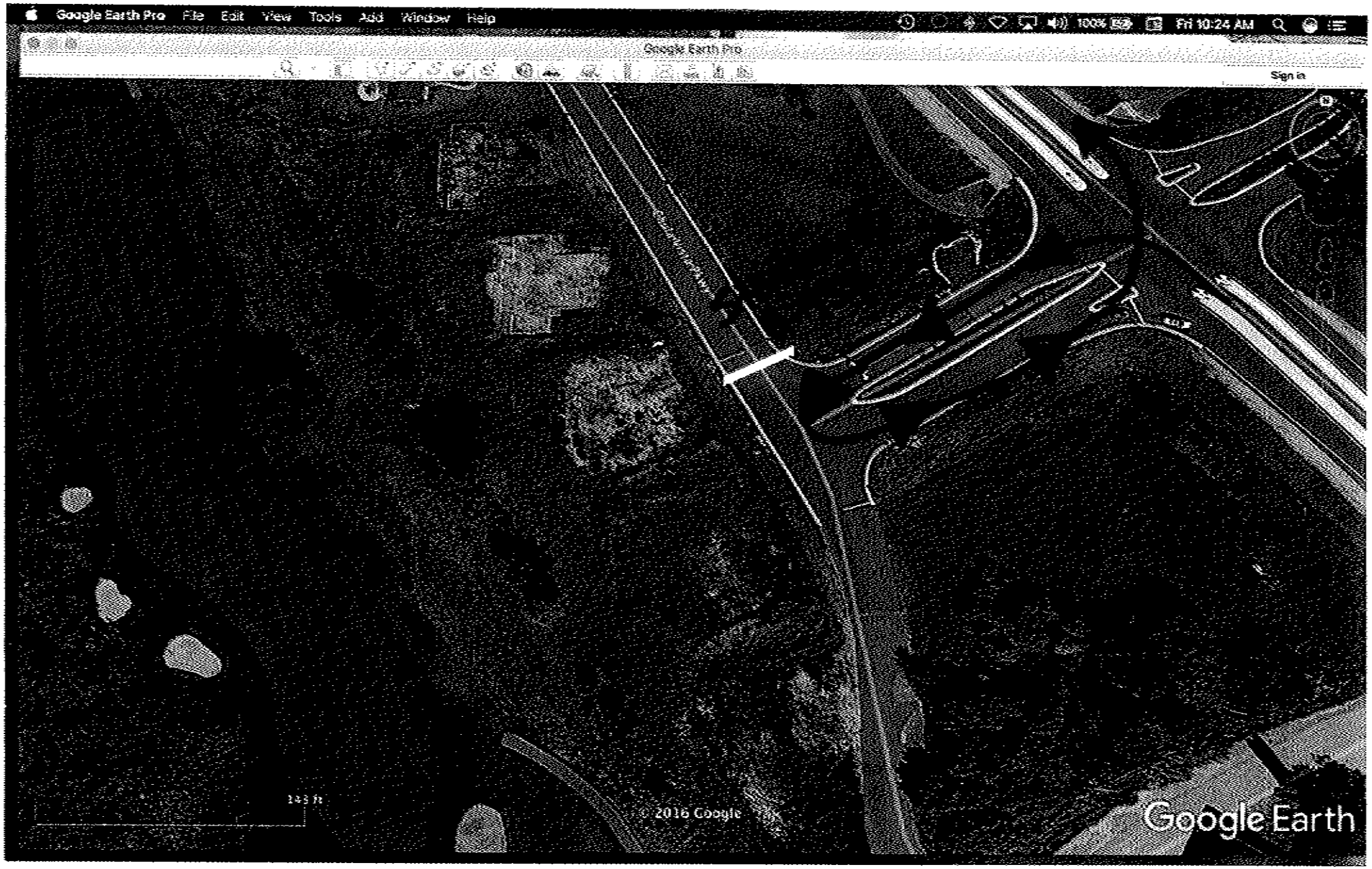
Start of Chula Vista Pkwy coming in off of Hwy 13. The turn around can be used to redirect traffic back out to Hwy 13 t travel North to Golden Ave, allowing accesses river road.

We appreciate your consideration in approving this permit as it allows us proper fallout area should winds be blowing in the direction of Chula Vista Pkwy. We have included a check for the amount of $160 along with this letter, maps and permit form. We understand that there may be additional cost of $35 per hour per officer for their time. Please make out any invoices to Badgerland Pyrotechnics LLC, P.o. Box 213 Wisconsin Dells WI, 53965 and we will be more than happy to drop off payment onc a balance is presented. Should you have any question we can be reached at 1-888-640-3211 (office) 1-702-812-7797 (cell)

Regards,

Garrett Watson

Badgerland Pyrotechnics LLC.
Address: PO Box 213 - Wisconsin Dells, WI. 53965
Email: shows@badgerlandpyro.com
Phone: 888-640-3211
www.BadgerlandPyro.com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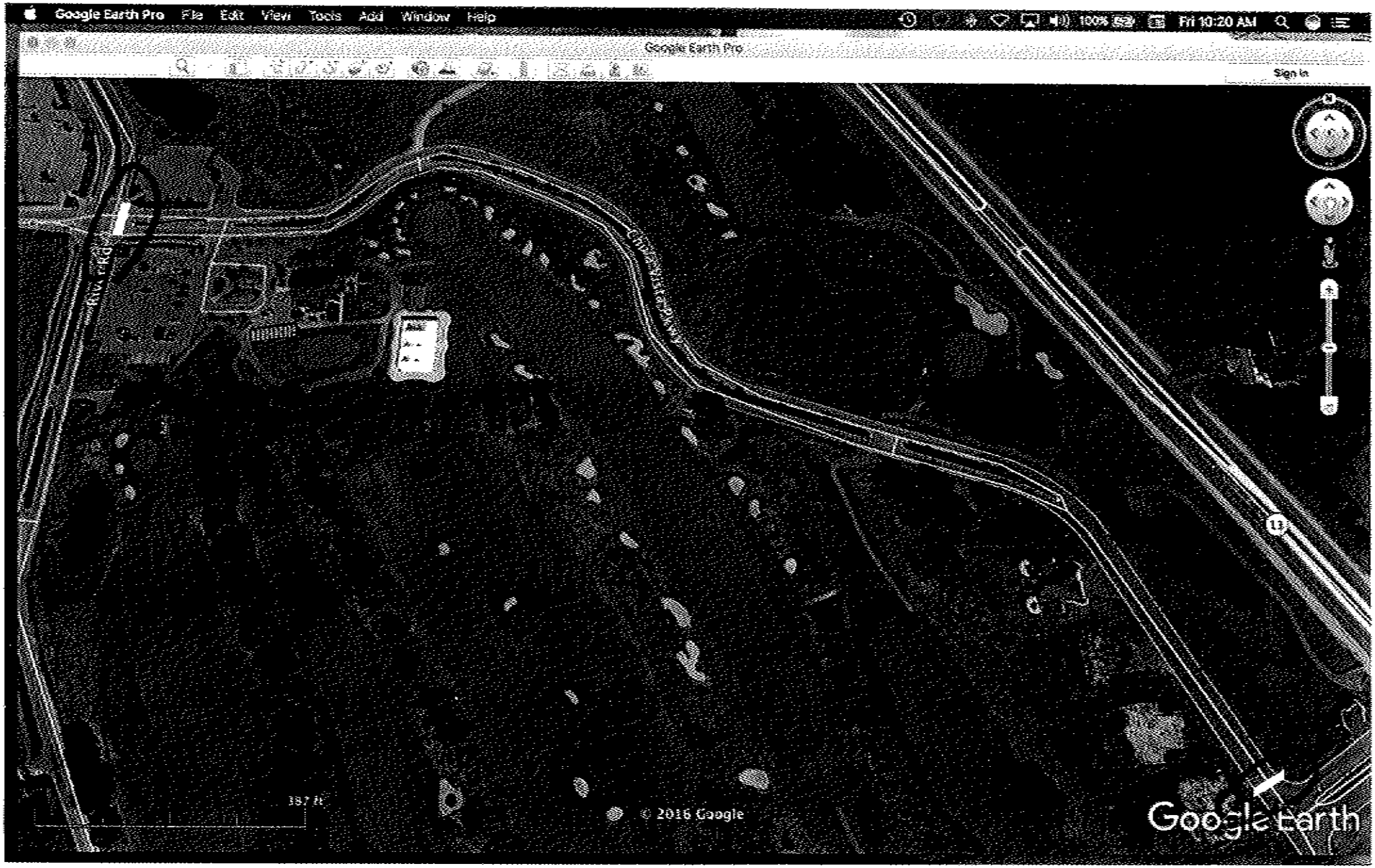
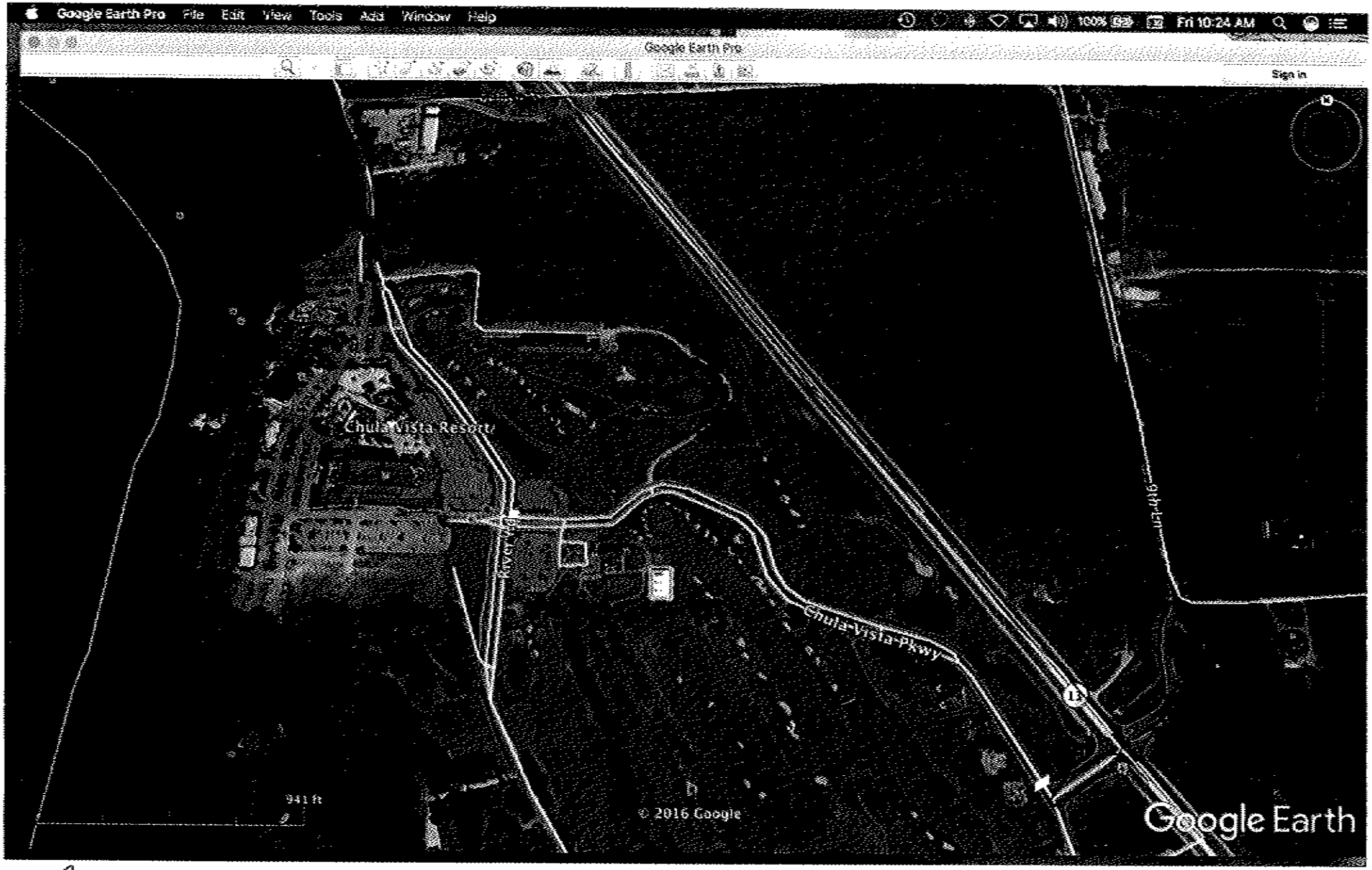
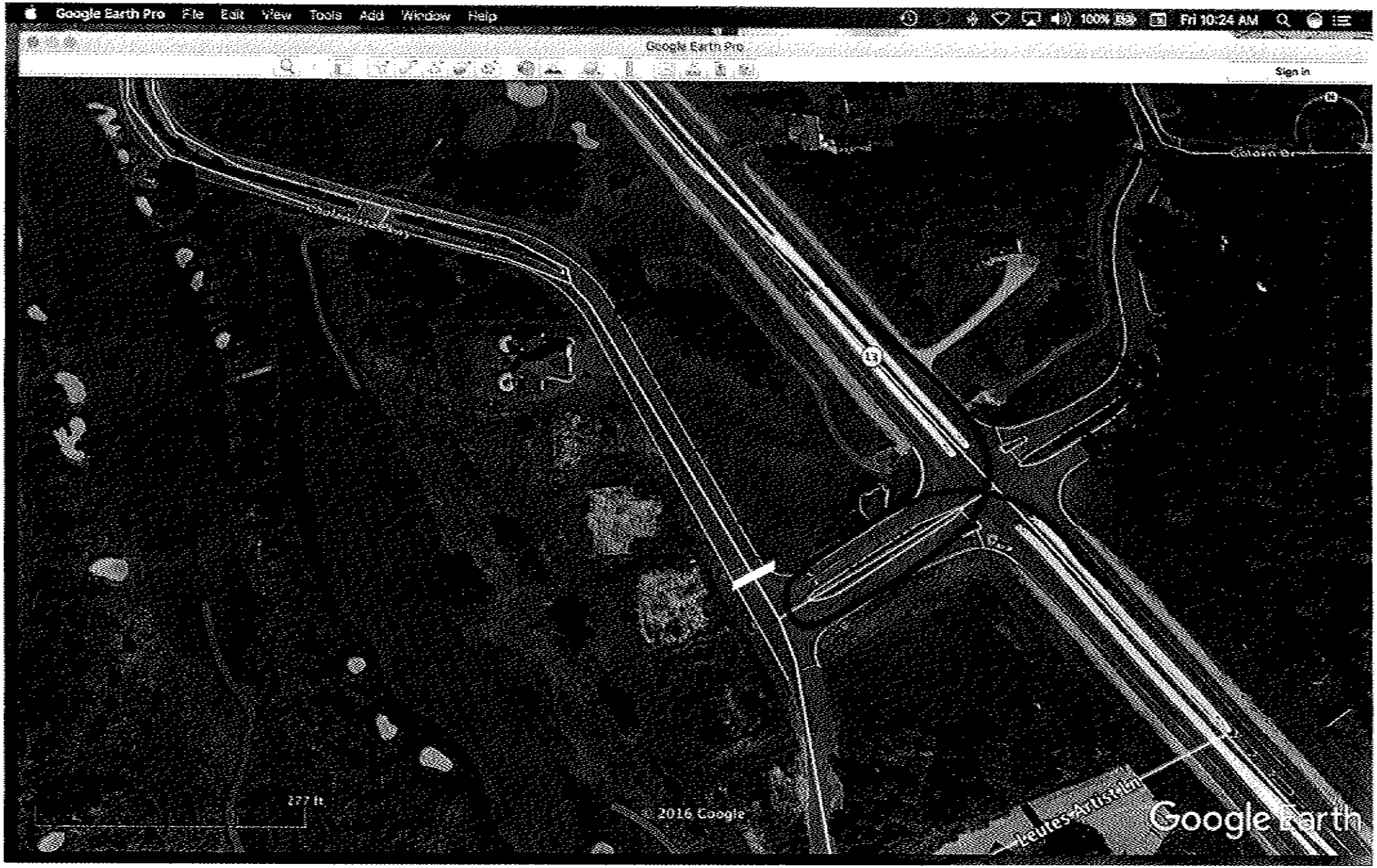


Close Chula Vista Pkwy Start @ 8:45 to 9:30pm which should Be 9:22pm
to end of



Re Route traffic to Golden Ave Starting @ 8:45p to end of Display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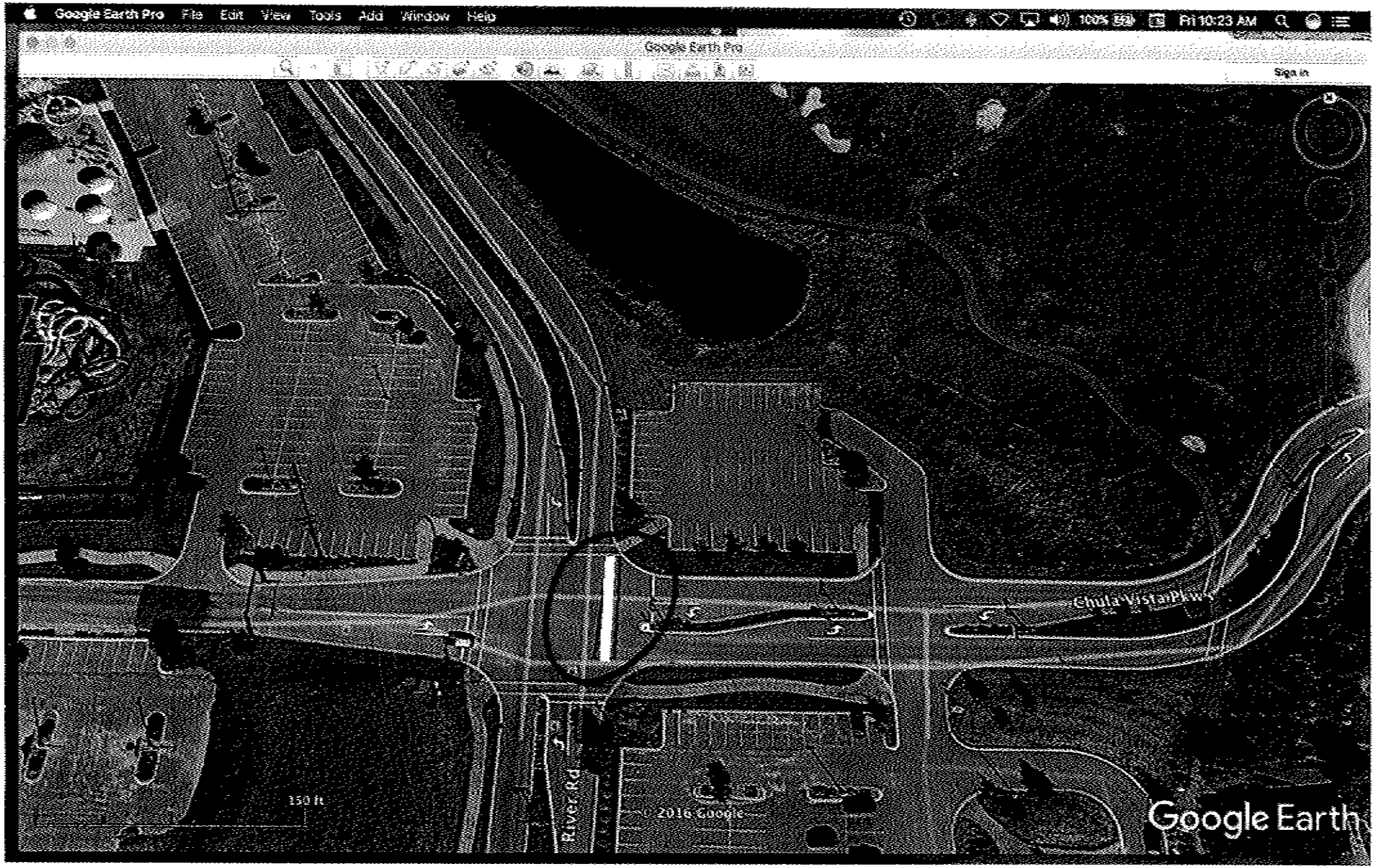
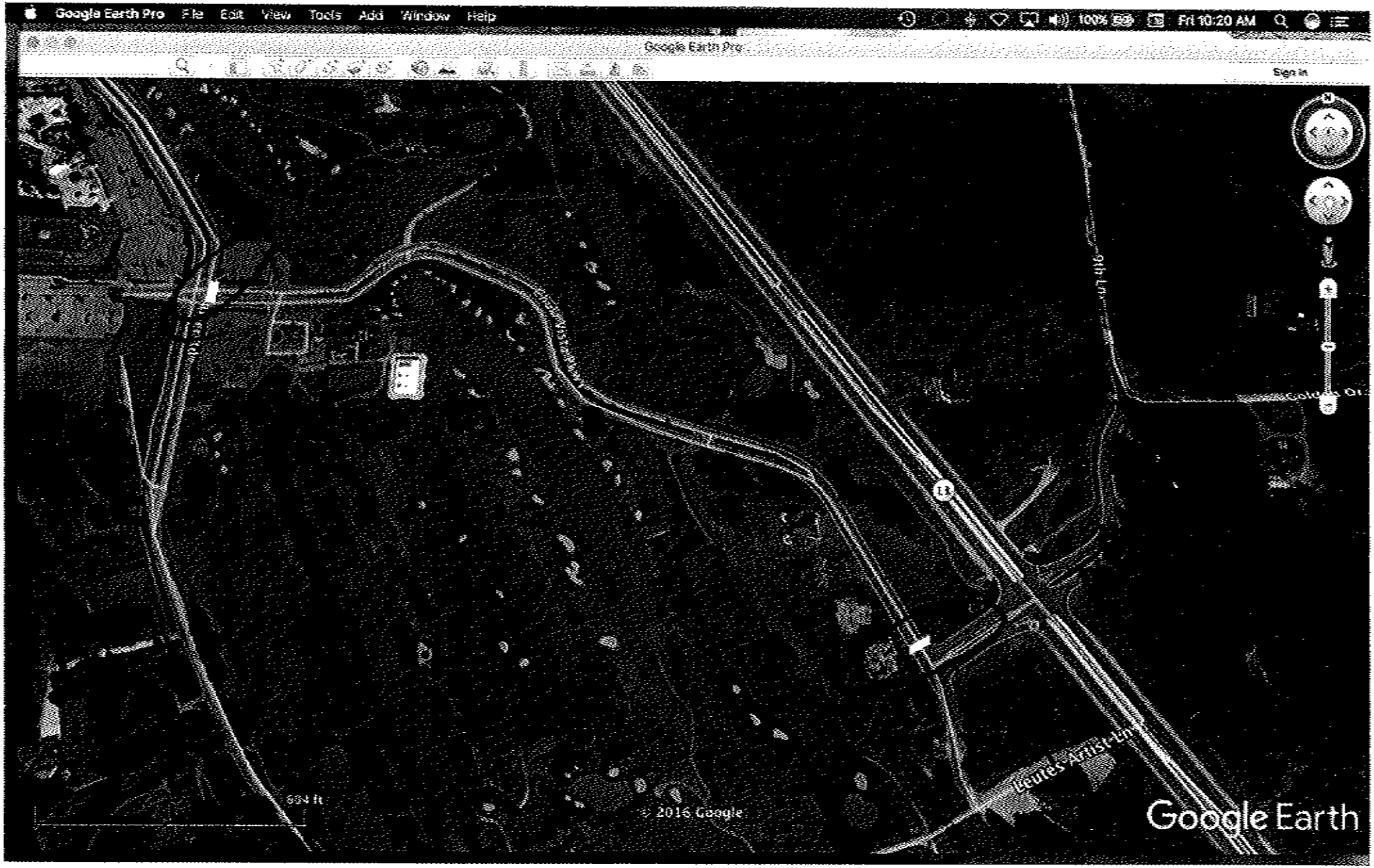
© 2016 Google
Google Earth



Closed @ 4 way stop Chula Vista Pkwy & River Road

River Road will Remain open in both Directions



Overview of Both spots Requested for Closure

City of Wisconsin Dells

Application for:

ITEM 8

SPECIAL EVENTS PERMIT

Application Date: 6/1/17 FEE $160.00 Receipt No. 60149

Name of Applicant: Kilbourn City Live - Joseph Leute

Address of Applicant: 441 Clara Ave #113

Daytime Telephone Number: (608) 393-6008 Email Address: leutephotography@gmail.c

Name & Address of Officers, if Corporation:

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: 9/29/2017 - 9/30/2017

Type of Event: Block Style live music festival, Children activities, food Vendors, Craft + Artisan Vendors - Free admittance

Location of Event: La Crosse St fr Broadway to Eddy and Asphalt lot North of VFW.

Number and Types of Participants: 6,000 - 8,000

Contact Person: Telephone No:

Fireworks: YES or NO

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

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area:

Starting Time & Estimated Ending Time:

Starting Point:

Parade/Run Route:

Estimated Number of Units/or Runners:

Joseph Leute — 6/1/17

Printed Name of Applicant — Signature of Applicant — Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

☐ Date Approved: _____ day of _____ 20____

☐ Date Denied: _____ Reason(s): _____

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

City of Wisconsin Dells

ITEM 9

Application for:

SPECIAL EVENTS PERMIT

Application Date: 5-12-17 FEE $160.00 Receipt No. _____

Name of Applicant: Ed Saari - Muscle Car Adventures

Address of Applicant: Chula Vista Resort, 2501 N. River Rd. Wis Dells WI 53965

Daytime Telephone Number: 309 530-9235 Email Address: edsandbarb@gmail.com

Name & Address of Officers, if Corporation: _____

FOR SPECIAL EVENTS PERMIT:

Date(s) of Event: Sat. Sept 30. 2017 @ 5:00 pm

Type of Event: Muscle Car Parade to the Dells downtown

Location of Event: Chula Vista Resort to Downtown Dells

Number and Types of Participants: 100 automobeles of all brands

Contact Person: Ed Saari Telephone No: 309-530-9235

Fireworks: YES or (NO)

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

FOR PARADE/OR RUNNING/WALKING EVENT:

Assembly Area: Chula Vista Resort

Starting Time & Estimated Ending Time: 5:00 pm - 7:00 pm

Starting Point: Chula Vista Resort - Entrance

Parade/Run Route: Chula Vista Parkway, Highway 13, Broadway, Superior St, Washingto Ave, Elm St... Parking OK Parking Board

Estimated Number of Units/or Runners: 100 Autos

Printed Name of Applicant Signature of Applicant Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

☐ Date Approved: _____ day of _____ 20____

☐ Date Denied: _____ Reason(s): _____

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

City of Wisconsin Dells

ITEM 10

Application for:

SPECIAL EVENTS PERMIT

Date From: Friday, October 13, 2017- Saturday, October 14, 2017 FEE $160.00 Receipt No. NA 6-7-2017

Name of Applicant: Wisconsin Dells Festivals, Inc. / Wisconsin Dells Visitor & Convention Bureau

Address of Applicant: PO Box 390, 701 Superior St, Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-7180 x 311 Email Address: Jenifer@wisdells.com

Name & Address of Officers, if Corporation: Jill Diehl, Tommy Bartlett Inc. President; Dan Gavinski, Original Wisconsin Ducks®, Secretary/Treasurer; Jesse DeFosse, Showboat,Vice President

FOR SPECIAL EVENTS PERMIT:

Type of Event: 19th Annual Dells On Tap – A beer tasting event that celebrates craft beer in Wisconsin Dells.

Events Include: Craft Beer Walk, Bean Bag Toss, Live Entertainment, Microbrew Tasting, Concessions, Arts & Crafts Marketplace, 5K Run/Walk & Kids Dash and many other activities.

Location of Event: Downtown Wisconsin Dells – Wisconsin Dells Festivals Site – Parking Areas Behind Municipal Building, Memorial Park, Land Adjacent to the Canadian Pacific Railway Fence.

Number and Types of Participants: Approximately 3,500 Visitors

Contact Person: Jenifer Dobbs, Festivals & Events Manager Telephone No: 608-254-9879 or 608-516-7101 -

Fireworks: NO

Sandwich Board Signs: YES

FOR PARADE PERMIT:

Assembly Area: _____

Starting Time & Estimated Length: _____

Starting Point: _____

Parade Route: _____

Number of Units: _____

Jenifer Dobbs 4/7/17

Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code chapter 24

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

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/10

ITEM 11

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

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

FEE $ 10.00 Application Date: _____

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

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

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

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

at the premises described below during a special event beginning 10/13/2017 and ending 10/14/2017 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

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

(a) Name WISCOSNIN DELLS FESTIVALS, INC.

(b) Address 701 SUPERIOR ST, WISCONSIN DELLS, WI 53965
(Street) ☐ Town ☐ Village ☑ City

(c) Date organized 10/16/1990

(d) If corporation, give date of incorporation 10/16/1990

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

(f) Names and addresses of all officers:
President JILL DIEHL, TOMMY BARTLETT EXPLORATORY
Vice President JESSE DEFOSSE, SHOWBOAT SALOON
Secretary DAN GAVINSKI, ORIGINAL WISCONSIN DUCKS
Treasurer DAN GAVINSKI, ORIGIANL WISCONSIN DUCKS

(g) Name and address of manager or person in charge of affair: JENIFER DOBBS, WD FESTIVALS, INC.
701 SUPERIOR ST, WISCONSIN DELLS, WI 53965

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

(a) Street number CITY LOT, 300 LA CROSSE ST, WISCONSIN DELLS, WI 53965

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? ALL OF THE PARKING LOT

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

3. Name of Event

(a) List name of the event DELLS ON TAP

(b) Dates of event 10/14/2017

DECLARATION

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

WISCONSIN DELLS FESTIVALS, INC.
(Name of Organization)

Officer _____ *(Signature/date)* 6/7/17 Officer _____ *(Signature/date)* 6/7/17

Officer _____ *(Signature/date)* 6/7/17 Officer _____ *(Signature/date)*

Date Filed with Clerk 6-7-2017 Date Reported to Council or Board _____

Date Granted by Council _____ License No. _____

ITEM 12

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.	FEIN Number
456-1027875266	30-0701949

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 114.00

For the license period beginning JULY 1 20 17
ending JUNE 30 20 18

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } WIS DELLS

County of SAUK 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): ▶ TIME FANTASY PRODUCTIONS LLC

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	OWNER	WILLIAM NEHRING	819 ELM ST.	WIS DELLS 53965
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent ▶		William Nehring	819 Elm Street	Wis Dells WI 53965
Directors/Managers				

3. Trade Name ▶ Hideaway Business Phone Number 608-254-4548
4. Address of Premises ▶ 2255 WI DELLS PARKWAY Post Office & Zip Code ▶ WIS DELLS WI 53965
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONCESSION STAND WITH BATHROOM & STORAGE
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? JESSE'S HIDEAWAY
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 27th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2019

William Nehring
(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 4-27-17	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

ITEM 13 A

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

Applicant's WI Seller's Permit No	FEIN Number
456000051185104	39-1882088

LICENSE REQUESTED	
TYPE	FEE
☑ Class A beer	$ 100
☐ Class B beer	$
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
MARTIN RANDY LEE	W5064 HWY B	RIO WI 53960

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ DBA: LOON LAKE CIGAR CO. Business Phone Number (608)254-8598

2. Address of Premises ▶ 721 SUPERIOR STREET Post Office & Zip Code ▶ WIS DELLS WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 721 SUPERIOR STREET WIS DELLS WI

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28 day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2017

NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#59876 ITEM 13B

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456000019689004	39-1558709

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☐ Class B beer	$
☐ Class C wine	$
☑ Class A liquor	$ 500
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 514

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CARR VALLEY CHEESE CO INC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	SIDNEY M COOK	W14105 THERESA LANE,	PRAIRIE DU SAC WI 53578
Vice President/Member	LISA COOK	W14105 THERESA LANE,	PRAIRIE DU SAC WI 53578
Secretary/Member	PATTY KOENIG	E3330 FRANK ROAD,	LA VALLE WI 53941
Treasurer/Member			
Agent ▶	SHANALEE L CARDEN	823 EAST WOODLAND TRAIL,	PRAIRIE DU SAC WI 53578
Directors/Managers			

C. 1. Trade Name ▶ CARR VALLEY CHEESE CO Business Phone Number 608 986-2781

2. Address of Premises ▶ 420 BROADWAY STREET, WISC DELLS Post Office & Zip Code ▶ WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of May 20 17

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

Patty Koenig

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-18-2017	6-19-2017	6-19-2017
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**
207-17	6-20-2017	

ITEM 13c

456-1029167959-

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number:
~~456-1029167471-03~~	27-0225524

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
~~MAURER, JEFFREY, PATRICK~~	~~5330 Fox Hill Rd~~	~~Baraboo, WI 53913~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ KRISTINE'S FOODS DELLS LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY P. MAURER	5330 Fox Hill Rd	Baraboo, WI 53913
Vice President/Member	KRISTINA M. MAURER	9 OXFORD PLACE	Maple Bluff, WI 53704
Secretary/Member	NANCY C MAURER	5330 Fox Hill Rd	Baraboo, WI 53913
Treasurer/Member	"	"	"
Agent ▶	Kristina Maurer		
Directors/Managers	KEVIN L. TEDESCHI		

C. 1. Trade Name ▶ MAURER'S MARKET Business Phone Number (608) 254-8313

2. Address of Premises ▶ 216 Washington Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

Darlene E Berry (Clerk/Notary Public)

My commission expires 06/02/2021

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59562

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456000057815604	39-1546227

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Travel Mart Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 120 Wisconsin Dells WI 5396

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	25 Siskewit Cr	Madison WI 53719
Vice President/Member	David Gussel	N897 1st Rd	Briggsville, WI 53920
Secretary/Member	Joseph Gussel	421 Church St	Wisconsin Dells, WI 53965
Treasurer/Member	Bernard Gussel Jr	505 Cedar St	Wisconsin Dells WI 53965
Agent ▶	Beverly Meier	383 Fox Lane	Oxford WI 53952
Directors/Managers			

C. 1. Trade Name ▶ Broadway Travel Mart Business Phone Number 608-253-2091

2. Address of Premises ▶ 802 Broadway Post Office & Zip Code ▶ WI Dells WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 20 17

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Margaret Czuprynko (Clerk/Notary Public)

My commission expires 4-7-19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

R#-59563

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
4560000 5751 5604	39-1546227

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Travel Mart INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	25 SISKIWIT CR.	Madison, WI 53719
Vice President/Member	David Gussel	N897 1st Rd	Briggsville, WI 53920
Secretary/Member	Joseph Gussel	421 Church St.	Wisconsin Dells, WI 53965
Treasurer/Member	Benard E. Gussel Jr.	505 Cedar St	Wisconsin Dells, WI 53965
Agent ▶	Darcy Cooper	W1526 Trout Rd	Wisconsin Dells, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ LOWER DELLS Travel Mart Business Phone Number 608-254-7097

2. Address of Premises ▶ 710 Trout RD Post Office & Zip Code ▶ WIS DELLS WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME MARGARET CZUPRYNKO Notary Public State of Wisconsin

this 24th day of April 20 17

Margaret Czuprynko (Clerk/Notary Public)

My commission expires 9-7-18

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

R# 59564

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456-0003751564	39-1946237

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Travel Mart Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS WI 539

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	25 Siskiwit CR	Madison WI 53719
Vice President/Member	David Gussel	N397 1st RD	Briggsville WI 53920
Secretary/Member	Joesph Gussel	421 Church St.	Wisconsin Dells, WI 53965
Treasurer/Member	Benard E. Gussel Jr.	505 Cedar St.	Wisconsin Dells, WI 53965
Agent ▶	Joshua Stevens	W10445	STH 16 #33 Portage, WI 53901
Directors/Managers			

C. 1. Trade Name ▶ R+G Travel Mart Business Phone Number 608-254-5077

2. Address of Premises ▶ 611 N Frontage Rd #2 Post Office & Zip Code ▶ Wis Dells WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2 of the day of April

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

(Clerk/Notary Public)

My commission expires 9-7-18

(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 4-25-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59561

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456000578156041	39-1546227

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Travel Mart Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 120 Wis Dells WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	25 Sisk Wit Cr	Madison, WI 53719
Vice President/Member	David Gussel	N897 1st Rd	Briggsville, WI 53920
Secretary/Member	Joseph Gussel	421 Church St	Wisconsin Dells, WI 53965
Treasurer/Member	Bernard E. Gussel Jr.	505 Cedar St	Wisconsin Dells, WI 53965
Agent ▶	Darcy Cooper	W15260 Trout Rd	Wisconsin Dells, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ Travel Mart Shell Business Phone Number 608-254-4488

2. Address of Premises ▶ 2415 Wis Dells Parkway Post Office & Zip Code ▶ Wis Dells WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2017

MARGARET CZUPRYNKO Notary Public State of Wisconsin

(Clerk/Notary Public)

My commission expires 9-27-18

(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 4-25-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59423

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07/01/2017 (MM DD YYYY) ending: 06/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000455404-05	36-1924025

LICENSE REQUESTED ▶

TYPE	FEE
■ Class A beer	$ 100.00
☐ Class B beer	$
☐ Class C wine	$
■ Class A liquor	$ 500.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 614.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Walgreen Co.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901, Deerfield, IL 60015

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member	Amelia Legutki	130 Homewood Ave.	Libertyville, IL 60048
Treasurer/Member			
Agent ▶	Dana Weiland, Store Manager		
Directors/Managers			

C. 1. Trade Name ▶ Walgreens #06885 Business Phone Number 608-254-5760

2. Address of Premises ▶ 300 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells, WI 53965

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

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

5. Legal description (omit if street address is given above): 15,120 sq ft

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April, 20 17

(Clerk/Notary Public)

My commission expires _____

Amelia Legutki
Assistant Secretary

(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)

OFFICIAL SEAL
ERIC L. ELLIS
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires 07/02/2019

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-13-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

ITEM 13D

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456000016314604	391646468

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BRIDGEVIEW CORPORATION

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 513 WISCONSIN DELLS,WI

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MR. ANDREW W WATERMAN	441 ALCAN DR.	BARABOO, WI 53913
Vice President/Member	MR. ANDREW J WATERMAN	411 ALCAN DR.	BARABOO, WI 53913
Secretary/Member	MR. JOHN D WATERMAN	1011 WEBER DR.	WI DELLS, WI 53965
Treasurer/Member			
Agent ▶	MR. ANDREW W WATERMAN	441 ALCAN DR	BARABOO, WI 53913
Directors/Managers			

C. 1. Trade Name ▶ TIMBER FALLS ADVENTURE PARK Business Phone Number 608-963-1441

2. Address of Premises ▶ 1000 STAND ROCK RD Post Office & Zip Code ▶ PO BOX 513 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April, 2017

Isabella [signature]
(Clerk/Notary Public)

My commission expires 09/27/2020

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-19-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)

Wisconsin Department of Revenue

Rt 59754

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456 102859 263702	46 5567296

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Late Fee $50

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
~~Rick Mueller Rick~~	~~213 Windy Hill~~	~~Wisc Dells, 53965~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Cheesey Tomato LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Ricky J Mueller	213 Windy Hill Rd	Wisconsin Dells WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Rick Mueller		
Directors/Managers			

C. 1. Trade Name ▶ The Cheesey Tomato Business Phone Number 608-253-6352

2. Address of Premises ▶ 217 Broadway Post Office & Zip Code ▶ Dells, 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of May

Clerk/Notary Public

My commission expires 10/25/2019

RACHEL STANFORD NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-4-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R + 59575

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-1029185787-02	81-3691166

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ EDYTKA'S POLISH RESTAURANT INC		221 BROADWAY WISCONSIN DELLS 53965

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	EDYTA KAPUSTA	3901 River Road,	Wisc Dells WI 53965
Directors/Managers			

C. 1. Trade Name ▶ EDYTKA'S POLISH RESTAURANT Business Phone Number 608-253-6558

2. Address of Premises ▶ 221 BROADWAY WI Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, 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 applicant and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-26-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#59370

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456 0000 390116-021	39-0148750

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Harold B Larkin Post 187

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 605 Wis Ave

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Thompson	S108 Old Highway 12	Wis Dells 53965
Vice President/Member			
Secretary/Member	Henry Lukaszewicz	370 Wis Dells Pkwy	Wis Dells 53965
Treasurer/Member	Ed Lukaszewicz	N 8445 Fox Run Rd	Wis Dells 53965
Agent ▶	Gary Thompson		
Directors/Managers			

C. 1. Trade Name ▶ Amer Legion Post 187 Business Phone Number 608-253-5202

2. Address of Premises ▶ 605 Wis Ave Post Office & Zip Code ▶ Wis Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 story concrete building

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-10-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59140

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7-1-2017 (MM DD YYYY) ending: 6-30-2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456-1027023193 03	27-0157405

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 100.00
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Medrano Juan C	324 1/2 Broadway	WIS Dells WI 53965

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Juan C Medrano	324 1/2 Broadway St	WisDells WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ Colotlan Mexican Restaurant Business Phone Number 608-254-8208

2. Address of Premises ▶ 324 Broadway Post Office & Zip Code ▶ Wisconsin Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Cement Block Building 28' x 120

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

Darlene E Berry (Clerk/Notary Public)

My commission expires 06/02/2021

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

E# 59639

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number:
456-102811 5549-02	46-2435629

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶ [redacted]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Sherwood Forest Dells LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	BRADLEY LEONARD GUSSEL	121 STONEBROOK RD	WIS DELLS WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	BRADLEY LEONARD GUSSEL		
Directors/Managers			

C. 1. Trade Name ▶ SHERWOOD FOREST CAMPING & RV PARK Business Phone Number 608-254-7080

2. Address of Premises ▶ 2852 WIS DELLS PKWY Post Office & Zip Code ▶ WIS DELLS 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 2017

(Clerk/Notary Public)

My commission expires 10/25/2026

NOTARY PUBLIC WISCONSIN

(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 4-26-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59624

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 4561028 5146 3302	FEIN Number: 46-5056112
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Stromberg Wei LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2235 Doris Rd Reedsburg, WI 53959

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Edwin Stromberg	2235 Doris Rd	Reedsburg, WI 53959
Vice President/Member	Lisa Stromberg Wei	"	" "
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael E Stromberg	2235 Doris Rd	Reedsburg WI 53959
Directors/Managers			

C. 1. Trade Name ▶ Wei's Chinese Restaurant Business Phone Number 608-844-3534

2. Address of Premises ▶ 630 S Frontage Rd Wis Dells Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 20 17

Cheryl A Schultz
(Clerk/Notary Public)

My commission expires March 3, 2019

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

Lisa Stromberg Wei
(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 4-28-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

Exempt Rt 59670 + 59671

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number: 72 1583644
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Wisconsin Dells Home Talent Baseball - Rivermen		

Late Fee $50

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Kevin M Donnelly	3629 State Rd 13	Wisc Dells WI 53965
Vice President/Member	Zach A. Zanzu	557 Race St. Apt. 7	Wisc Dells, WI 53965
Secretary/Member	Aaron Van Schaick	714 Superior St.	Wisc Dells, WI 53965
Treasurer/Member	David M Donnelly	N800 Co Rd. N	Wisc Dells, WI 53965
Agent ▶	Kevin M Donnelly		
Directors/Managers			

C. 1. Trade Name ▶ Wisconsin Dells Rivermen Business Phone Number

2. Address of Premises ▶ 510 Veterans Memorial Drive Post Office & Zip Code ▶ Wisc Dells 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of May 20 17

Terri K. Donnelly (Clerk/Notary Public)

My commission expires 8/27/2017

TERRI K. DONNELLY NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
5-1-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59345

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's Wi Seller's Permit No.	FEIN Number
456-1027352045-03	90 0640113

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	555 W GRAND BLVD	ORMAND BEACH, FL 32174
Vice President/Member	CHRIS LECHNIR	1401 VALLEY DR	WISCONSIN DELLS, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	CHRIS LECHNIR		
Directors/Managers			

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360

2. Address of Premises ▶ 1770 S HWY 13 WISC DELLS, WI Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 1770 S HWY 13

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April, 20 17

TRACI SANFORD NOTARY PUBLIC STATE OF WISCONSIN

(Clerk/Notary Public)

My commission expires 10/25/2019

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-6-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL

ITEM 13E

~~See Item 3E to~~ R#59349

~~[illegible]~~ ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0006394604	39-1848772

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 100.00
☒ Class C wine	$ 100.00
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14.00
TOTAL FEE	$ 214.00

For the license period beginning July 1, 2017 20 2017; ending June 30 20 2018

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): ▶ Cheese Cake Heaven, INC.

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	President	Nancy A Kimps	2673 Bayport Ln	Green Bay, WI 543
Vice President/Member	Vice President	Taylor L. Kimps	2673 Bayport Ln	Green Bay, WI 543
Secretary/Member				
Treasurer/Member				
Agent ▶	Nancy A. Kimps			
Directors/Managers				

3. Trade Name ▶ Cheese Cake Heaven Business Phone Number 608-253-9394
4. Address of Premises ▶ 231 Broadway St. Wis. Dells Post Office & Zip Code ▶ Wis. Dell 53965
5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☐ Yes ☒ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.
   (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
   (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No

   (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 231 Broadway St. Serve & stored in retail area Cake Zone
10. Legal description (omit if street address is given above): 1500 sq. feet of retail space. outside Patio area
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
    (b) If yes, under what name was license issued? _____
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 29 day of March, 20 17

Karen A Carpenter (Clerk/Notary Public)

My commission expires 3/22/19

NOTARY PUBLIC STATE OF WISCONSIN KAREN A. CARPENTER

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
3-31-2017			
Date license granted	Date license issued	License number issued	

Ck # 59651

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [✓] City of WISCONSIN DELLS

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

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [X] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number.
451028161271 02	46-1889784

LICENSE REQUESTED ▶

TYPE	FEE
[ ] Class A beer	$
[✓] Class B beer	$ 100
[✓] Class C wine	$ 100
[ ] Class A liquor	$
[ ] Class A liquor (cider only)	$ N/A
[ ] Class B liquor	$
[ ] Reserve Class B liquor	$
[ ] Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ FAMILYLAND ENTERPRISES INC (807 Vine St. WD WI)

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 208 BROADWAY

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	NICOLAS MORSE	924 CAPITAL	WISCONSIN DELLS, WI 53965
Vice President/Member	JACKIE MORSE	924 CAPITAL	WISCONSIN DELLS, WI 53965
Secretary/Member			
Treasurer/Member			
Agent	NICOLAS MORSE	924 CAPITAL	WISCONSIN DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ THE MACARONI AND CHEESE SHOP Business Phone Number 608 678 2300

2. Address of Premises ▶ 208 BROADWAY Post Office & Zip Code ▶ WISC DELLS, 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April

(Clerk/Notary Public)

My commission expires 10/25/2019

(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 4-28-2019	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R #59244

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456-1028135180-02	45-3794764

LICENSE REQUESTED ▶ TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Randy J. Gieseke	910 River Rd	Wis Dells, WI 53965
Hidalgo Capital		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Hidalgo Capital LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Luisa Hidalgo	930 River Rd	Wis Dells, WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Randy Gieseke		
Directors/Managers	Luisa Hidalgo		

C. 1. Trade Name ▶ White Rose Inns Business Phone Number (608) 253-1999

2. Address of Premises ▶ 910 River Rd Wis Dells, WI Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate the 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, each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of April

Tammy L Miller (Clerk/Notary Public)

My commission expires 4-14-18

NOTARY PUBLIC STATE OF WISCONSIN

Randy J. Gieseke (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 4-3-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Rt 59635

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

4956-

Applicant's WI Seller's Permit No.	FEIN Number
0000 8333 94-03	13-4233514

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Hulbert Creek lodge & Suites, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 45

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE FREDRICK KAMINSKI	995 South Grouse ln	WIS Dells, WI 53965
Vice President/Member	ANN MARIE KAMINSKI	995 South Grouse ln	WIS Dells, WI 53965
Secretary/Member	JEFF MICHAEL KAMINSKI	1003 Hillside Ct	WIS Dells, WI 53965
Treasurer/Member			
Agent ▶	MIKE KAMINSKI		
Directors/Managers			

C. 1. Trade Name ▶ AMERICINN Lodge & SUITES Business Phone Number 608 254 1700

2. Address of Premises ▶ 550 State Hwy 13 Post Office & Zip Code ▶ WIS Dells, WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building and Grounds at 550 Hwy 13

5. Legal description (omit if street address is given above): and all contiguous land

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12th day of April 20 17

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-28-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

R# 59742

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

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
~~☑ Class B liquor~~	~~$ 500~~
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MAMA Z'S GRILL LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1101 BROADWAY WI DELLS, WI
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	555 W GRAND BLVD	ORMAND BEACH, FL 32174
Vice President/Member	CHRIS LECHNIR	1401 VALLEY DR	WISCONSIN DELLS, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	CHRIS LECHNIR		
Directors/Managers			

C. 1. Trade Name ▶ MAMA Z'S COUNTRY GRILL Business Phone Number _____
2. Address of Premises ▶ 1101 BROADWAY WISC DELLS, WI Post Office & Zip Code ▶ 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 1101 BROADWAY
5. Legal description (omit if street address is given above): Outdoor patio
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No
b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☑ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

Nancy R Holzem (Clerk/Notary Public)

My commission expires 10-18-2019

NANCY R HOLZEM NOTARY PUBLIC STATE OF WISCONSIN

Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual) 4-28-17

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-116 (R 7-15)

Wisconsin Department of Revenue

R# 59354

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1028505984-0247 FEIN Number: 2327647

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MZ FOOD LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 731 Superior St

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIROSLAV ZAROV	1023 Race St, Wisconsin Dells	WI 53965
Vice President/Member	ZDRAVKO MIZAROV	225 Vine St, Wisc Dells	WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	MIROSLAV ZAROV		
Directors/Managers			

C. 1. Trade Name ▶ PIZZA VILLA Business Phone Number 608-254-8339

2. Address of Premises ▶ 731 Superior St Post Office & Zip Code ▶ WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of April, 20 17

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-7-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Rt 59647

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/01/2017 (MM DD YYYY) ending: 6/30/2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
756-1028862908-02	47-4796164

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☒ Class B beer	$ 100
☒ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214.00

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PIZZA LAB LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 332 State Hwy 13, Wisc Dells, WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Owners – Burak Akbeg	33A Grand Canyon Dr #212	Baraboo, WI 53913
Vice President/Member	Trisha Akbeg		
Secretary/Member			
Treasurer/Member			
Agent ▶	Burak Akbeg		
Directors/Managers			

C. 1. Trade Name ▶ Dells Pizza Lab Business Phone Number 608-253-0305

2. Address of Premises ▶ 332 State Hwy 13 Wis Dells, WI Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20 17

(Clerk/Notary Public)

My commission expires 10/25/2019

(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 4-28-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59290 456-

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/1/17 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's Wisconsin Seller's Permit Number:	~~0004~~0000041345-04
Federal Employer Identification Number (FEIN):	41-1913876

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Rib Kings Of America INC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member	Shlomi Fedida	429 Broadway Wisconsin Dells WI	53965
Secretary/Member			
Treasurer/Member			
Agent ▶	~~ERIK OVERLAND 209 BROOKS ST PORTAGE WI 53901~~		
Directors/Managers	Leon Agami	429 Broadway Wisconsin Dells WI 53965	

C. 1. Trade Name ▶ Famous Dave's BBQ Business Phone Number (608) 253-6683

2. Address of Premises ▶ 435 Broadway Wisconsin Dells Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Restaurant @ 435 Broadway

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of March 2017

Darlene E. Berry (Clerk/Notary Public)

My commission expires 06/02/2017

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to comptroller	Date license granted
4-4-2017	State of Fl County of Miami Dade Subscribed and sworn before me on 3/30/17 (Date)	Leon Agami - ONLY
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
	Kellie M Berry (Notary Signature)	

AT-115 (R 1-12) Wisconsin Department of Revenue

R# 59449

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
45-610-26198331-02	45-3462656

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☑ Class C wine	$ 100
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 214

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Martinez Luis A	415 6th Ave Baraboo WI 53913	

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ San Antonio Mexican Restaurant LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Luis A Martinez	415 6th Ave Baraboo WI 53913	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Luis A. Martinez		
Directors/Managers			

C. 1. Trade Name ▶ San Antonio Mexican Restaurant Business Phone Number (608) 254-5798

2. Address of Premises ▶ 742 Eddy St Wisconsin Dells Post Office & Zip Code ▶ 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2019

TRADE J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-17-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ITEM 13F 4-17-2017

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-102042096002	39-1928009

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Apple Hospitality Group, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2120 Pewaukee Rd, #200, Waukesha 53188

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mark Louis Dillon	34737 Elm Street, Oconomowoc, WI 53066	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Edward Richard Volkema	2829 Brewery Road, Cross Plains, WI 53528	
Directors/Managers			

C. 1. Trade Name ▶ Applebee's Neighborhood Grill & Bar Business Phone Number 608-254-6900

2. Address of Premises ▶ 340 Hwy 13 Post Office & Zip Code ▶ Wisconsin Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5,127 sf of mall space with locked liquor cabinet and outdoor patio

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of April, 2017

(Signature of Notary Public)

My commission expires _____

NOTARY PUBLIC STATE OF WISCONSIN

Apple Hospitality Group, LLC

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

BY Mark Dillon, President

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-17-2017		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Lic # 59632

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000568508-04	39-0842365

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CHULA VISTA, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 30 2501 River Rd.

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MIKE FREDRICK KAMINSKI	995 South Grove In.	WIS Dells, WI 53965
Vice President/Member	ANN MARIE KAMINSKI	995 South Grove In.	WIS Dells, WI 53965
Secretary/Member	JEFF MICHAEL KAMINSKI	1003 Hillside Court	WIS Dells, WI 53965
Treasurer/Member	JEFF MICHAEL KAMINSKI		
Agent ▶	MIKE KAMINSKI		
Directors/Managers			

C. 1. Trade Name ▶ CHULA VISTA RESORT & CONFERENCE CENTER Business Phone Number 608 254 8366

2. Address of Premises ▶ 2501 River Road P.O. Box 30 Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building and Grounds @ 2501 River road

5. Legal description (omit if street address is given above): & 1000 Chula Vista Parkway & Golf Course & All Contigious land.

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April 2017

NOTARY PUBLIC STATE OF WISCONSIN

(Signature) Notary Public

My commission expires _____

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59565
456-0000545518-01 47-0865736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

County of COLUMBIA Aldermanic Dist. No. 1 (if required by ordinance)

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

Applicant's WI Seller's Permit No.	FEIN Number:

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ ~~DeFoss, Jesse, Raymond~~	~~502 Washington Ave~~	~~Wis Dells WI 53965~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DeFoss Properties LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wis Dells, WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Jesse Raymond DeFoss	502 Washington Ave	Wis Dells, WI 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Jesse DeFoss		
Directors/Managers			

C. 1. Trade Name ▶ Shoreline Saloon, Tony's Kitchen, Mama's Cafe Business Phone Number 608-254-2628

2. Address of Premises ▶ 21, 30-26 Broadway St + 731 Addy Post Office & Zip Code ▶ Wis Dells, WI 53965

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

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

5. Legal description (omit if street address is given above): Including outdoor seating area

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April 2017

(Clerk/Notary Public)

My commission expires 1/1/2020

TRACY LANFORD NOTARY PUBLIC STATE OF WISCONSIN

(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 4-25-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59460

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000370862-0437-1642804	

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ FISHER, DOUGLAS E.	419 9th AVE WISC. DELLS, WI	53965

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ FISHER'S TAVERN Business Phone Number 253-7049

2. Address of Premises ▶ 719 SUPERIOR ST. Post Office & Zip Code ▶ WISC. DELLS, WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April 2017

[signature] (Clerk/Notary Public)

My commission expires 10/25/2017

TRADE STAMPED NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-19-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59666 R# 59669 $50.00 Late Fee

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-[illegible]53854	26-2125964

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Helland Food Group LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 626 Wis Dells, WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Eric Cross Helland	205 Windy Hill Rd	Wisconsin Dells WI 53965
Vice President/Member	Mary Jean Helland	205 Windy Hill Rd	Wisconsin Dells WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Eric C. Helland		
Directors/Managers			

C. 1. Trade Name ▶ Mexicali Rose / Duckside Grill Business Phone Number 608 254-6036

2. Address of Premises ▶ 2370-2390 Wis. Dells Pkwy Post Office & Zip Code ▶ Wis Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All bldgs & land area of Lower Dells Boat Landing including outside service areas

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of May, 2017

Patricia Holden
(Clerk/Notary Public)

My commission expires May 19, 2017

(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 5-1-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)

Wisconsin Department of Revenue

R4-59348

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456000000639704	39-1407875

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶ N/A

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HELLERS LTD

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS,WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	THOMAS E HELLER	1201 ELM ST, WIS DELLS, WI	53965
Vice President/Member			
Secretary/Member	JANE M HELLER	1201 ELM ST, WIS DELLS, WI	53965
Treasurer/Member			
Agent ▶	THOMAS E HELLER		
Directors/Managers	N/A		

C. 1. Trade Name ▶ MONKS BAR & GRILL Business Phone Number 608-254-8386

2. Address of Premises ▶ 220 BROADWAY Post Office & Zip Code ▶ WIS DELLS,WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 2 STORY BRICK BUILDING (WITH

5. Legal description (omit if street address is given above): BASEMENT & 3 SERVING LEVELS)

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME Cindy L Schuda

this 4 day of April, 2017

(Clerk/Notary Public)

My commission expires 5-4-18

(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 4-6-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59537

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.	FEIN Number
456-1026245738-02	30-0709616

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ High Rock Inc.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Wade L Bernander	696 Dutch Ave	Wis Dells 53965
Vice President/Member	Justin B Deegan	111 Capital St.	Wis Dells 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Wade Bernander		
Directors/Managers			

C. 1. Trade Name ▶ High Rock Cafe Business Phone Number 608 254 5677

2. Address of Premises ▶ 232 Broadway Post Office & Zip Code ▶ Wis Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 232 Broadway, 741 oak st, 737 oak st, 2nd floor, street level, and basement, Also outdoor patio

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-24-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Rec-58673 2/17/2017

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456102791169803	46-2087797

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JAM FOOD & FUN, INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 68, LAKE DELTON, WI 53940

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS	WI 53965
Vice President/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS	WI 53965
Secretary/Member	MARCI MORRIS	204 SARRINGTON ROAD WI DELLS	WI 53965
Treasurer/Member	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS	WI 53965
Agent ▶	JEFFREY MORRIS	204 SARRINGTON ROAD WI DELLS	WI 53965
Directors/Managers			

C. 1. Trade Name ▶ DELLS DISTILLERY Business Phone Number 608-254-8100

2. Address of Premises ▶ 206 BROADWAY Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of February 2017

Susan Drucker (Clerk/Notary Public)

My commission expires 4-28-2018 State of WI

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date forwarded to council/board	Date license granted
2-17-2017		
License number issued	**Date license issued**	**Signature of Clerk / Deputy Clerk**

Rt 59618

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0000-4206666-04	39-1845103

LICENSE REQUESTED ▶

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ N195 Inc Connors Properties
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 94 WS Dells WI 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Penelope M Connors	858 S Grouse St	WS Dells 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member	Penelope M Connors	858 S Grouse	WS Dells WI 53965
Agent ▶			
Directors/Managers			

C. 1. Trade Name ▶ N195 Bar Business Phone Number 608-253-6911
2. Address of Premises ▶ 201 Broadway WS Dells Post Office & Zip Code ▶ WS Dells 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building on Corner of Broadway, River Rd. 201 Broadw
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No
b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April 20 17

Darlene E Berry (Clerk/Notary Public)

My commission expires 06/02/2021

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

Penelope M Connors (Official Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59596

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
4561028659361-02	46-5429152

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

▶ POLYNESIAN AQUISITION PARTNERS, LLC

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MBR: PAP HOLDING, LLC 1331 4th AVE N.	# 102 MYRTLE BEACH,	SC 29577
Vice President/Member			
Secretary/Member			
Treasurer/Member			

Agent ▶ ~~ROBERT ROGNRUD, 857 N. FRONTAGE RD. WISCONSIN DELLS, WI 53965~~ Joshua Klug N3391 Flynn Drive, Montello WI 53949

Directors/Managers MGR: SHF MANAGER, LLC 1331 4th AVE N, # 102 MYRTLE BEACH, SC 29577

C. 1. Trade Name ▶ POLYNESIAN WATER PARK RESORT Business Phone Number 608-254-2883

2. Address of Premises ▶ 857 N. FRONTAGE RD Post Office & Zip Code ▶ 53965

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

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

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

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

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

7. Except for questions 5a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. ☐ Yes ☒ No

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2017

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

4.27.17

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59415

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [✓] City of WISCONSIN DELLS

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

CHECK ONE [ ] Individual [ ] Partnership [X] Limited Liability Company [ ] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-0001126 3/9 to 3	23-0362032

LICENSE REQUESTED ▶

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RRAD DEVELOPMENT LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD MAKOWSKI	400 COUNTY HWY A	WIS. DELLS, WI 53965
Vice-President/Member	ADAM MAKOWSKI	106 SWEET BRIAR DR.	WIS DELLS, WI 53965
Secretary/Member	RICH V MAKOWSKI	1124 CLARA AVE	WIS DELLS, WI 53965
Treasurer/Member	DAVID MAKOWSKI	111 SWEET BRIAR DR.	WIS DELLS, WI 53965
Agent ▶	RICH V. MAKOWSKI	1124 CLARA AVENUE	WIS DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ RIVER INN RESORT Business Phone Number 608-253-1231

2. Address of Premises ▶ 1015 RIVER ROAD Post Office & Zip Code ▶ WISCONSIN DELLS, WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5 STORY BUILDING, ALL FLOORS

5. Legal description (omit if street address is given above): RIVER INN COMPLEX ON BOTH SIDES OF RIVER ROAD

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** TRADE NAME CHANGE TO RIVER INN RESORT [X] Yes [ ] No

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of April, 20 17

Michelle Swings
(Clerk/Notary Public)

My commission expires 5-22-2019

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

Rich V Makowski
(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 4-12-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59536
456-1027347065-02

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

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

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

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

Applicant's WI Seller's Permit No.: 456-1027347065	FEIN Number: 39-2015305
LICENSE REQUESTED ▶ 02	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Hanson Gary Lee	4124 River Road	Wisconsin Dells 53965

B. Full Name of ~~Corporation/Nonprofit Organization/~~Limited Liability Company ▶ Silver Spruce Resort LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
~~President~~/Member	Gary Lee Hanson	4124 River Road	Wisconsin Dells 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Gary Lee Hanson		
Directors/Managers			

C. 1. Trade Name ▶ Robbs Steakhouse Business Phone Number 608-253-1818

2. Address of Premises ▶ 4124 River Road Post Office & Zip Code ▶ Wisconsin Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Restaurant, walkincoders, Lig Room, Bookkeeping, office, Kitchen, Grounds, Rooms, Pool side Bar, Bang Room, Basement walkincoder

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2017

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-24-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)

Wisconsin Department of Revenue

RA- 59552

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

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

For the license period beginning: 7/1/2017 (MM DD YYYY) ending: 6/30//2018 (MM DD YYYY)

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

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

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [✓] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-0000321844	39-1808415

LICENSE REQUESTED

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: Six K's Keg Inc

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Keith Glen Koehler	237 Capital St	Wisc Dells 53965
Vice President/Member			
Secretary/Member	Roberta Lee Koehler	1144 Gale Ave	Wisc Dells 53965
Treasurer/Member			
Agent	Keith Glen Koehler	237 Capital St	Wisc Dells 53965
Directors/Managers			

C. 1. Trade Name: The Keg Business Phone Number: 608-254-7475

2. Address of Premises: 732 Oak St Post Office & Zip Code: Wisc Dells 53965

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

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

5. Legal description (omit if street address is given above): 716 Oak st

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Adding 716 Oak st [✓] Yes [ ] No

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of April, 2017

(Clerk/Notary Public)

My commission expires 1-14-18

TRAVIS W. BOLCERK NOTARY PUBLIC STATE OF WISCONSIN

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-2017		
License number issued	Date licensee notified	Signature of Clerk / Deputy Clerk

02 R#59788 + 5978

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 7/1/2017 (MM DD YYYY) ending: 6/30/2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☒ City of } WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1029268647-	FEIN Number: 81-4440717
LICENSE REQUESTED ▶	
TYPE	**FEE**
☐ Class A beer	$
☒ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☒ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

$50 Late Fee

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SKYBOX, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1608 CLIFFVIEW ONALASKA WI 54650

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANTONIO ANGELINI	1608 Cliffview Ave	Onalaska, WI 54650
Vice President/Member	JOHN MATOUSEK	N5338 Camden Ct	Black River Falls 54615
Secretary/Member			
Treasurer/Member			
Agent ▶	ANTONIO ANGELINI	1608 Cliffview Ave	Onalaska WI 54650
Directors/Managers			

C. 1. Trade Name ▶ SKYBOX SPORTS BAR + GRILL Business Phone Number 608-678-3333

2. Address of Premises ▶ 701 BROADWAY ST Post Office & Zip Code ▶ WI DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Full bar, table service, basement storage outside patio

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☒ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of May, 2017

April C Amundson (Clerk/Notary Public)

My commission expires 5/8/17

[signature] (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 5-8 2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#59444 4-17-17

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456 1029236 | FEIN Number: 31-3056634

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Brown, Mark C.	N540 County N	WI Dells 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ STAGE III LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C BROWN	N540 County N	53965
Vice President/Member	SARAH L BROWN	N540 County N	53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Mark Brown		
Directors/Managers			

C. 1. Trade Name ▶ Chalet Lanes + Lounge Business Phone Number 608 254 8727

2. Address of Premises ▶ 740 Elm St WIS Dells Post Office & Zip Code ▶ 53965 (PO BOX 17)

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Chalet Lanes located @ 740 Elm St.

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☐ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of April

(Clerk/Notary Public)

My commission expires 10/25/2019

TRACI J. STARK NOTARY PUBLIC STATE OF WISCONSIN

(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 4-17-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT 59630

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [✓] City of WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [✓] Limited Liability Company [ ] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-1028939328-02	47-4293643

LICENSE REQUESTED ▶

TYPE	FEE
[ ] Class A beer	$
[✓] Class B beer	$ 100
[ ] Class C wine	$
[ ] Class A liquor	$
[ ] Class A liquor (cider only)	$ N/A
[✓] Class B liquor	$ 500
[ ] Reserve Class B liquor	$
[ ] Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TIMBER FALLS FOOD, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK RD

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C. SCHMITZ	140 WHITLOCK WIS DELLS, 53965	
Vice President/Member	PHILLIP JUDE SCHMITZ	370 ALCAN BARABOO, WI 53913	
Secretary/Member	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI 53913	
Treasurer/Member	ANDREW J. WATERMAN	411 ALCAN BARABOO, WI 53913	
Agent ▶	ANDREW W. WATERMAN	441 ALCAN BARABOO, WI 53913	
Directors/Managers	JOHN D. WATERMAN	1011 WEBER AVE. WIS DELLS, 53965	

C. 1. Trade Name ▶ KICKERRS Business Phone Number 608-253-0900

2. Address of Premises ▶ 951 Stand Rock Road Post Office & Zip Code ▶ WIS DELLS 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [✓] Yes [ ] No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) STORED IN BEER COOLER& LIQUOR LOCKUP

5. Legal description (omit if street address is given above). SERVED IN RESTAURANT & OUTDOOR PATIO

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** [ ] Yes [✓] No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** [ ] Yes [✓] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** [ ] Yes [✓] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [ ] Yes [✓] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [✓] Yes [ ] No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [✓] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [✓] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 8 day of April 20 17

Kathleen P Gruman (Clerk/Notary Public) KATHLEEN P GRUMAN

My commission expires 2-17-20

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

R## 59644

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [✓] City of WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [✓] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 456-0000 455693-64 FEIN Number: 39-1475271

LICENSE REQUESTED ▶ TYPE	FEE
[ ] Class A beer	$
[✓] Class B beer	$ 100
[ ] Class C wine	$
[ ] Class A liquor	$
[ ] Class A liquor (cider only)	$ N/A
[✓] Class B liquor	$ 500
[ ] Reserve Class B liquor	$
[ ] Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ T.R. NELSON, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. BOX 590, WIS DELLS, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	TODD R. NELSON,	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53965
Vice President/Member	SHARI L. NELSON,	835 HWY H, LOT 100	WISCONSIN DELLS, WI 53965
Secretary/Member	STEVEN M PINE,	407 CLARA AVE #104	WISCONSIN DELLS, WI 53965
Treasurer/Member	MARY BONTE SPATH,	W8497 NORTH 2ND CT	OXFORD WI 53952
Agent ▶	PATRICK STEFFES,	833 HWY H, UNIT 13,	WISCONSIN DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000

2. Address of Premises ▶ 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code ▶ WI DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [✓] Yes [ ] No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CLH, MOBILE & STAIONARY BEV CARTS

5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** [ ] Yes [✓] No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** [ ] Yes [✓] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** [ ] Yes [✓] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [✓] Yes [ ] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [✓] Yes [ ] No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [✓] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [✓] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 2017

Mary Bonte Spath (Clerk/Notary Public)

My commission expires 9/4/2020

Todd R. Nelson (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner/Member/Manager of Limited Liability Company if Any)

NOTARY PUBLIC MARY BONTE SPATH STATE OF WISCONSIN

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-28-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59597

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
456-0003194655-63	208723685

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
~~Farmer William Brian~~	~~N8457 Fox Run Rd~~	~~Wis Dells WI 53965~~
~~Malina Joseph E~~	~~25 Sweetbrier~~	~~Wis Dells WI 53965~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar Corp.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 130 Washington Ave Wis Dells WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	William B Farmer	N8457 Fox Run Rd	Wis Dells WI 53965
Vice President/Member	Joseph E Malina	25 Sweetbrier	Wis Dells WI 53965
Secretary/Member	William Farmer		
Treasurer/Member	Joseph Malina		
Agent ▶	William Farmer		
Directors/Managers	Joseph Malina		PO Box 598

C. 1. Trade Name ▶ Uptown Sand Bar (Sand Bar) Business Phone Number 608 253-3023

2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 3 Floor Brick Building + Deck outside

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April 2017

[signature] (Clerk/Notary Public)

My commission expires 10/25/2017

TRACY STANFORD NOTARY PUBLIC STATE OF WISCONSIN

[signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

[signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-27-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

"POPULATION RESERVE"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-1026716888-03	26-3582390

LICENSE REQUESTED ▶	
TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶ Leonhardt, Dennis J	20 Rivers Edge Rd	Wisconsin Dells, WI 53965

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Knot 2 LLC, DBA RiverWalk Pub & Rest

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 20 Rivers Edge Rd, WI Dells, WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Dennis J. Leonhardt Jr	20 Rivers Edge RD	WI Dells, WI 53965
Vice President/Member	Donna Leonhardt	20 Rivers Edge Rd	WI Dells, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Dennis J. Leonhardt, 20 Rivers Edge RD WD 53965		
Directors/Managers			

C. 1. Trade Name ▶ ~~Knot 2 LLC, DBA~~ RiverWalk Pub + Restaurant Business Phone Number ▶ 608 254 8015

2. Address of Premises ▶ 711 River Road Post Office & Zip Code ▶ Wisconsin Dells, WI 53

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 40'x60' Log wood-2 levels-outside beer garden, deck + Patios

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of any **offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of April, 20 17

(Clerk/Notary Public)

My commission expires 02.21.20

KARA [illegible] NOTARY PUBLIC STATE OF WISCONSIN

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

D Leonhardt

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-13-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"Quota Plus"

ITEM 13G

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 7/1/17 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } Wisconsin Dells

County of Columbia Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: 456-1027369809-03

Federal Employer Identification Number (FEIN): 32-0340770

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) **Home Address** **Post Office & Zip Code**

▶

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ 505 Broadway LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Directors/Managers			

C. 1. Trade Name ▶ Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156

2. Address of Premises ▶ 505 Broadway Wisconsin Dells Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Restaurant @ 505 Broadway

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of **any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of MARCH, 20 17

Kellie M Begley (Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) 3-30-17

Kellie M. Begley
Notary Public
State of Florida
My Commission Expires 9/22
Commission No. FF 90372

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

My commission expires

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to	Date license granted
4-4-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"QUOTA PLUS"

R# 59474

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. _____ (If required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-0000446454-04	39-1162123

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ AMERICAN WORLD, INC

Address of Corporation/Limited Liability Company (If different from licensed premises) ▶ 2040 WIS DELLS PKWY, WIS DELLS, WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD MAKOWSKI	400 COUNTY HWY A	WIS. DELLS, WI 53965
Vice President/Member	GRACE MAKOWSKI	400 COUNTY HWY A	WIS DELLS, WI 53965
Secretary/Member	GRACE MAKOWSKI	400 COUNTY HWY A	WIS DELLS, WI 53965
Treasurer/Member	DAVID MAKOWSKI	111 SWEET BRIAR DR	WIS. DELLS, WI 53965
Agent ▶	DAVID MAKOWSKI	111 SWEET BRIAR DR	WIS. DELLS, WI 53965
Directors/Managers	RICHARD MAKOWSKI	400 COUNTY HWY A	WIS DELLS, WI 53965

C. 1. Trade Name ▶ AMERICAN WORLD COMPLEX Business Phone Number 608-253-4451

2. Address of Premises ▶ 400 COUNTY HWY A & 2040 WIS DELLS PKWY Post Office & Zip Code ▶ WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) AMERICAN WORLD RESORT, BARS

5. Legal description (omit if street address is given above): BPL/KOOKS + CRABBYS RESTAURANT

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of April, 2017

Michelle Sanz
(Clerk/Notary Public)

My commission expires 3-22-21

(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 4-12-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"Quota Plus"

R# 59380

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of } Wisconsin Dells

County of Sauk Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number:
456-1028991568-02	47-5680948

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Arturo Contreras LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1260 E Hiawatha Dr Wisconsin Dells, WI 53965-0974

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Sole Member Arturo Contreras Lopez	1260 E Hiawatha Dr Wisconsin Dells, WI 53965-0974	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Arturo Contreras Lopez		
Directors/Managers			

C. 1. Trade Name ▶ Fiesta Cancun Mexican Restaurant & Cantina WI Dells Business Phone Number 608-678-2333

2. Address of Premises ▶ 655 N Frontage Rd Post Office & Zip Code ▶ Wisconsin Dells, WI 53965-8355

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Dining Room, Bar, Storage Rooms/Coolers, Poolside, Banquet Halls, Lobby, Guest Rooms

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of April 2017

(Clerk/Notary Public)

My commission expires 10/25/2019

NOTARY PUBLIC STATE OF WISCONSIN

(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 4-11-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

F# 59352

"QUOTA PLUS"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of SAUK Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☐ Limited Liability Company ☑ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456-0000 454379-01	39-0942594

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Logging Camp Inc

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 411 Hwy 13 Wis Dells, WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mary C Hickey	N9946 River Rd	Wis Dells WI 53965
Vice President/Member	Trevor A Hickey	N9946 River Rd	Wis Dells, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Trevor A Hickey		
Directors/Managers	Trevor A + Mary C Hickey		

C. 1. Trade Name ▶ Paul Bunyans Restaurant Dells Lumberjack Show Business Phone Number 608 254 8717

2. Address of Premises ▶ 411 State Hwy 13 Post Office & Zip Code ▶ Wis Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retrig lockup drylock Cabinetry camera

5. Legal description (omit if street address is given above): Monitoring + concession secure storage + fenced area

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of April

Tammy L Miller (Clerk/Notary Public)

My commission expires 4-14-18

NOTARY PUBLIC STATE OF WISCONSIN 2018

Mary C Hickey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Trevor A Hickey (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 4-7-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

"QUOTA PLUS"

R# 59331

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. ____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☒ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
4561029029 71502	475425352

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Myrt and Lucy's Chat & Chew LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Member Marijo Jean Zietlow	1017 Race St	WI Dells 53965
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Marijo Zietlow		
Directors/Managers			

C. 1. Trade Name ▶ Myrt and Lucys Chat & Chew Business Phone Number 608 253 0888

2. Address of Premises ▶ 414 Broadway St Post Office & Zip Code ▶ Wisconsin Dells WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 414 Broadway St walk in cooler, office, Bar

5. Legal description (omit if street address is given above): Restaurant, Patio & Plaza

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted** of any **offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☒ No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☐ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 2017

(Clerk/Notary Public)

My commission expires 10/23/2019

TRACY J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

(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 4-5-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

"QUOTA PLUS"

R# 59560

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of WISCONSIN DELLS

County of COLUMBIA Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE [ ] Individual [ ] Partnership [ ] Limited Liability Company [x] Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
45600005 7815604	39 1546227

LICENSE REQUESTED ▶

TYPE	FEE
[ ] Class A beer	$
[x] Class B beer	$ 100
[ ] Class C wine	$
[ ] Class A liquor	$
[ ] Class A liquor (cider only)	$ N/A
[x] Class B liquor	$ 500
[ ] Reserve Class B liquor	$
[ ] Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ TRAVEL MART INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	GARY GUSSEL	25 SISKIWIT CIR	MADISON, WI 53719
Vice President/Member	DAVID GUSSEL	N577 1ST RD	BRIGGSVILLE, WI 53920
Secretary/Member	JOSEPH GUSSEL	421 CEDAR ST	WIS DELLS, WI 53965
Treasurer/Member	BERNARD E GUSSEL	505 CEDAR ST	WIS DELLS, WI 53965
Agent ▶	RICHARD CHRISTENSEN	646 GILLETTE DR	WIS DELLS, WI 53965
Directors/Managers			

C. 1. Trade Name ▶ EL ASADOR Business Phone Number (708) 228-0073

2. Address of Premises ▶ 452 BROADWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) DINING ROOM, STORAGE AREA, OUTSIDE PATIO

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** [ ] Yes [x] No

b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** [ ] Yes [x] No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** [ ] Yes [x] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [ ] No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) [x] Yes [ ] No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [ ] No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [ ] Yes [x] No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

[signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Margaret Czuprynko (Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 9-7-18

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15) Wisconsin Department of Revenue

"Quota Plus"

RH 59346

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.**

For the license period beginning: 07 01 2017 (MM DD YYYY) ending: 06 30 2018 (MM DD YYYY)

TO THE GOVERNING BODY of the: ☐ Town of ☐ Village of ☑ City of WISCONSIN DELLS

County of ADAMS Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE ☐ Individual ☐ Partnership ☑ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.	FEIN Number
456 102 735 2045-03	90-0640113

LICENSE REQUESTED ▶

TYPE	FEE
☐ Class A beer	$
☑ Class B beer	$ 100
☐ Class C wine	$
☐ Class A liquor	$
☐ Class A liquor (cider only)	$ N/A
☑ Class B liquor	$ 500
☐ Reserve Class B liquor	$
☐ Class B (wine only) winery	$
Publication fee	$ 14
TOTAL FEE	$ 614

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
▶		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	DAMON R ZUWALT	555 W GRAND BLVD	ORMAND BEACH, FL 32174
Vice President/Member	CHRIS LECHNIR	1401 VALLEY DR	WISCONSIN DELLS, WI 53965
Secretary/Member			
Treasurer/Member			
Agent ▶	CHRIS LECHNIR		
Directors/Managers			

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360

2. Address of Premises ▶ 2100 RIVER RD WISC DELLS, WI Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☑ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 2100 RIVER RD

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** ☐ Yes ☑ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** ☐ Yes ☑ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☑ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. ☑ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☑ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☑ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☑ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 6th day of April 17

(Clerk/Notary Public)

My commission expires 10/25/2019

TRACY J. STANFORD NOTARY PUBLIC

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-6-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R 7/15)

Wisconsin Department of Revenue

ITEM 14

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number

Period Covered 7/1/2017-6/30/2018

Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000446486-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): AMERICAN WORLD, INC

Federal Employer Identification No. (FEIN): 39-1162123

Trade or Business Name (if different than Legal Name): AMERICAN WORLD BP

Telephone Number: (608)432-7246

Business Address (License Location): 2040 WIS DELLS PARKWAY

Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS

Business Telephone: (608) 253-3700

City: WISCONSIN DELLS | State: WI | ZIP Code: 53965

County: SAUK

Mailing Address (if different than Business Address):

City:

State: | ZIP Code:

Organization (check one)

☐ Sole Proprietor

☐ Partnership

☐ Other (describe)

☒ Wisconsin Corporation – Enter date incorporated: 1972

☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 12th day of April

(Clerk / Notary Public)

My commission expires 10/29/2019

STATE OF WISCONSIN NOTARY PUBLIC TRACY J. STANFORD

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 59656 MUNICIPAL USE ONLY $100

License Number	
Period Covered	7/1/2017-6/30/2018
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000568508-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): CHULA VISTA, INC.	Federal Employer Identification No. (FEIN): 39-0842365
Trade or Business Name (if different than Legal Name): CHULA VISTA RESORT & CONFERENCE CENTER	Telephone Number: (608) 254 8366
Business Address (License Location): P.O. Box 30 2501 River Rd & 1000 Chula Vista Pkwy	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS
Business Telephone: ( ) SAME	
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	County: ADAMS
Mailing Address (if different than Business Address): P.O. Box 30	City: WISCONSIN DELLS; State: WI; ZIP Code: 53965

Organization (check one)

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 1951

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (describe) _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20

(Clerk / Notary Public)

My commission expires 10/25/2019

TRACY STANFORD NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 59375 MUNICIPAL USE ONLY $100

License Number	
Period Covered	7/1/2017-6/30/2018
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1027171619-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): JOSEPH DANON			Federal Employer Identification No. (FEIN): 31-1795105
Trade or Business Name (if different than Legal Name): PURPLE PLANET			Telephone Number: (608) 253-3200
Business Address (License Location): 207 BROADWAY		Business Located In: [x] City [ ] Village [ ] Town	Business Telephone: (608) 253-3200
City: WISCONSIN DELLS	State: WI	ZIP Code: 53965	of: WISCONSIN DELLS — County: Columbia
Mailing Address (if different than Business Address): 18041 BISCAYNE BL APT 302 U/S AVENTURA		City: AVENTURA	State: FL — ZIP Code: 33160

Organization (check one)

[X] Sole Proprietor
[ ] Partnership
[ ] Other (describe)
[ ] Wisconsin Corporation – Enter date incorporated: _____
[ ] Out-of-State Corporation – Are you registered to do business in Wisconsin? [X] YES [ ] NO

[X] YES [ ] NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

[X] YES [ ] NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

[X] YES [ ] NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

[X] YES [ ] NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

[X] YES [ ] NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

[X] YES [ ] NO 6. Does the applicant understand that they may not sell single cigarettes?

[X] YES [ ] NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

[X] YES [ ] NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold [X] over counter [ ] through vending machine [ ] both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April 2017

(Clerk / Notary Public)

My commission expires 10/23/2017

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

R# 59620

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number

Period Covered 7/1/2017-6/30/2018

Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1029167959-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): KRISTE'S FOODS DELLS LLC

Federal Employer Identification No. (FEIN): 81-4160156

Trade or Business Name (if different than Legal Name): MAUPER'S MARKET

Telephone Number: (608) 254-8313

Business Address (License Location): 216 WASHINGTON

Business Located in: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS

Business Telephone: (608) 254-8313

City: WISCONSIN DELLS | State: WI | ZIP Code: 53965

County: COLUMBIA

Mailing Address (if different than Business Address):

City:

State: | ZIP Code:

Organization (check one)

☐ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: 10/13/2016

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☒ Other (describe) LLC

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s) granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 28th day of April

Charlene E. Berry (Clerk / Notary Public)

My commission expires 06/02/2021

DARLENE E. BERRY NOTARY PUBLIC STATE OF WISCONSIN

Rct. 59622

$100.00

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number

Period Covered
7/1/2017-6/30/2018

Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000511851-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): RANDY L MARTIN	Federal Employer Identification No. (FEIN): 39-1882088
Trade or Business Name *(if different than Legal Name)*: DBA: LOON LAKE CIGAR CO.	Telephone Number: (608) 254-8598
Business Address (License Location): 721 SUPERIOR STREET	Business Located in: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS
Business Telephone: (608) 254-8598	County: COLUMBIA
City: WISCONSIN DELLS; State: WI; ZIP Code: 53960	
Mailing Address *(if different than Business Address)*: W5064 HWY B	City: RIO; State: WI; ZIP Code: 53960

Organization *(check one)*

☑ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 28 day of April, 20 17

(Clerk / Notary Public)

My commission expires 10/25/2021

NOTARY PUBLIC STATE OF WISCONSIN

GTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

Rt# 59638

MUNICIPAL USE ONLY $100

License Number	
Period Covered	7/1/2017-6/30/2018
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1025115579-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): SHERWOOD FOREST DELLS, LLC	Federal Employer Identification No. (FEIN): 46-2435629
Trade or Business Name (if different than Legal Name): SHERWOOD FOREST CAMPING + RV PARK	Telephone Number: ( )
Business Address (License Location): 2852 WISCONSIN DELLS PKWY	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS
Business Telephone: (608) 254-7080	County: SAUK
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	
Mailing Address (if different than Business Address):	City: ; State: ; ZIP Code:

Organization (*check one*)

☐ Sole Proprietor

☐ Partnership

☐ Other (*describe*)

☒ Wisconsin Corporation -- Enter date incorporated: 04-13

☐ Out-of-State Corporation -- Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

(Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TRACY L. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

My commission expires 10/29/2019

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 59445 MUNICIPAL USE ONLY $100

License Number	
Period Covered	7/1/2017-6/30/2018
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-1029236499-02 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Stage III LLC	Federal Employer Identification No. (FEIN): 81-3056634
Trade or Business Name (if different than Legal Name): Chalet Lanes	Telephone Number: (608) 254-8727
Business Address (License Location): 740 Elm St	Business Located In: ☑ City ☐ Village ☐ Town
Business Telephone: 608-408-4322	
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	of: WISCONSIN DELLS
County: Columbia	
Mailing Address (if different than Business Address): PO BOX 17	City: Wisconsin Dells; State: WI; ZIP Code: 53965

Organization (check one)

☒ Sole Proprietor ☒ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (describe) _____

☒ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☒ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☒ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☒ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☒ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☒ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☒ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☒ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☒ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME this 17th day of April, 20 17

(Clerk/Notary Public)

My commission expires 12/25/2019

NOTARY PUBLIC STATE OF WISCONSIN TRACI L. STANFORD

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R#59645

$100

MUNICIPAL USE ONLY

License Number	
Period Covered	7/01/2017 6/30/2018
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000455693-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): T.R. NELSON, INC			Federal Employer Identification No. (FEIN): 39-1475071
Trade or Business Name (if different than Legal Name): TRAPPERS TURN GOLF CLUB			Telephone Number: (608) 253-7000
Business Address (License Location): 2955 WISCONSIN DELLS PARKWAY		Business Located In: ☑ City ☐ Village ☐ Town	Business Telephone: (608) 253-7000
City: WISCONSIN DELLS	State: WI	ZIP Code: 53965	of: WISCONSIN DELLS	County: SAUK
Mailing Address (if different than Business Address): P.O. BOX 590		City: WISCONSIN DELLS	State: WI ZIP Code: 53965

Organization (check one)

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (describe) _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

Todd R. Nelson

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of April, 20 17

Mary Bonte Spath

(Clerk / Notary Public)

My commission expires 9/4/2020

NOTARY PUBLIC MARY BONTE SPATH STATE OF WISCONSIN

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number

Period Covered 7/1/2017-6/30/2018

Date of Issuance

R# 59557

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456 0000578156 01

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Travel Mart Inc	Federal Employer Identification No. (FEIN): 39-1546227
Trade or Business Name (if different than Legal Name): Broadway Travel Mart	Telephone Number: (608) 253-2091
Business Address (License Location): 802 Broadway	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS
Business Telephone: ( )	
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	County: Columbia
Mailing Address (if different than Business Address): PO Box 120	City: Wisconsin Dells; State: WI; ZIP Code: 53965

Organization (check one)

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 3/1/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (describe) _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 2017

(Clerk / Notary Public)

My commission expires 9-2-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number

Period Covered 7/1/2017-6/30/2018

Date of Issuance

R# 595557

Applicant's Wisconsin 15-digit Sales Tax Account Number 450000578156 04 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Travel Mart Inc.

Federal Employer Identification No. (FEIN): 39-1546227

Trade or Business Name *(if different than Legal Name)*: LOWER DELLS Travel Mart

Telephone Number: (608) 254-7097

Business Address (License Location): 710) Trout Rd

Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS

Business Telephone: ( )

City: WISCONSIN DELLS | State: WI | ZIP Code: 53965

County: Sauk

Mailing Address *(if different than Business Address)*: PO BOX 120

City: Wisconsin Dells | State: WI | ZIP Code: 53965

Organization *(check one)*

☐ Sole Proprietor ☑ Wisconsin Corporation -- Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation -- Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other *(describe)* _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 20 17

(Clerk / Notary Public)

My commission expires 9-3-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number

Period Covered 7/1/2017-6/30/2018

Date of Issuance

R# 595557

Applicant's Wisconsin 15-digit Sales Tax Account Number 456000057815604 ← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Travel Mart Inc	Federal Employer Identification No. (FEIN): 39-1546227
Trade or Business Name (if different than Legal Name): B+G Travel Mart	Telephone Number: (608) 254-5077
Business Address (License Location): 411 N. Frontage Rd.	Business Located In: ☑ City ☐ Village ☐ Town of: WISCONSIN DELLS
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	Business Telephone: ( )
	County: Sauk
Mailing Address (if different than Business Address): PO BOX 120	City: Wisconsin Dells; State: WI; ZIP Code: 53965

Organization (*check one*)

☐ Sole Proprietor ☑ Wisconsin Corporation – Enter date incorporated: 03/01/1986

☐ Partnership ☐ Out-of-State Corporation – Are you registered to do business in Wisconsin? ☐ YES ☐ NO

☐ Other (*describe*) _____

☑ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

☑ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

☑ YES ☐ NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

☑ YES ☐ NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

☑ YES ☐ NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

☑ YES ☐ NO 6. Does the applicant understand that they may not sell single cigarettes?

☑ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

☑ YES ☐ NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold ☑ over counter ☐ through vending machine ☐ both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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.

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of April, 2017

(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY $100

License Number
Period Covered: 7/1/2017-6/30/2018
Date of Issuance

R# 59557

Applicant's Wisconsin 15-digit Sales Tax Account Number: 4560000578156 04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Travel Mart Inc	Federal Employer Identification No. (FEIN): 39-1546227
Trade or Business Name (if different than Legal Name): Travel Mart Shell	Telephone Number: (608) 254-4488
Business Address (License Location): 2415 Wisconsin Dells Parkway	Business Telephone: ( )
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	Business Located In: [x] City [ ] Village [ ] Town of: WISCONSIN DELLS; County: Sauk
Mailing Address (if different than Business Address): PO BOX 120	City: Wisconsin Dells; State: WI; ZIP Code: 53965

Organization (check one)

- [ ] Sole Proprietor
- [x] Wisconsin Corporation – Enter date incorporated: 03/01/1986
- [ ] Partnership
- [ ] Out-of-State Corporation – Are you registered to do business in Wisconsin? [ ] YES [ ] NO
- [ ] Other (describe) _____

[x] YES [ ] NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

[x] YES [ ] NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

[x] YES [ ] NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

[x] YES [ ] NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

[x] YES [ ] NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

[x] YES [ ] NO 6. Does the applicant understand that they may not sell single cigarettes?

[x] YES [ ] NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

[x] YES [ ] NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold [x] over counter [ ] through vending machine [ ] both

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 applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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[signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 2017

[signature]
(Clerk / Notary Public)

My commission expires 9-7-18

MARGARET CZUPRYNKO
Notary Public
State of Wisconsin

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R#59598 MUNICIPAL USE ONLY $100

License Number
Period Covered: 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0003194655-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Uptown Sand Bar	Federal Employer Identification No. (FEIN):
Trade or Business Name (if different than Legal Name): Sand Bar	Telephone Number: (608) 253-3073
Business Address (License Location): 130 Washington Ave	Business Telephone: (608) 253-3073
City: WISCONSIN DELLS; State: WI; ZIP Code: 53965	County: Columbia
Mailing Address (if different than Business Address): P.O Box 598	City: Wisconsin Dells; State: ; ZIP Code: 53965

Business Located In: [x] City [ ] Village [ ] Town of: WISCONSIN DELLS

Organization (check one)

- [ ] Sole Proprietor
- [x] Wisconsin Corporation – Enter date incorporated: 5/07
- [ ] Partnership
- [ ] Out-of-State Corporation – Are you registered to do business in Wisconsin? [ ] YES [ ] NO
- [ ] Other (describe)

[x] YES [ ] NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

[x] YES [ ] NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

[x] YES [ ] NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?

[x] YES [ ] NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)

[x] YES [ ] NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?

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[x] YES [ ] NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold [x] over counter [ ] through vending machine [ ] both

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William B. [signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 20 17

[signature]
(Clerk / Notary Public)

My commission expires 10/25/2018

TRACI J. STANFORD NOTARY PUBLIC STATE OF WISCONSIN

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

R# 59422
FACO

MUNICIPAL USE ONLY

License Number	
Period Covered	07/01/17-06/30/18
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number: 456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship): Walgreen Co.	Federal Employer Identification No. (FEIN): 36-1924025
Trade or Business Name (if different than Legal Name): Walgreens #06885	Telephone Number: (847) 527-4897
Business Address (License Location): 300 Hwy 13	Business Located In: ■ City ☐ Village ☐ Town of: Wisconsin Dells
Business Telephone: (608) 254-5760	
City: Wisconsin Dells; State: WI; ZIP Code: 53965	County: Sauk
Mailing Address (if different than Business Address): PO Box 901	City: Deerfield; State: IL; ZIP Code: 60015

Organization (check one)

☐ Sole Proprietor ☐ Wisconsin Corporation – Enter date incorporated: _____

☐ Partnership ■ Out-of-State Corporation – Are you registered to do business in Wisconsin? ■ YES ☐ NO

☐ Other (describe) _____

■ YES ☐ NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?

■ YES ☐ NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)

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■ YES ☐ NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?

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Amelia Legutki
Assistant Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

SUBSCRIBED AND SWORN TO BEFORE ME

this 11th day of April, 20 17

(Clerk / Notary Public)

My commission expires _____

OFFICIAL SEAL
ERIC E. LYLES
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires 08/12/2019

CTP-200 (R. 9-15)
Wisconsin Department of Revenue

City of Wisconsin Dells

ITEM 15

~~Application for:~~

Mobile Home Park License

Date Submitted: 4-15-17 Fee: $350.00 First 25 Sites or less 350 + 175 = $525 Receipt No. 59521

$ 25.00 Each Additional Site

Name of Applicant: TVE mhp LLC Dan Gilette

Address of Applicant: PO Box 74 Baraboo

Daytime Telephone Number: ( ) 608-772-0234

Evening Telephone Number: ( )

Driver's License Number: Same State: WI

Legal Description/Address of the Park: Illinois + Plum St.

On-Site Manager's Name: Same Mark Cobb

On-Site Manager's Address & Lot Number: 1044 Illinois

On-Site Manager's Telephone Number: 963-9062

*A complete site plan must be attached to the application. On file

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

☐ Date Approved: _____ Conditions (if any): _____

☐ Date Denied: _____ Reason(s): _____

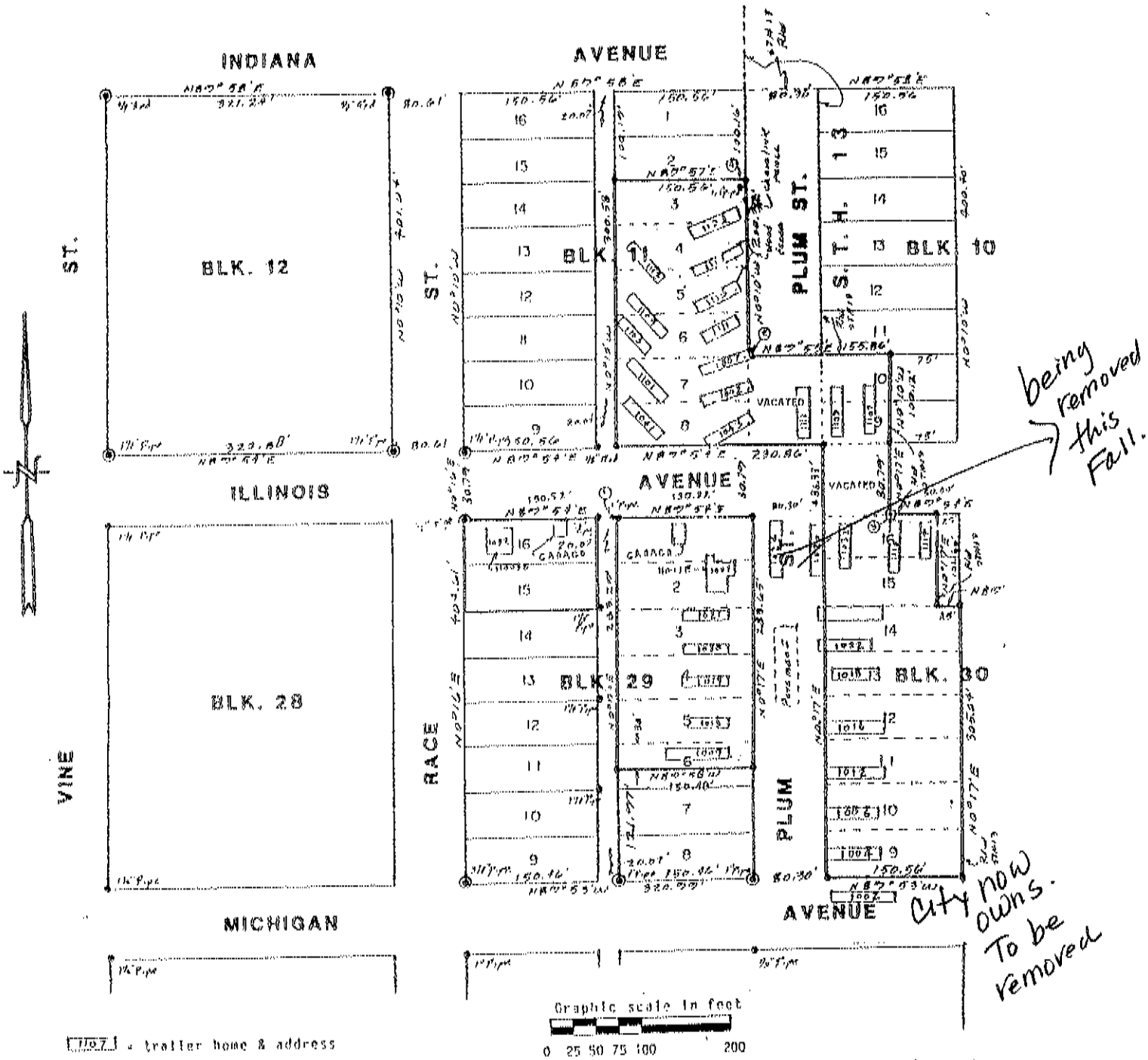
* License valid from _____, 20____ through _____, 20____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10

TOWER VIEW MOBILE COURT

WISCONSIN DELLS WISCONSIN



[1107] = trailer home & address

* = Found pipe or rod as shown. ⊗ = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found we because of various dimensional differences with those shown. ⊡ = Set 3/4"x24" round iron rod weighing 1.5#/lineal foot.

Bearings are referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear N0°10'W. Near

[illegible] found and used pipes and rods are made to fit the commonly used multiplier of 1.0037 times the platted dis

CITY OF WISCONSIN DELLS

NANCY R. HOLZEM
CITY CLERK / ADMINISTRATIVE COORDINATOR

300 LaCrosse Street
Wisconsin Dells, WI 53965

June 29, 2015

COPY

TVE MHP LLC
Dan Gillette
PO Box 74
Baraboo, WI 53913

RE: Towerview Estates Mobile Home Park License

Please be advised that the Wisconsin Dells Common Council approved your application for a Mobile Home Park License contingent upon at timeline begin established to remove/relocate the three units that are located in city's right of way (platted street).

- The unit located in right-of-way on Michigan Avenue needs to be moved/relocated no later than December 31, 2016. > city now owns.
- The two units located in the right-of-way on Plum Street need to be moved/relocated no later than December 31, 2017.

If any city project warrants the removal sooner, you will be given no less than 90 days notice to have the affected unit(s) moved.

Respectfully,
CITY OF WISCONSIN DELLS

Nancy R. Holzem

Nancy R. Holzem
City Clerk/Coordinator

City of Wisconsin Dells

Application for:
Mobile Home Park License

Date Submitted: 3/16/17 Fee: $350.00 First 25 Sites or less $725.00 Receipt No. 596656
$ 25.00 Each Additional Site

Name of Applicant: Fairway Mobile Home Park

Address of Applicant: PO Box 265 Mauston, WI 53948

Daytime Telephone Number: (608) 847-1000

Evening Telephone Number: (608) 408-9705

Driver's License Number: I521-2616-2346-02 State: WI

Legal Description/Address of the Park: 610 Commercial Ave. Wisconsin Dells, WI 53965

On-Site Manager's Name: Korey Pohl

On-Site Manager's Address & Lot Number: 610 Commercial Lot 619

On-Site Manager's Telephone Number: 715-397-7661

*A complete site plan must be attached to the application.

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

☐ Date Approved: _____ Conditions (if any): _____

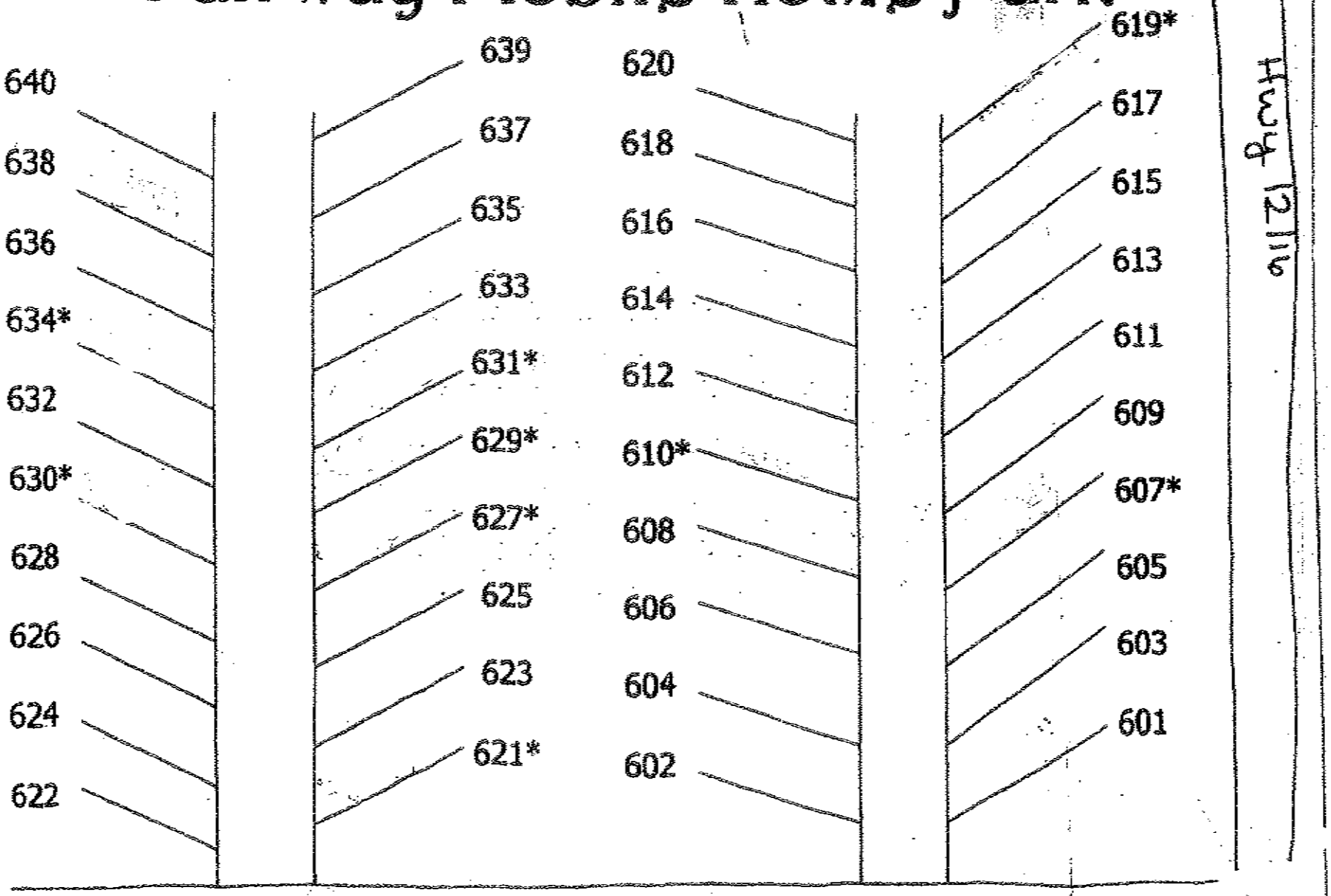
☐ Date Denied: _____ Reason(s): _____

* License valid from _____, 20____ through _____, 20____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10

Fairway Mobile Home Park



610 Commercial Ave

WISC. DELLS

* = Vacant, different prices see reverse side for them

City of Wisconsin Dells
Application for:
Mobile Home Park License

Date Submitted: 3/27/2017 Fee: $350.00 First 25 Sites or less $350.00 Receipt No. 59157
$ 25.00 Each Additional Site

Name of Applicant: Stonecliff, LLC
Address of Applicant: PO Box 410 Wisconsin Dells, WI 53965
Daytime Telephone Number: (608) 254-7500
Evening Telephone Number: (608) 254-7500
Driver's License Number: State:

Legal Description/Address of the Park: 300 Pioneer Drive; 04-13N-06E, S04-13-06 PRT FR Lot 4 in SWSE being N. 386.64' of E 337.99'S of Pioneer Drive, 3.00A

On-Site Manager's Name: Al Rice / c/o Stonecliff, LLC
On-Site Manager's Address & Lot Number: Trailer North of Greenhouse
On-Site Manager's Telephone Number: 608-254-8336

*A complete site plan must be attached to the application.

A/C 8768000509 - $175.00
A/C 0821010501 - $175.00
$350.00

Dominic [illegible], Manager
Signature of Applicant

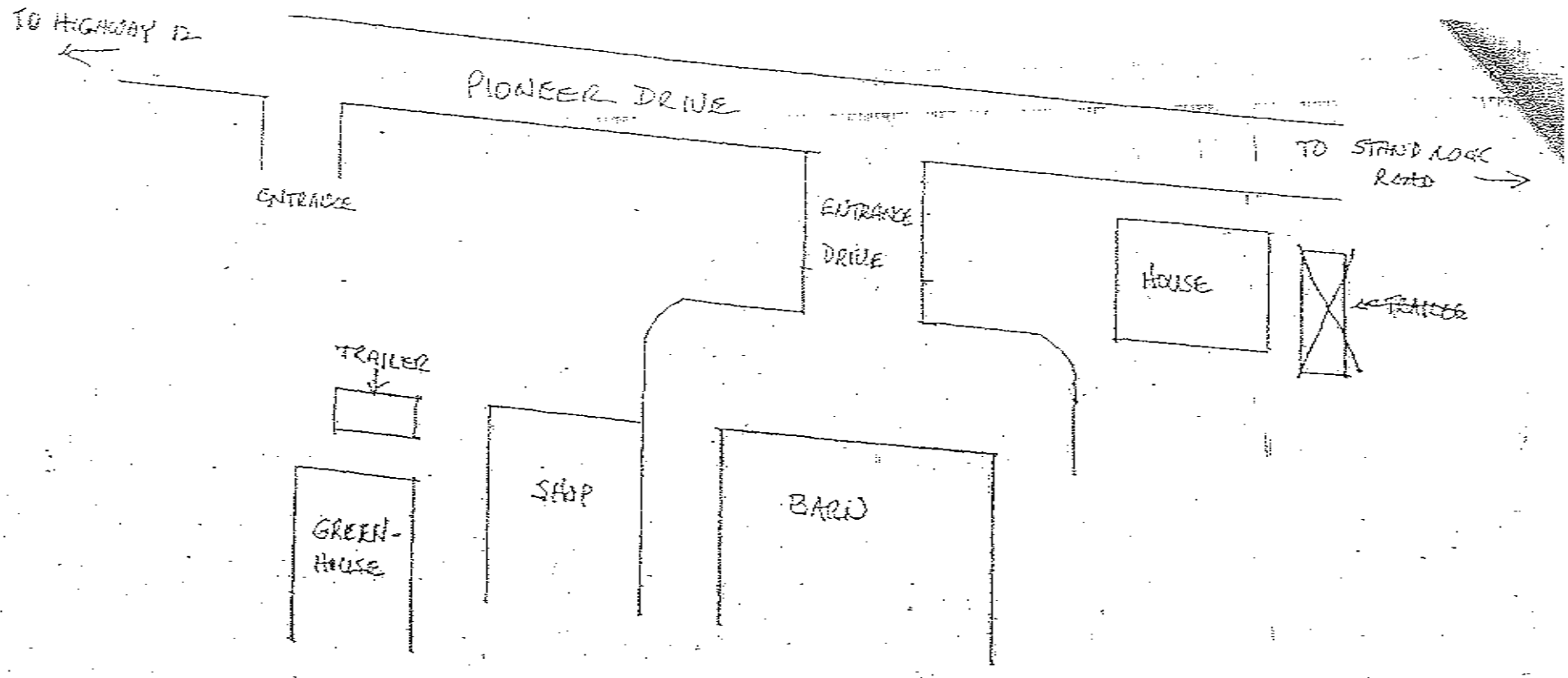
License subject to compliance with Wisconsin Dells Code Section 16.03

☐ Date Approved: Conditions (if any):
☐ Date Denied: Reason(s):

* License valid from , 20 through , 20

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

Rev 01/10


TO HIGHWAY 12
PIONEER DRIVE
TO STANDLOCK ROAD
ENTRANCE
ENTRANCE DRIVE
HOUSE
TRAILER
TRAILER
GREEN-HOUSE
SHOP
BARN

ITEM 16

City of Wisconsin Dells

Application for:

LIVESTOCK/POULTRY LICENSE

Date: 4-27-17 FEE $3.00 per animal Receipt No. 59745

Name of Applicant: BRIDGEVIEW CORP.

Address of Applicant: PO Box 513, WISCONSIN DELLS WI 53965

Name of Business: TIMBER FALLS ADVENTURE PARK

Address of Business: 1000 STAND ROCK ROAD

Daytime Telephone Number: (608) 254-8424 Cell Phone: 608-963-0941

Number and type of livestock or poultry to be kept: 1 DONKEY
2 SHEEP
11 GOATS

Information on where livestock/poultry will be kept and maintained: IN THE FENCED AREA (PETTING ZOO) AT TIMBER FALLS MINI GOLF

KEVIN GRUBER

Printed Name of Applicant

Signature of Applicant

Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

Licensing period runs July 1st through June 30th of each year.

☐ Date Approved: _____ day of _____ 20___

☐ Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 06/13

USDA

EXPIRATION DATE: JULY 22, 2017

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that

BRIDGEVIEW CORP

is a licensed under the

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

35-C-0383

Customer No.

330388

Deputy Administrator

APHIS FORM 7007 (NOV 99)

Previous editions are obsolete.

USDA

United States Department of Agriculture

Marketing & Regulatory Programs Business Services

Animal and Plant Health Inspection Service

Animal Care

920 Main Campus Drive, Suite 200
Raleigh, NC 27606-5213
Tel. 919-855-7100
Fax: 919-855-7123

RE: NEW LICENSE APPROVAL
Certificate Number: 35-C-0383
Renewal Date: 07/22/2017

July 22, 2016
Customer ID Number: 330388

Kevin Gruber
Bridgeview Corp
Po Box 513
Wisconsin Dells, WI 53965

Dear Licensee:

We write to inform you that you have met the licensing requirements under the Animal Welfare Act (AWA). Accordingly, we are enclosing a copy of your approved application (APHIS Form 7003A), along with the official license certificate, which is suitable for display.

Please note the license expiration date. If you wish to renew this license for another year, we must receive your license renewal application and renewal fees on or before the expiration date of your license. We will send you the appropriate forms and instructions at least 6 weeks prior to the expiration date – this will serve as the sole reminder that your license is nearing expiration.

In addition to maintaining your facility and animals in accordance with the AWA and the regulations and standards, issued thereunder you must keep current, accurate records. You must also notify this office by certified mail of any change in name, address, management, or substantial control or ownership of your business within 10 days of the change.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Craig A Nowakowski
Director of Program Support – Animal Care

cc: Scott M Welch, Vmo
Enclosures

City of Wisconsin Dells

ITEM 17

Application for
LODGING FACILITY LICENSE

COPY

Date From _____ to April 30, 20____ Fee $ 250 Receipt No. 59847
($50 each for first 15 sleeping units; $25 each add'l)

Applicant Name: Atanas Georgiev

Applicant Address: 322 Wisconsin Ave, Wisconsin Dells, WI 53965

Telephone Number: 414-436-7498

Lodging Facility Address: 322 Wisconsin Ave, Wisconsin Dells, WI, 53965

Number of Sleeping Units: 5

Zoning Classification: _____
(Facilities in Residential Areas are grandfathered facilities only.)

Name & Telephone No. of On-Site Supervisor: Ivan Vasilev 414-436-7498

Manner in which the facility will be supervised and maintained: Owners live on same address, they will be supervising. Contact is their son Ivan.

Applicant's Signature

05/01/17
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: _____

City of Wisconsin Dells

Application for

LODGING FACILITY LICENSE

Date From 5/17/17 to April 30, 2018 Fee $ 600.00 Receipt No. 59863
($50 each for first 15 sleeping units; $25 each add'l)

Applicant Name: Riverview Boat Line,

Applicant Address: 31 Broadway, Wisc. Dells

Telephone Number: 608-254-8336

Lodging Facility Address: 2150 Wisc. 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: Eleana Chiribuca 608-432-8625
(or) Eric Helland (Riverview) @ 608-963-1630 (Gen. Mgr.)

Manner in which the facility will be supervised and maintained: All 12 units are being operated by Riverview Boat Line this season, and Riverview is responsible for supervising & maintenance).

Karen Fleming
Applicant's Signature

5/17/17
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: _____

City of Wisconsin Dells

Application for
LODGING FACILITY LICENSE

Date From May 1 st 2017 to April 30, 2018 Fee $ 300 Receipt No. 59959
($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: 6

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: _____

ITEM 18

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their June 19, 2017 meeting;

IT APPROVES the amended 2017 Schedule of Fees.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Cigarette License	100.00	Annually (highest fee allowed)	16.15(2)	2002
Circus, Carnival, Theatrical Permit	100.00	Per day or $1500 per month	16.07(3)	2010
Community Center Room Rental:				
City non-profit organizations	25.00	Each additional hour: $5.00		2010
All other groups	50.00	Each additional hour: $15.00		2010
Use of kitchen (additional)	25.00	Per hour (max $100)		1999
Closet/Storage Rental	25.00	Per month		2010
Compliance Certificate	40.00		by Res.	2010
Conditional Use Permit	300.00	Plus Public Hearing Fee	19.3740	2010
Copy Fees:				
Regular	.25	Per page, plus postage if mailed		2002
Large Scale	20.00	Per page, plus postage if mailed		2012
CD copies	10.00	Plus postage if mailed		2009
Consent & Indemnification Agrmt	$150-$500	Up to $500 per Agreement		2017
Dells River Arts District Trademark Use Agreement	$75.00			2017
Demolition Permit	150.00		13.05(7)(f)	2010
Dog & Cat Licenses:				
Spayed or neutered	10.00	Annually	25.13(2)(a)	2014
Not spayed or neutered	15.00	Annually	25.13(2)(b)	2014
Driveway Permit	75.00		6.02	2009
False Alarm Fee-Fire	150.00	For 3rd and subsequent false calls	9.05(7)	2010
False Alarm Fee-Police	25.00	For 3rd and subsequent false calls	9.05(7)	2010
Fax	1.00	Per page		2013
Finger Printing	20.00			2011
Fire Inspections	60.00	Per non-compliance f/u inspect.	9.02(9)(c)	2010
Fireworks Display Permit	125.00	Per Display Event	9.11	2013
Firework Sales	275.00	+ $60 for add'l sites Annually	16.20(4)(b)	2007
Furniture, Fixtures & Equip. (FF&E)	10% of cost	Annually		2017
Garbage Collection-Tax Exempt:				
Single Family Res Family	275.00	Annually	12.01(11)(a)	2014
Churches	275.00	Annually		2014
Fraternal Organizations	275.00	Annually		2014
Federal Post Office	600.00	Annually		2014
Schools with 100 or less	750.00	Annually		2014
Schools with more than 100	2400.00	Annually		2014
Wastewater Treatment Plant	4800.00	Annually		2014
Garbage Collection-Apartments:				
Base Charge (First 2 units)	275.00	Annually		2014

1-10 units	150.00	Annually		2014
11-20 units	125.00	Annually		2014
21+ units	100.00	Annually		2014
Horse Drawn Vehicles	500.00	Annually	16.015(3)	2000
Horse Drawn Drivers	30.00	Annually	16.015(4)(a)	2011
Horse Stable Inspection	125.00		16.01(3)(c)	2010
Junk Dealer License	1000.00	Annually	16.11(5)	2000
Kennel License	50.00	Annually	25.13(2)(f)	2000
Lawn Mowing	105.00	Per hour (1 hr min. charge)	13	2017
Liquor Licenses:				
Class "A" Beer (off-premise)	100.00	Annually plus publication fee	16.12	State Stat.
Class "B" Beer (on/off-premise)	100.00	Annually plus publication fee	16.12	State Stat.
"Class A" Liquor (off-premise)	500.00	Annually plus publication fee	16.12	State Stat.
"Class B" Liquor (on-premise)	500.00	Annually plus publication fee	16.12	State Stat.
"Class B" Quota Plus	10,0000	Initial Fee plus publication fee	16.12	State Stat.
"Class B" Quota Plus renewal	500.00	Annually plus publication fee	16.12	State Stat.
"Class C Wine (on-premise)	100.00	Annually plus publication fee	16.12	State Stat.
Temporary Beer/Wine (bona fide clubs only)	10.00	Per event	16.12	State Stat.
Wholesaler Beer License	25.00	Annual Fee plus publication fee	16.12	State Stat.
Premises Transfer	10.00			State Stat.
Renewal Filing Late Fee	50.00			2014
Livestock/Poultry	3.00	Per animal	16.02(3)	2008
Lodging Facility License:				
Each for first 15 sleeping Units	50.00	Annually	16.06	2010
Each add'l unit same location	25.00	Annually	16.06	2008
Mobile Home Park (First 25 units)	350.00	Annually	16.03(6)(b)(4)	2010
Additional Units	25.00	Annually		2010
Moving Permit	500.00	Per structure	13.06(4)	2010
Multi-Family Residential Dev.	550.00	Plus Public Hearing Fee		2010
NSF Return Check Fee	35.00			2017
Paper Service	50.00			2010
Park Picnic Shelter Rental:				
School Groups	35.00			2016
Residents within School Dist.	60.00			2016
All others	250.00			2013
Peddlers & Transient Merchants	175.00		16.09(4)(l)	2014

Planned District Development:				
Review Fee Small Residential	1700.00		19.431	2008
Review Fee Large Residential	5500.00			2008
Review Fee Commercial	8000.00			2008
Review Fee Mixed Use	%	Comb. of cost above prorated %		2008
Amendments	2500.00	Up to $2500		
Green Space Fee Res. Small	30.00	Per unit		2008
Green Space Fee Res. Large	55.00	Per unit		2008
Green Space Fee Comm. Small	2600.00	Less than 100,000 sq ft		2008
Green Space Fee Comm. Large	5500.00	More than 100,000 sq ft		2008
Green Space Fee Mixed Use	%	Comb. of cost above prorated %		
Plumbing Permit	1.00	Per fixture ($35 minimum)	15.07	2000
Pole Attachment Fee Pre-installation Review Fee	2000.00 500.00	Per pole Per pole. Extra if extensive 3rd party review needed. Max 2500		New
Police Department Charges:				
Traffic Control w/CSO	25.00	Per officer/per hour		2017
Traffic Control w/LTE	35.00	Per officer/per hour		2017
Traffic Control w/Officer	70.00	Per officer/per hour		2014
Traffic Control w/squad	30.00	Add'l charge per hour, per squad		2014
Discovery Costs				
Regular	.20-.35	.20 ea per page single sided, .35 ea double sided per page, plus postage if mailed		
CD/DVD copies	5.00	Plus postage if mailed		
Photo Reprints	.50	Per print, 5"x7" or less (if available) plus postage if mailed		
VCR Tapes	5.00	Plus postage if mailed		
Open Records Fees:				
Regular	.25	Per page plus postage if mailed		
Electronic Copies	.10	Per page		
CD/DVD copies	10.00	Plus postage if mailed		
Photo Reprints	.50	Per print (if available) plus postage if mailed		
Cost of Locating	Actual Co	Applies if over $50.00		
Pool Rates:				
Res. Individual w/lessons	68.00			2017
Res. Family w/lessons	115.00			2017
Res. Individual w/o lessons	52.00			2017
Res. Family w/o lessons	93.00			2017
Res. Daily Swim Pass	5.00			2009
Res. Child Swim Lesson	35.00	Per session		2017
Non-Res. Individual w/lessons	83.00			2017
Non-Res. Family w/lessons	147.00			2017
Non-Res. Indiv. w/o lessons	68.00			2017
Non-Res. Family w/o lessons	115.00			2017
Non-Res. Daily Pass	6.50			2009
Non-Res. Swim Lessons	45.00	Per session		2017
Group Swim Rate (20 or more)	4.00			2009
Seniors	Free			

Prelim Breath Test PBT (Police)	10.00	Per service		2013
Privilege Agreement	Up to $5,000	Up to $5,000 maximum/annually		2014
Public Hearing Fee	225.00			2007
Public Works & Utilities Equipment Fees for Invoicing	*	*Adopts Wis DOT Classified Equipment Rates& Non-Standard Rates		2017
Rezoning Request	300.00	Plus Public Hearing Fee		2010
Room Tax Permit	275.00	Each site	4.10(4)	2010
Saddle Horses (Riding Stable)	200.00	Annually	16.01(2)	2009
Per horse	25.00	Annually		2009
Sidewalk Use Fee	2.50-5.00 sf	Fee depends on location		2014
Sign Permit Fee:			22.03	
Blade Signs	15.00	Per sign face		2011
Directional Signs	50.00	Per sign face		2011
Signs in Industrial Park	50.00	Per sign face		2011
Legacy Sign Designation	125.00	Per sign face	22.09(4)	2017
All Other Signs	125.00	Per sign face		2010
Inspection Fee	15.00	Per sign face	22.08	2010
Site Plan Review	300.00	Plus Public Hearing Fee	19.391	2010
Snow Removal-Sidewalks	105.00	Per hour (1 hr min. charge)	5.04(4)(b)	2010
Special Assessment Letter	60.00	Per Parcel		2009
Special Events/Parade Permit	160.00		24.11	2010
Subdivision Fee (1-39 sites):				
Preliminary Plat	130.00	Double fee for 40+ sites	21.10(2)	2010
Improvement Review	65.00	Double fee for 40+ sites		2010
Inspection	65.00	Double fee for 40+ sites		2010
Final Plat	130.00	Double fee for 40+ sites		2010
Engineer Inspection	Cost	$60 minimum		
Tavern Operator-Bartender License:				
Regular	60.00	2-year licensing period	16.12(5)(a)	2009
Provisional	10.00	Valid for 60 days	16.12(5)(b)	
Temporary	10.00	Per event, limit 2 per year	16.12(5)(c)	2008
Tax Bills for Mortgage Co.	2.00	Per parcel		2013
Taxicab Service License:	150.00	Annually	16.21(5)	2014
First Vehicle	50.00	Annually	16.21(5)	2011
Each Additional Vehicle	25.00	Annually	16.21(5)	2010
Taxicab Driver's License	30.00	Annually	16.21(5)	2011
Timeshare Unit Fee	1000.00	Per room annually		2007
Vacate of Public Way	300.00	Plus Public Hearing Fee	ss. 66.1003	2010

ITEM 19

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their June 19, 2017 meeting;

IT APPROVES adjusting the building permit fees for the School District to:

_____

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

SCHOOL DISTRICT OF WISCONSIN DELLS

District Office: 811 County Road H, Wisconsin Dells, WI 53965

Terrance R. Slack
District Administrator
608/254-7769 Phone
608/254-8058 Fax
Email: tslack@sdwd.k12.wi.us

Deb Michel
Business Manager
608/254-7769 Phone
608/254-8058 Fax
Email:dmichel@sdwd.k12.wi.us

May 16, 2017

City of Wisconsin Dells
Karen Terry, City Treasurer
300 La Crosse Street
Wisconsin Dells, WI 53965

Dear Ms. Terry:

The District is excited to construct a long needed concessions & outdoor restroom facility at the Wisconsin Dells High School that can be used by the community and visitors. This correspondence is in regards to the amount of the fee for the building permit for that project. The District is requesting that the City of Wisconsin Dells waive the fee or reduce the amount to the cost of the required MSA Professional Services, Inc., inspections.

The District appreciates the City's consideration in this matter.

Sincerely,

Scott Walsh
Buildings & Grounds Supervisor

RESOLUTION NO. _____ ITEM 20

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the FINANCE COMMITTEE from their June 19, 2017 meeting;

IT APPROVES acquiring a strip of property along State Hwy 23, north of Michigan Avenue, from the State of Wisconsin

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

PLAT OF SURVEY

GENERAL LOCATION

BEING PART OF LOTS 3 THROUGH 8, BLOCK 30, PART OF VACATED ALLEY AND PART OF MICHIGAN STREET RIGHT OF WAY, KILBOURN CITY, LOCATED IN THE NE1/4 OF THE SE1/4, SECTION 3, T. 13 N. R. 6 E., CITY OF WISCONSIN DELLS, COLUMBIA COUNTY, WISCONSIN.

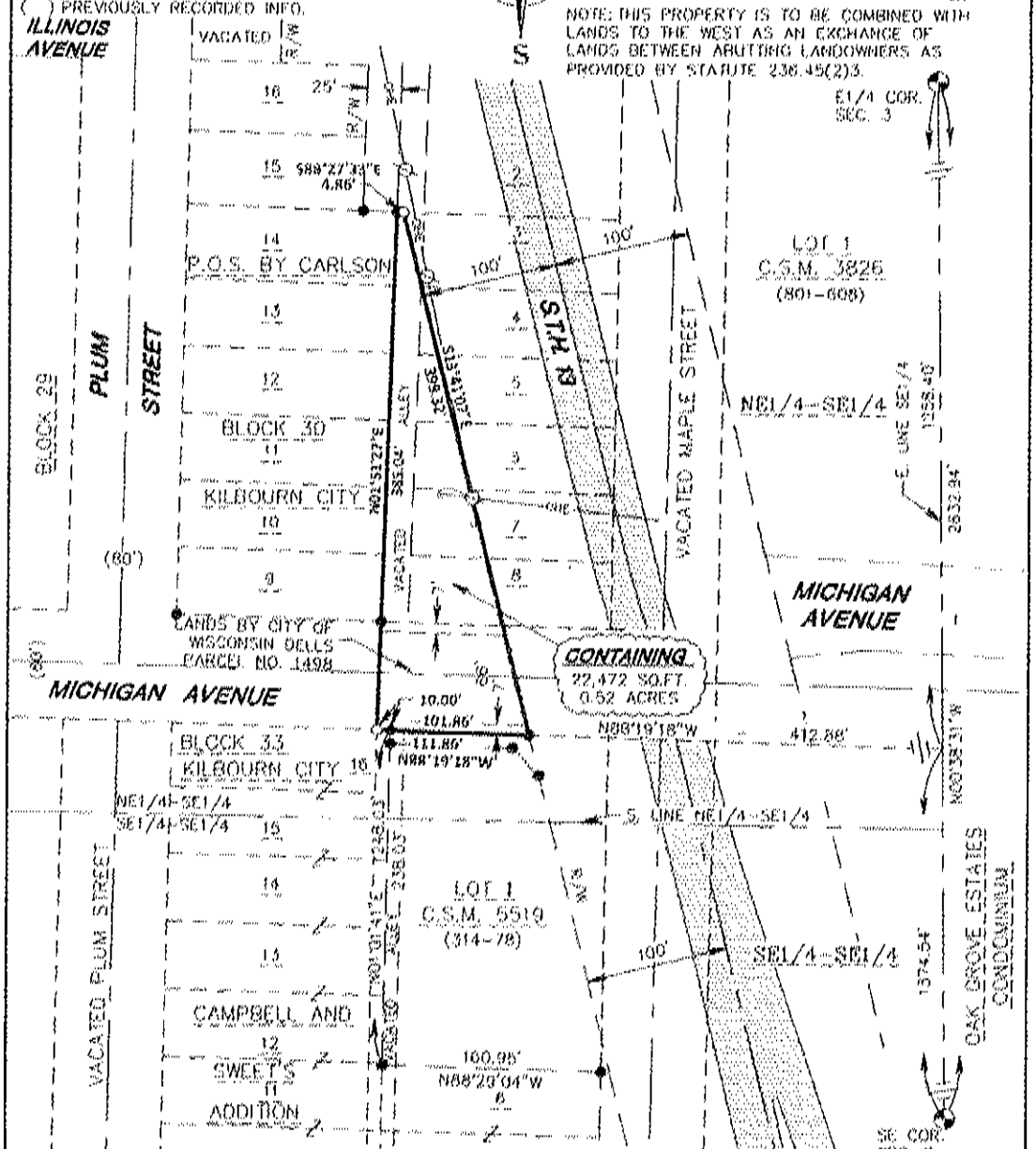
LEGEND

- ○ 3/4" X 24" IRON ROD SET (WT. = 1.5 LBS. / L.F.)
- ● 3/4" IRON ROD FND.
- 3 1/2" ALUM. MON. FND.
- POWER POLE
- OHE OVERHEAD UTILITY LINE
- GUY WIRE
- ( ) PREVIOUSLY RECORDED INFO.

BASIS OF BEARINGS: IS THE EAST LINE OF THE SE1/4, SECTION 3 WHICH IS RECORDED TO BEAR N00°38'31"W PER C.S.M. 5519.

SCALE: 1" = 100'

NOTE: THIS PROPERTY IS TO BE COMBINED WITH LANDS TO THE WEST AS AN EXCHANGE OF LANDS BETWEEN ABUTTING LANDOWNERS AS PROVIDED BY STATUTE 236.45(2)3.



SEAL: WISCONSIN SCOTT P. HEWATT S-2229 PORTAGE LAND SURVEYOR

3-30-15

OWNER/CLIENT: WISCONSIN DEPARTMENT OF TRANSPORTATION
DTSD - SW REGION
2101 WRIGHT STREET
MADISON, WI 53704

As prepared by:

GROTHMAN & ASSOCIATES S.C.
LAND SURVEYORS
625 EAST SUPER STREET, P.O. BOX 373 PORTAGE, WI 53901
WHOLE: PORTAGE: (608) 742-1788 SAUK: (608) 964-0877
FAX: (608) 742-0444 E-MAIL: surveyor@grothmanassociates.com
(RED LOGO REPRESENTS THE ORIGINAL LINE)

G & A FILE NO. 1214-559

DRAFTED BY: SMS
CHECKED BY: TG
PROJ. 110-11
DWG. 1214559

SHEET 1 OF 2

RESOLUTION NO. _____ ITEM 21

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Safety Committee from the June 5, 2017 meeting, the City Plan Commission from their June 14, 2017 meeting, and the FINANCE COMMITTEE from their June 19, 2017 meeting;

IT APPROVES the Riverwood Eagle's Nest Development Agreement for development of a senior living community.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

DRAFT
June 15, 2017
(Post Plan Commission)

Riverwood Eagle's Nest
Development Agreement
City of Wisconsin Dells
Tax Increment District No. 3

This Development Agreement is dated June _____, 2017 by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (City) and Riverwood Eagle's Nest, LLC, a Wisconsin Limited Liability Company (Developer).

RECITALS

City and Developer acknowledge the following:

A. Developer owns the following described real property located in the City: See Exhibit A attached.

B. The City has created Tax Increment No. 3 pursuant to Wis. Stat. sec. 66.1105 and approved and amended a plan for the development of the district (District Plan and Amended Plan).

C. The specific property subject to this agreement, the site of Phase 1A, Tax Parcel #291-2200-1903, is located within the boundaries of the district. (The Property)

D. Subject to obtaining the financial assistance set forth in this agreement, Developer intends to develop a senior living community that will provide assisted care, memory care and independent living.

E. Development of the senior living community will enhance the tax base of and provide other benefits to the City and is consistent with the District Plan and Amended Plan.

F. The City desires to encourage economic development, to expand its tax base and to create new jobs within the City, the district and the property.

G. The City finds that the development of Developer's property and the fulfillment of the terms and conditions of this Agreement are in the best interests of the City and its residents and serve a public purpose in accordance with state and local law.

H. The development of the senior living community would not occur without the financial assistance to be provided to the Developer as set forth in this Agreement.

I. The City, pursuant to Common Council action, has approved this Agreement and authorized its execution by the Mayor and Clerk/Coordinator on the City's behalf.

J. The Developer has approved this Agreement and authorized its execution by authorized agents on the Developer's behalf.

AGREEMENTS

NOW THEREFORE, in consideration of the recitals, promises and undertakings set forth herein, the parties mutually agree and covenant as follows:

SECTION 1. Project Description.

1. Developer will design and construct, in phases, a senior living community in accordance with all applicable State and City zoning, building codes, ordinance regulations and stormwater requirements.

2. Owner represents to the City that the development of the senior living community without the benefits provided by the City to the Developer pursuant to this

agreement would not be financially viable and that but for such assistance Developer would not proceed with the development as currently contemplated.

3. The Senior Living Community shall be developed in phases as follows: See attached Exhibit B.

4. This Agreement covers Phase 1A. It is mutually agreed that future phases 1B, 2 and 3 will use the terms outlined in SECTION 5 of this Agreement.

5. This Agreement covers development on Tax Parcel #11291-2200-1903.

6. Developer shall commence construction of the Phase 1A improvements on or before _____, 2017 and shall complete construction to a condition ready for occupancy on or before _____, 2018.

7. The Phase 1A project and improvements shall be as forth in the site plan attached as Exhibit C and subject to the City conditions and approvals set forth in Exhibit D, which also include PDD and GDP contingencies.

8. The Planned Development District and General Site Plan for the Senior Living Community is as depicted in Exhibit E.

SECTION 2. Developer Obligations.

1. Developer shall initiate, or cause to be initiated by third parties, Phase 1A of the project and complete with same in accordance with the Zoning Code and all other applicable City building codes, fire codes, ordinances, regulations and City approvals.

2. All project costs expended by Developer, including costs incurred before the date of this Agreement and which are eligible for funding pursuant to Wis. Stat. sec. 66.1105, are referred to as "Developer Costs". Developer costs shall include, without limitation, costs for the acquisition of land, construction of improvements, including hard and soft construction costs, professional fees, architectural fees, construction period interest, civil engineering fees, general contractor fees, infrastructure improvements, environmental remediation costs, demolition, public parking facilities, and the clearing, grading, and construction of the Project, and other costs permitted pursuant to Wis. Stat. sec. 66.1105.

3. The projected tax increment value of Phase 1A, when completed, shall be $9.5 million.

4. Developer consents and agrees to the following:

   a. Roads. The roads within the Development shall remain privately owned and maintained.

   b. Utility Mains. Any water and sanitary sewer mains within the Development will meet City standards, be dedicated to the City, be located within easements approved by the City and be recorded in the Columbia County Register of Deed's office. The water main will be looped.

c. Storm Water Management. The storm water management plan in the Site Plan review must not create adverse effects on the City streets, neighboring properties, or other facilities.

d. No Destination Commercial Uses. Commercial uses (such as restaurants) shall not be a principal use, or they may be restricted by the City if the City deems them to be creating a nuisance to the existing residential zones, including traffic or parking nuisance, or noise nuisance.

e. Buffer. The plans for the Site Plan review must show adequate berming or landscaping buffers between the Development and neighboring properties.

f. Nuisances. The Developer shall cooperate with the City to resolve any nuisances that may result from the Development.

5. Not later than June _____, 2017 the Developer shall present to the City an irrevocable, final and unconditional financing commitment from a lender satisfactory to the City which commitment shall be sufficient to cover all of Developer's Phase 1A costs and expenses.

SECTION 3. Emergency Management.

1. Developer shall provide to the City and implement an emergency management and evacuation plan for Phase 1A. The plan shall be reviewed and approved by appropriate state agencies, including Department of Health Services, and City

agencies, including Kilbourn Fire Department and Dells-Delton EMS. The plan shall include and/or address the emergency evacuation measures set forth in Exhibit F attached.

2. Developer understands that in connection with City consideration and approval of Phases 1B, 2 and 3, the City will require secondary emergency access to the property and that developer may be required to finance or fund all or a portion of the cost and expense of such secondary emergency access.

4. Developer acknowledges that it has no vested rights to receive City approval for or proceed with Phases 1B, 2 and 3 without satisfaction of the provisions of this section regarding emergency management, evacuation and access.

SECTION 4. City Obligations.

1. The City shall cooperate with the Developer throughout the preconstruction and construction periods and shall promptly review and/or process all submissions and applications.

2. Subject to all of the terms, covenants and conditions of this Agreement and as an inducement by the City to the Developer to construct Phase 1A of the Senior Living Community, the City will provide the financial assistance set forth in Section 5. The same terms, covenants and conditions of this Agreement will be used in an inducement by the City to the Developer to construct future Phases 1B,

2 and 3 of the Senior Living Community and will use the same terms set forth in SECTION 5.

3. The financial assistance is subject to the Developer obtaining City approvals, drawing plan specifications, variances or conditional uses and fulfilling the terms and conditions of the City's approvals.

SECTION 5. Financial Assistance.

1. In this section the following terms have the following meanings. Any undefined words or terms shall have the definitions used in state law.

   a. Contribution means the Tax Increment Revenue payment made to the Developer.

   b. Property Base Value means the equalized value of the Property upon the creation of TID #3 as of January 1, 2006 as certified by the State, which was $243,700.00.

   c. Tax Increment Value means the equalized value above the Property Base Value established for the Property as determined by the City assessor.

   d. Tax Increment Revenue means the personal and real property tax revenue [(as defined in Wis. Stat. sec. 66.105(2)(1)] generated by the Tax Increment Value of the Project.

2. The City will provide contributions to the Developer as reimbursement for a portion of the Developer Costs as provided in this Agreement.

3. The City will provide contributions to the Developer solely from future Tax Increment Revenue from the Property as a reimbursement for Developer's costs.

4. The City's total payment of Tax Increment Revenue as a contribution towards development costs shall be fifteen percent (15%) of the Tax Increment Value of Phase 1A which is estimated to be $1.425 million.

5. For 10 years beginning in the tax year following completion and occupancy of Phase 1A, Tax Increment Revenue contributions will be provided to the Developer as follows: the City will pay the Developer ninety percent (90%) of the Tax Increment Revenue received by the City with respect to the Project in that year.

6. No contributions will be made until the property taxes have been paid on the property.

7. Contributions pursuant to this Agreement shall be made by September 1 each year. The contribution shall be a special and limited obligation of the City and not a general obligation.

8. Developer hereby acknowledges that, as a result of the special and limited nature of the City's obligation to pay the Contribution, Developer's recovery of the full amount of the Contribution depends on factors including, but not limited to, future mill rates, changes in the assessed value of the Project, the failure of the Project to generate the Tax Increment Revenue in the amount expected by

Developer, or reduction in Tax Increment Revenue caused by changes in the Tax Increment Law to the extent that they apply retroactively to this Agreement of the District.

9. All debts owed to the City of Wisconsin Dells or Columbia County by the Developer including real estate and personal property taxes must be paid in full and timely to qualify for the incentive payment.

10. Existing TID #3 debt obligations have priority over contributions to Developer. Current TID #3 priority obligations are itemized in Exhibit G attached. All funds in the special fund of TID #3 will be used first to make the principal and interest payments due and only after the debt payments have been paid in full for any particular year shall funds in said special fund be used to pay any other project costs of TID #3.

11. If on any contribution payment date there are insufficient revenues to pay the amount due, the amount not paid shall accumulate and be payable on the next payment date until the contribution balance is paid in full or the agreement has expired or been terminated.

12. The contribution is a special limited revenue obligation and not a general obligation of the City and it payable by the City only from the collected tax increment generated from the project.

13. The contribution is not a general obligation of the City and neither the full faith and credit nor the taxing powers of the City are pledged to the payment of the

contribution and no property or other asset of the City except the collected tax increment revenue is or shall be a source of the City's obligations.

14. The City's financial assistance for Phases 1B, 2 and 3 will be modeled on this SECTION 5.

SECTION 6. Tax Status.

As long as the District is in existence, the Developer's land and all buildings and improvements thereon shall be owned and taxable for real estate tax, special assessment purposes and personal property taxes. The City may waive this restriction upon execution of a payment in lieu of taxes (PILOT) agreement, in a form acceptable to the City, made between the City and the owner or lessee of the Property.

SECTION 7. Improvements.

1. The Development will be designed, constructed and installed by Developer at Developer's sole cost and expense. All improvements shall be designed, constructed and installed in accordance with applicable City standards and engineering standards and specifications contained in the applicable City building codes. Where standards and/or specifications have not been expressly established by the City, all work shall be performed in accordance with established engineering practices as designated and approved by the City Engineer.

2. The water and sewer mains within the Development shall be known as the "Public Improvements". During the course of the construction of the Public Improvements, the City Engineer shall make or cause to be made such

inspections as the City deems necessary to ensure compliance of the Public Improvements with the approved plans and specifications. After completion of all Public Improvements and prior to final acceptance of the Public Improvements, Developer shall make and provide to the City such documentation as the Director of Public Works may require including, without limitation, a master plan set of the original stamped and approved plans that show all red-lines and updates; and, all construction shall be GPS mapped and GIS cataloged in a master file set compatible with the City mapping system.

3. After the required Public Improvements have been installed and completed, and within 28 days after receiving written notice that Developer desired the City to inspect such Public Improvements, the City Engineer shall inspect the Public Improvements and, if acceptable to the City Engineer, the Common Council shall by resolution certify such Public Improvements as being in compliance with this Agreement and with the standards and plan and specifications of the City. Before obtaining certification of any such Public Improvements, Developer shall present to the City valid lien waivers from all entities providing materials or performing work on the Public Improvements.

4. Developer agrees to guarantee and warrant all of the Public Improvements for a period of one year from the date of final acceptance by the City of each phase of the Public Improvement completed by Developer. If any defect appears during the guarantee period, Developer agrees to replace the defective work or

repair the defective work at its own expense to the standard provided in the approved plans and specifications. All guarantees or warranties for materials or workmanship which extend beyond the above guarantee period shall be assigned by Developer to the City as beneficiary. Other than this construction guaranty, all liability for the Public Improvements, and all obligations to maintain and repair such Public Improvements, shall rest with the City, and the recorded easements shall so state.

5. Easements. Developer shall grant and record, prior to the issuance of the first building permit for each Phase of the Development, a recordable easement to the City, over all roadways and paths in the Development, for emergency and municipal services, including garbage collection. Developer shall not construct City improvements in designated easement areas. If the City performs work in an easement, the City shall be responsible for restoration of the area to grade and above grade restoration will be the responsibility of the Developer.

6. Fencing. Developer shall have the right to install fencing in appropriate locations in the Development to ensure the safety of residents and the public.

7. Consent to install utilities. To the extent needed, the City hereby consents to the installation of utilities under all road rights of way needed for the installation of utilities as shown on the final approved site plan.

8. Water/Sewer Fee. Developer shall not be required to pay for any water or sewage fees except for the normal usage fees and normal hookup fees which are uniformly charged to other users.

9. Carts. City agrees that the Developer may use, on its private roads, and on Bowman Road and other roads as defined in the future as "golf cart approved" roads, golf carts and other small utility carts, but subject to reasonable restrictions to address safety concerns. Implementation of this section may include, at the City's direction, appropriate street markings.

10. Inspections. Developer grants the right of entry on the lands within the Development to personnel or agents of the City to conduct inspections and monitor compliance with the provisions of this Development Agreement.

SECTION 8. Miscellaneous Terms.

1. The City will not make any contributions or other payments to Developer related to Phase 1A under this agreement or subsequent agreements after September 2, 2030; and, the City does not contemplate making any contributions or other payments to Developer related to this project after December 31, 2035.

2. Developer will not qualify for commencement of contributions related to Phase 1A unless construction is completed and an occupancy permit issued for the Phase 1A improvements prior to _____, 2018.

3. Amendment. This Agreement may be amended only by a written amendment instrument approved and executed by the City and Developer, or the then owner of the Developer's property.

4. Successors Bound. This Agreement shall be binding upon Developer and its heirs, successors and assigns in ownership to the Developer's Property, but if Developer still owns any portion of the Developer's Property, Developer alone shall be the only party able to sign an amendment, and no other purchasers or owner of part of the Development.

5. Severability. Any illegal or unenforceable provision of this Agreement will be severed and will not render invalid any remaining portions of this Agreement.

6. Written Notice. Any writing notification required under this Agreement shall be deemed to be served if it is personally delivered or sent by first class mail to the following:

To City:	City of Wisconsin Dells 300 La Crosse Street Wisconsin Dells, Wisconsin 53965 Attn: Karen Terry 608-254-2012
To Developer:	Riverwood Eagle's Nest 8001 Terrace Ave., Suite 202 Middleton, Wisconsin 53562 Attn: Steve Cohan 608-826-3450, ext. 622

7. Attorney Fees. If either party commences litigation, arbitration or mediation to enforce the terms of this Agreement, the non-prevailing party shall pay all costs,

including reasonable attorney fees and expert witness fees, of the prevailing party. If the court, arbitrator or mediator awards relief to both parties, each will bear its own costs.

8. Default. Upon any default hereunder, either party shall have all remedies available at law or equity as necessary to cure any default, except to the extent provided otherwise in the Developer's Agreement.

9. Benefits. The benefits of this Agreement to Developer are personal and shall not be assigned without the express written consent of the City. Such approval may not be unreasonably withheld, but any unapproved assignment is void. Notwithstanding the foregoing, the burdens of this Agreement are personal obligations of Developer and shall be binding on the successors and assigns of Developer. There is no prohibition on the right of the City to assign its right under this Agreement.

10. Ownership Warranty. Developer hereby warrants that it is the owner of all of the Developer's Property.

11. Effective Date. This Agreement is entered into as of the day and year first written above.

DRAFT
June 15, 2017
(Post Plan Commission)

CITY OF WISCONSIN DELLS

Dated:_____, 2017.

_____
Brian L. Landers, Mayor

Dated:_____, 2017.

_____
Nancy R. Holzem, Clerk/Administrative Coordinator

RIVERWOOD EAGLE'S NEST, LLC

Dated:_____, 2017.

By:_____
its: _____

Dated:_____, 2017.

By:_____
its: _____

EXHIBIT A

Parcel Number	Tax District Name	Owner	Tax Parcel Description
11291-2200.0701	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 701 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0702	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 702 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0703	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 703 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0704	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 704 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0705	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 705 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0706	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 706 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0707	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 707 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0709	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 709 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0710	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 710 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0711	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 711 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0712	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 712 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0713	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 713 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0714	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 714 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0715	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 715 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0716	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 716 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0717	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 717 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0718	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 718 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0719	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 719 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0720	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 720 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0721	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 721 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0723	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 723 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0726	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 726 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0728	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 728 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0729	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 729 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0731	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 731 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0732	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 732 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0734	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 734 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0735	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 735 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0737	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 737 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0738	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 738 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0739	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 739 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0740	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 740 RIVERWOOD EAGLE WATCH CONDO

11291-2200.0741	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 741 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0742	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 742 RIVERWOOD EAGLE WATCH CONDO
11291-2200.0743	City of Wisconsin Dells	Riverwood Eagles Nest LLC	LT 743 RIVERWOOD EAGLE WATCH CONDO
11291-2200.13G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	13G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.14G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	14G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.15G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	15G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.16G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	16G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.17G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	17G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.18G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	18G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.1902	City of Wisconsin Dells	Riverwood Eagles Nest LLC	Expansion Area Phase II Riverwood Eagle Watch Condos
11291-2200.1903	City of Wisconsin Dells	Riverwood Eagles Nest LLC	EXPANTION AREA PHASE III see exceptions
11291-2200.19G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	19G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.1G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	1G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.20G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	20G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.2G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	2G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.3G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	3G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.401B	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 401B RIVERWOOD EAGLE WATCH CONDO
11291-2200.402T	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 402T RIVERWOOD EAGLE WATCH CONDO
11291-2200.403B	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 403B RIVERWOOD EAGLE WATCH CONDO
11291-2200.404T	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 404T RIVERWOOD EAGLE WATCH CONDO
11291-2200.4G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	4G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.504	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 504 RIVERWOOD EAGLE WATCH CONDO
11291-2200.601B	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 601B RIVERWOOD EAGLE WATCH CONDO
11291-2200.602T	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 602T RIVERWOOD EAGLE WATCH CONDO
11291-2200.603	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 603 RIVERWOOD EAGLE WATCH CONDO
11291-2200.604	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 604 RIVERWOOD EAGLE WATCH CONDO
11291-2200.605	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 605 RIVERWOOD EAGLE WATCH CONDO
11291-2200.606	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 606 RIVERWOOD EAGLE WATCH CONDO
11291-2200.607B	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 607B RIVERWOOD EAGLE WATCH CONDO
11291-2200.608T	City of Wisconsin Dells	Riverwood Eagles Nest LLC	UNIT 608T RIVERWOOD EAGLE WATCH CONDO
11291-2200.8G	City of Wisconsin Dells	Riverwood Eagles Nest LLC	8G-GARAGE RIVERWOOD EAGLE WATCH CONDO
11291-2200.1901	City of Wisconsin Dells	Riverwood Eagles Nest LLC	Club House/Recreational Area located along Bowman Rd

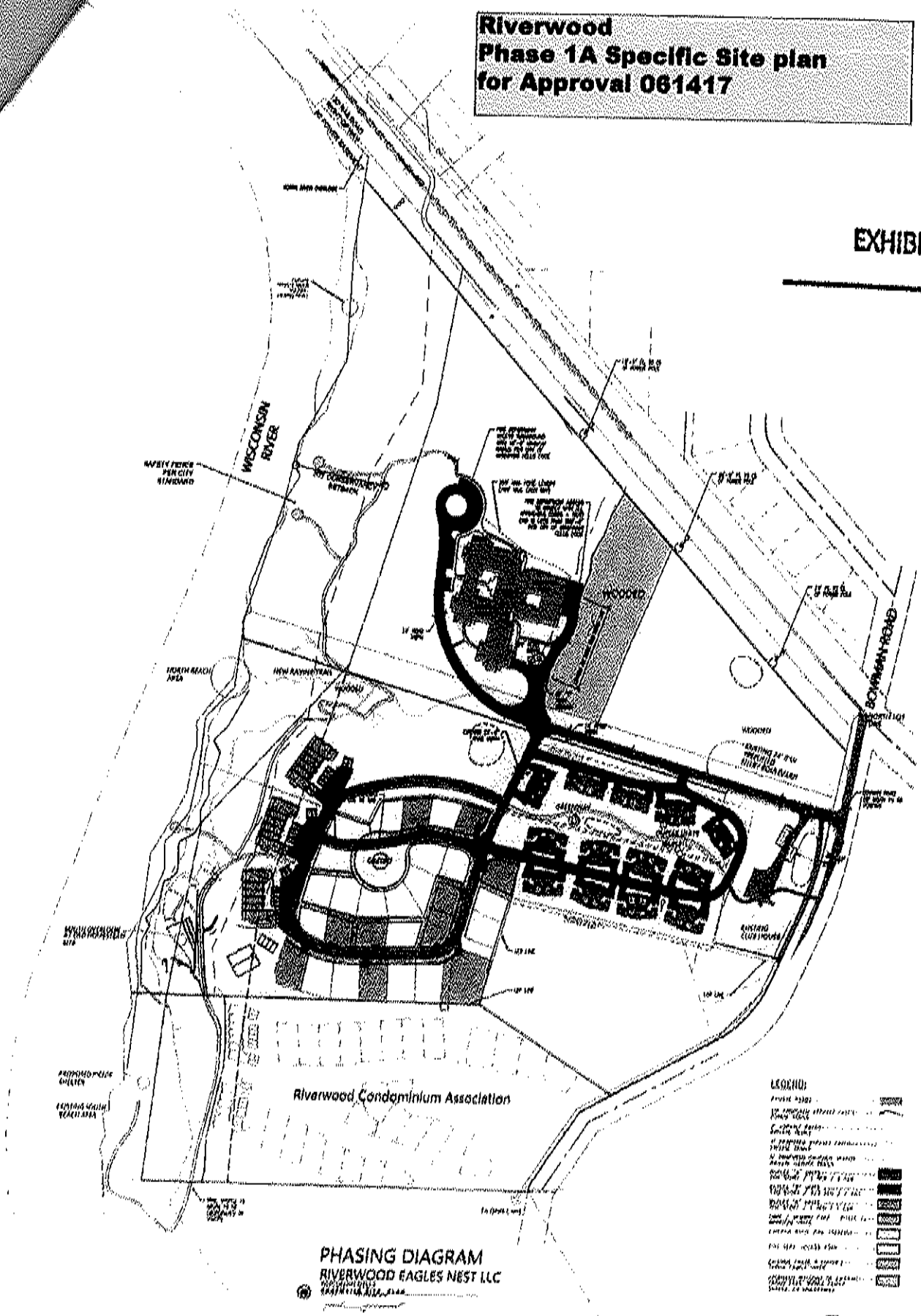
EXHIBIT B

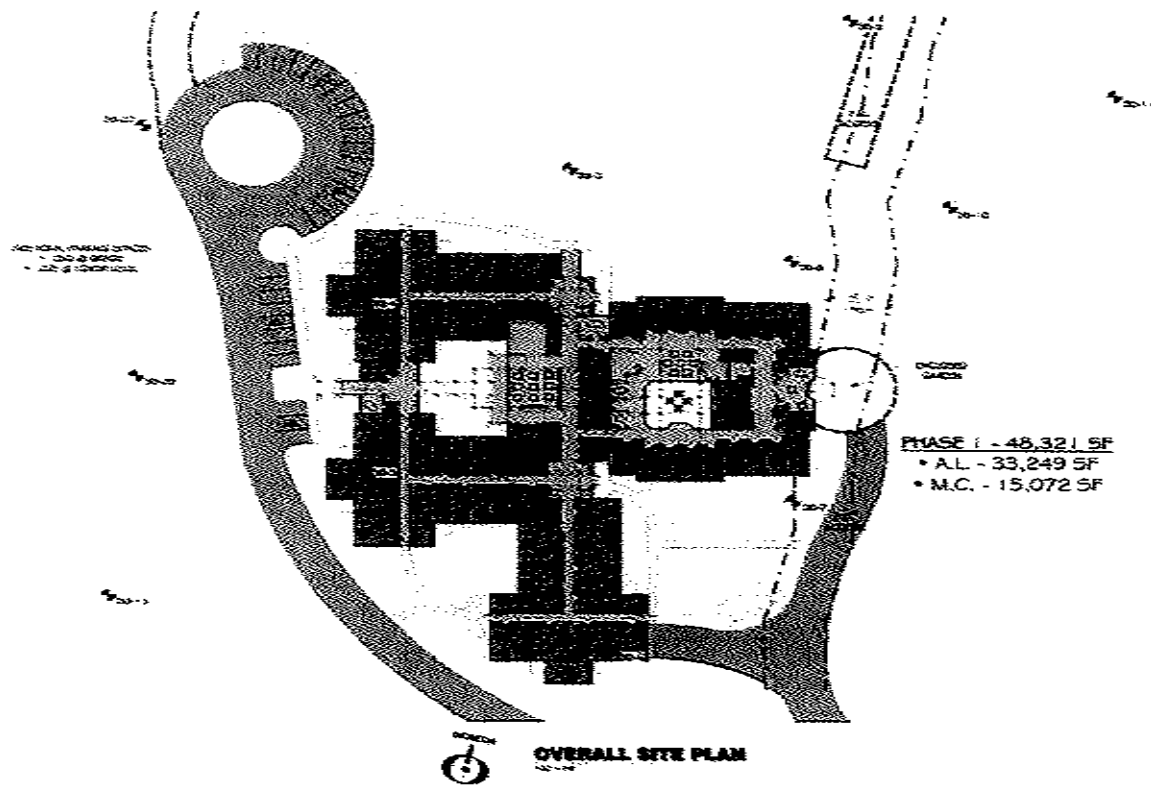
Senior Living Community Development Phases

Phase	Description	Anticipated Development Costs	Anticipated Year of Completion
1A	52 living units of assisted living, memory care, community nook and telemedicine	$9.5 Million	2018
1B	38 unit independent living, assisted living RCAC-Flex apartment building	$8.9 Million	2020
2	Additional assisted living, memory care and commons	$15 Million	2021
3	Retreat center and two (2) private home sites	$6.75 Million	2022

Riverwood
Phase 1A Specific Site plan
for Approval 061417

EXHIBIT C-1





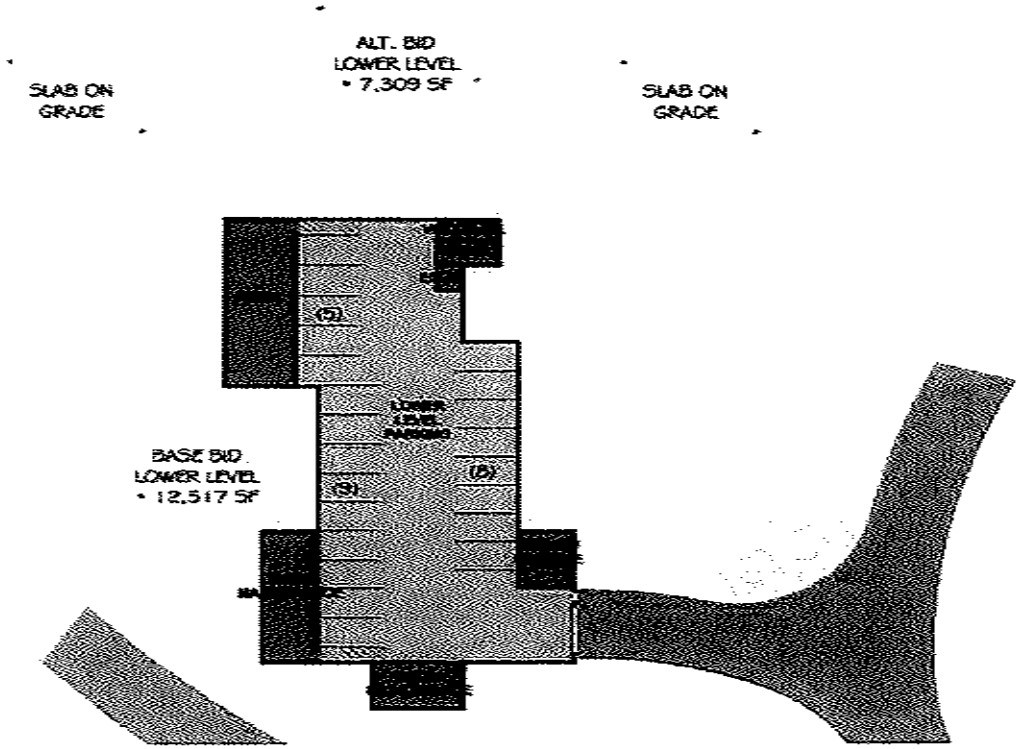
RIVERWOOD EAGLES NEST

WISCONSIN DELLS, WI

3/31/17

COMMUNITY LIVING SOLUTIONS

EXHIBIT C-2



LOWER LEVEL PLAN

RIVERWOOD EAGLES NEST

WISCONSIN DELLS, WI

3/31/17

COMMUNITY LIVING SOLUTIONS

EXHIBIT C3

3/31/2017 2:11:50 PM

Exhibit D

Additional Contingencies

Approval of this PDD should come with the following contingencies:

1. The roads within the development remain privately owned and maintained.
2. Any public utilities within the development meet City standards, are approved by the City, and utility easements approved by the City are recorded.
3. The access the facility is approved by Emergency response personnel.
4. A detailed Site plan is approved by the City, that includes but is not exclusive to the following:
    a. The private development road intersections with Bowman Rd. are approved by the City.
    b. Utility plans that include looping utility supplies to the development.
    c. A Storm water management plan that will not create adverse effects on City streets, neighboring properties, or anything else
5. Commercial uses on this development do not created traffic nuisances on Bowman Rd. or other residential streets. Commercial uses will be restricted if the City deems them to be creating a nuisance to the existing residential zones.
6. Adequate buffers are established between the development and neighboring properties
7. The developer cooperates with the City to resolve any nuisances that may result from this development.

Approval of this PDD GDP should come with the following contingencies, which are to be considered additive to the contingencies from the November 2016 meeting:

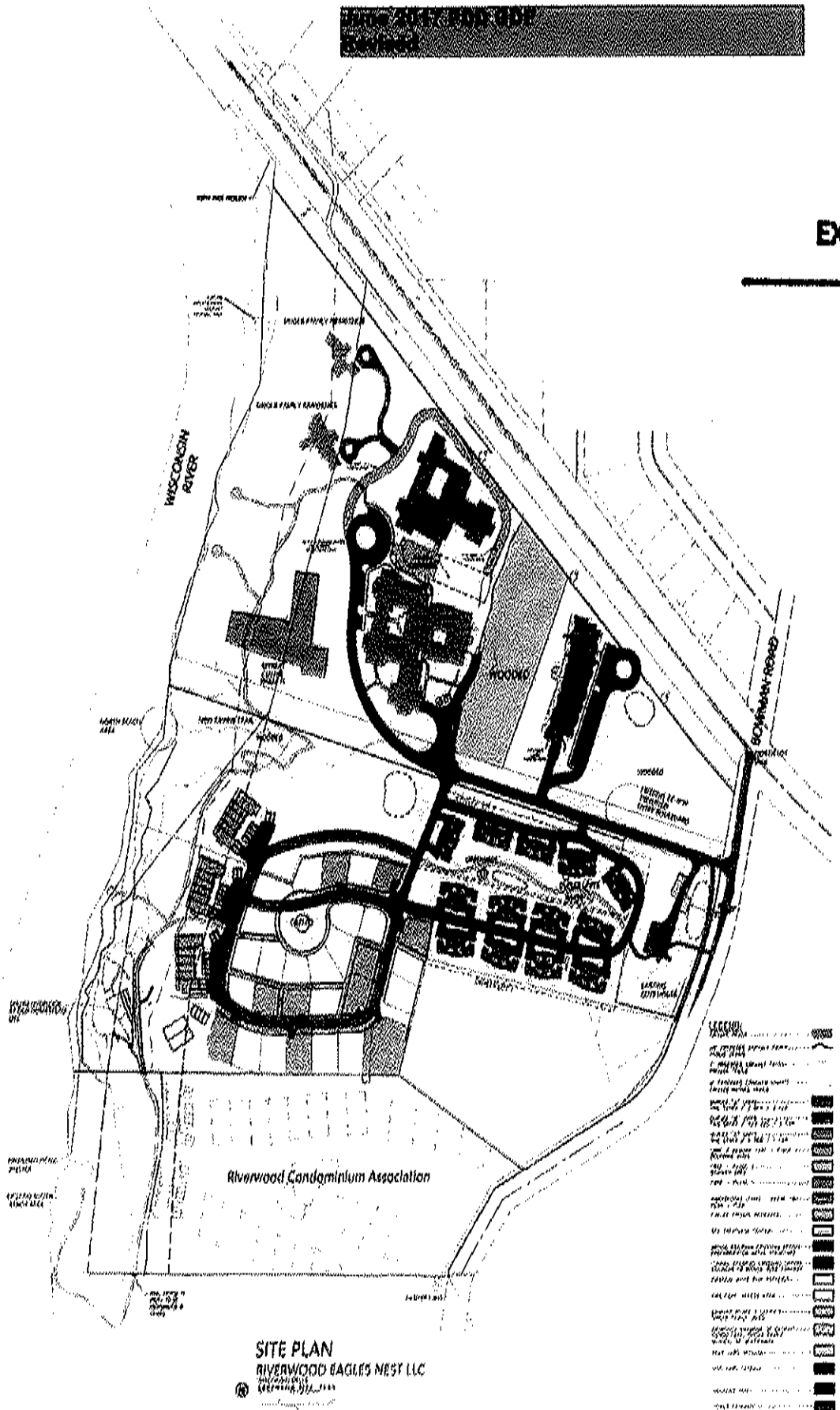
1. The utility easements within the facility do not hold the City responsible to repair any improvements above the utilities (i.e. pavement or landscaping)
2. Any public utilities within the development meet City standards, are approved by the City, and utility easements approved by the City are recorded.
3. Any underground facilities to be dedicated to the City are GPS and the City is provided adequate mapping of the facilities that is compatible with the City's GIS mapping system.
4. Fire lanes are accepted by the Fire Chief.
5. The secondary access plan, while land acquisition in place, is provided with the Phase 1B Site Plan application. The secondary access to the facility is in place prior to the occupancy of the Apartment building referred to as Phase 1B.
6. The developer is responsible to correct any storm water nuisances that their development creates.
7. Adequate buffers are established between the development and neighboring properties
8. The developer cooperates with the City to resolve any nuisances that may result from this development.

Approval of the Site plan application for Phase 1A should come with the following contingencies:

1. All final utility plans (water, electric, sanitary and storm sewer) are provided to the City for review and approval prior to the commencement of any construction.
2. Any site improvements not part of this plan shall be approved by City staff at their sole discretion.
3. Storm water is not allowed to run on Bowman Rd. or anywhere else where it would cause a nuisance or damage. The developer is responsible for upsizing downstream culverts and installing additional erosion control measures if required.
4. This approval does not include Phase 1B. An additional Site plan application is to be submitted and approved by the City prior to beginning Phase 1B.

[redacted]

EXHIBIT E



SITE PLAN
RIVERWOOD EAGLES NEST LLC

COMMUNITY LIVING SOLUTIONS

EXHIBIT F - 1

Draft Emergency Plan Outline Contents (additional detail to be added)

A. Fire in the facility
   i. Defend in place as described in the Operator's Fire Response Plan and in strict accordance with DHS requirements (see examples below)
   ii. Transport residents in vans to the Riverwood Clubhouse
   iii. Transport residents to safe location on Bowman Rd., stay in van or ATV
   iv. Transport residents to water treatment plant
   v. (April through November) Transport residents to dock for water evacuation

B. Medical emergency
   i. Stabilize medical condition through trained staff involvement
   ii. Contact emergency physician service through tele-medicine
   iii. Transport resident over railroad track by using RW ATV
   iv. (April through November) transport residents to dock for water evacuation
   v. Transport residents to air evacuation location for Medical evacuation

C. Catastrophic event involving railroad closure
   i. Defend in place as described in the Grace Lutheran Instructions
   ii. Transport residents in RW vans to the Riverwood Clubhouse
   iii. Transport residents to the road, stay in van or ATV
   iv. Transport residents to Water treatment plant
   v. (April through November) transport residents to dock for water evacuation
   vi. Transport residents to air evacuation location for Medical evacuation
   vii. In the event of a toxic airborne situation (such as railroad tanker truck spill) proceed with steps ii, iii and/or iv, v and vi.

*DHS "defend-in-place" language:

> **DEFEND-IN-PLACE.** A method of emergency response that engages building components and trained staff to provide occupant safety during an emergency. Emergency response involves remaining in place, relocating within the building, or both, without evacuating the building.

Riverwood's Assisted Living & Memory Care Preliminary Life Safety Plan: Basis for design

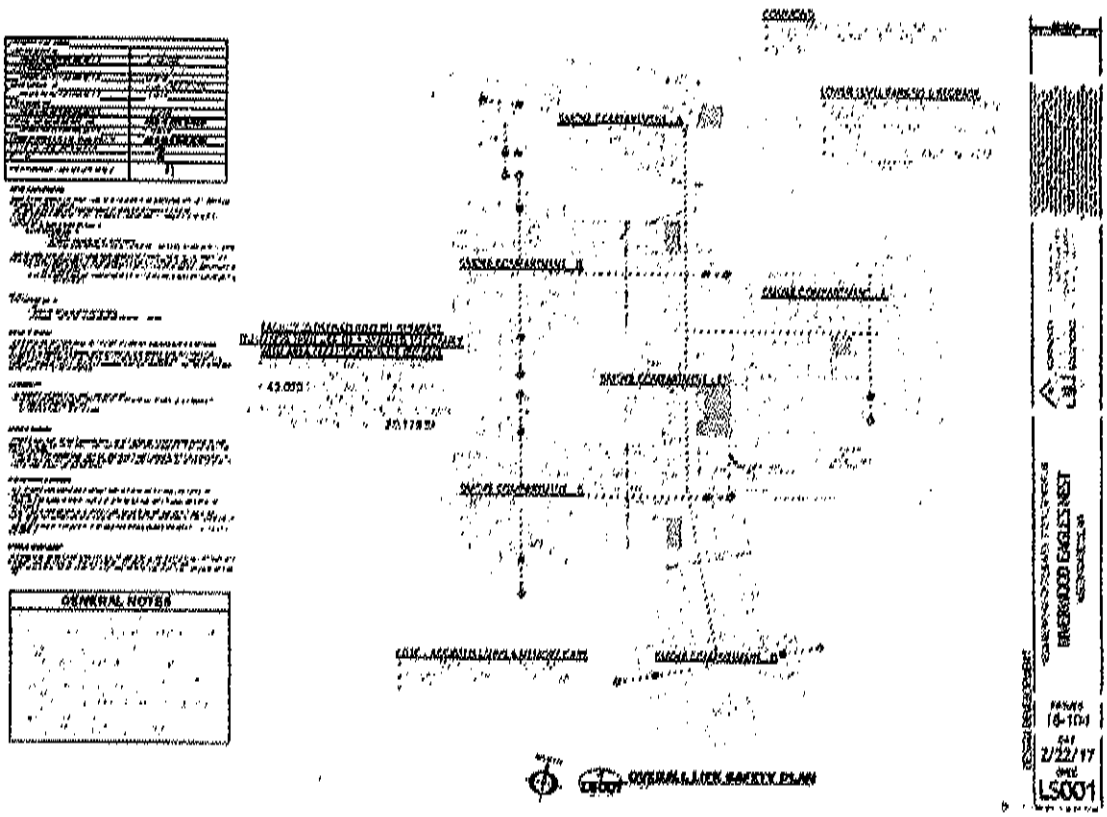
EXHIBIT F-2

18.1.1.3 Total Concept.

18.1.1.3.1 All health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants.

18.1.1.3.2 Because the safety of health care occupants cannot be ensured adequately by dependence on evacuation of the building, their protection from fire shall be provided by appropriate arrangement of facilities; adequate, trained staff; and development of operating and maintenance procedures composed of the following:

(1) Design, construction, and compartmentation
(2) Provision for detection, alarm, and extinguishment
(3) Fire prevention procedures and planning, training, and drilling programs for the isolation of fire, transfer of occupants to areas of refuge, or evacuation of the building



Operator's Fire Response Plan Example:

[illegible]

FIRE RESPONSE PLAN

1. THOSE WHO DISCOVER THE FIRE:
   a. Remove — Remove residents from immediate danger and/or pass the test set of fire doors.
      Activate — Pull alarm handle on nearest fire alarm pull station.
      Close — Close all doors and clear corridors of all obstacles. Report to front desk.
      Evacuate — Use proper fire extinguisher or smother a small fire and/or refer to "Evacuation Procedures," if necessary.
   b. CHECK DOOR(S) FOR TEMPERATURE
   c. IF DOOR IS NOT HOT:
      1. Check for people inside of resident room and bathroom and evacuate if necessary
      2. Write an "X" on the door with a piece of chalk (lipstick in the fire extinguisher box)
      3. An "X" means that the room has been secured. DO NOT RE-ENTER.
   d. IF DOOR IS HOT OR SMOKE IS VISIBLE:
      1. DO NOT OPEN DOOR
      2. NOTIFY FIRE DEPARTMENT OF FIRE LOCATION
2. WHEN FIRE ALARM IS ACTIVATED:
   a. STAFF IN CHARGE OR DESIGNEE:
      Upon notification of fire:
      1. Identify location of fire by using code panel at the center of the facility. See "Smoke Control Panel Procedure" for description of code panel.
      2. CALL 911 and report "There is a fire/fire alarm at Grace Edgewood, 2612 Spencer Avenue, Altoona.
      3. Announce over the page system: "Code RED, (specify wing)" 3 times, slowly and clearly.
      4. Meet fire department at the front entrance and help direct to area of fire
      5. Notify the following persons:
         - Director of Grace Edgewood
         - Administrator
         - Director of Environmental Services
         - Nursing Supervisor
         - Director of Nursing
         - Executive Team
         - Refer to "Emergency Telephone List"
3. EACH DEPARTMENT will:
   - SHUT ALL DOORS
   - CLEAR HALLWAYS BY PLACING ALL EQUIPMENT IN NEAREST ROOM
   - TURN OFF ALL UNNECESSARY EQUIPMENT
   - POST PERSONS AT ALL EXIT DOORS AS SOON AS POSSIBLE TO SECURE AREA
   - REMAINING STAFF REPORT TO CENTER OF FACILITY
   - KEEP FIRE DOORS CLOSED AT ALL TIMES AND ENSURE THAT DOORS ARE PROPERLY SEALED.
   - WHEN YOU NEED TO SEND A MESSAGE WITHIN THE BUILDING, SEND A RUNNER – DO NOT USE THE TELEPHONE!
   - IF NEEDED, THE DINING ROOMS WILL BE THE WOUND CARE/TREATMENT AREAS
   - DO NOT ALLOW ANYONE TO RETURN TO THE DANGER ZONE UNTIL "CODE RED, ALL CLEAR" IS HEARD.

EXHIBIT F-3

[illegible]

FIRE RESPONSE PLAN

1. **THOSE WHO DISCOVER THE FIRE:**
   a. **Remove** — Remove residents from immediate danger area, use the fire safety [illegible]

   Activate — Pull alarm handle on closest fire alarm pull station.

   Close — Close all doors and clear corridors of all obstacles. Report to nurses desk.

   Extinguish — Use proper fire extinguisher or smother to smother fire. Refer to "Evacuation Procedures," if necessary.

   b. CHECK DOOR(S) FOR TEMPERATURE

   c. IF DOOR IS HOT HOT:

      1. Check the people inside of resident room and bathroom and evacuate if necessary
      2. Write an "X" on the door with a piece of chalk (located in the fire extinguisher box)
      3. An "X" means that the room has been secured. DO NOT RE-ENTER.

   d. IF DOOR IS HOT OR SMOKE IS VISIBLE:

      1. DO NOT OPEN DOOR
      2. NOTIFY FIRE DEPARTMENT OF FIRE LOCATION

2. **WHEN FIRE ALARM IS ACTIVATED:**

   a. **STAFF IN CHARGE OR DESIGNEE:**

   Upon notification of fire:

      1. *Identify location of fire by using code panel at the center of the facility. See "Simplex Control Panel Procedure" for description of code panel.*

      2. **CALL 911** and report: "There is a fire/fire alarm at Grace Kenwood, 2513 Spencer Avenue, Alameda"

      3. *Announce over the page system: "Code RED, (specify wing) 3 times, slowly and clearly*

      4. *Meet the department at the front entrance and help direct to area of fire*

      5. Notify the following persons.

         - *Director of Grace Kenwood*
         - *Administrator*
         - *Director of Environmental Services*
         - *Nursing Supervisor*
         - *Director of Nursing*
         - *Executive Team*

         - *Refer to "Emergency Telephone List"*

   b. EACH DEPARTMENT WILL

   - SHUT ALL DOORS
   - CLEAR HALLWAYS BY PLACING ALL EQUIPMENT IN NEAREST ROOM
   - TURN OFF ALL UNNECESSARY EQUIPMENT
   - POST PERSONS AT ALL EXIT DOORS AS SOON AS POSSIBLE TO SECURE AREA
   - REMAINING STAFF REPORT TO CENTER OF FACILITY

   - KEEP FIRE DOORS CLOSED AT ALL TIMES AND ENSURE THAT DOORS ARE PROPERLY SEALED
   - WHEN YOU NEED TO SEND A MESSAGE WITHIN THE BUILDING, SEND A RUNNER - DO NOT USE THE TELEPHONES!!
   - IF NEEDED, THE DINING ROOMS WILL BE THE HOLDING DEPARTMENT AREAS
   - DO NOT ALLOW ANYONE TO RETURN TO THE DANGER ZONE UNTIL "CODE RED, ALL IN SAFE" IS HEARD

EXHIBIT F-4

EXHIBIT G

TID #3 Priority Debt Obligations

TID #3 Priority Debt:

2012 Electric Revenue Bonds - $2,305,000

2013 G.O. Notes - $1,600,000

2014 G.O. Notes - $850,000

2017 CDA Lease Revenue Bonds - $13,575,000

Total TIF #3 = $18,330,000 as of 01/01/2018

ITEM 22

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Safety Committee from the June 5, 2017 meeting, the City Plan Commission from their June 14, 2017 meeting;

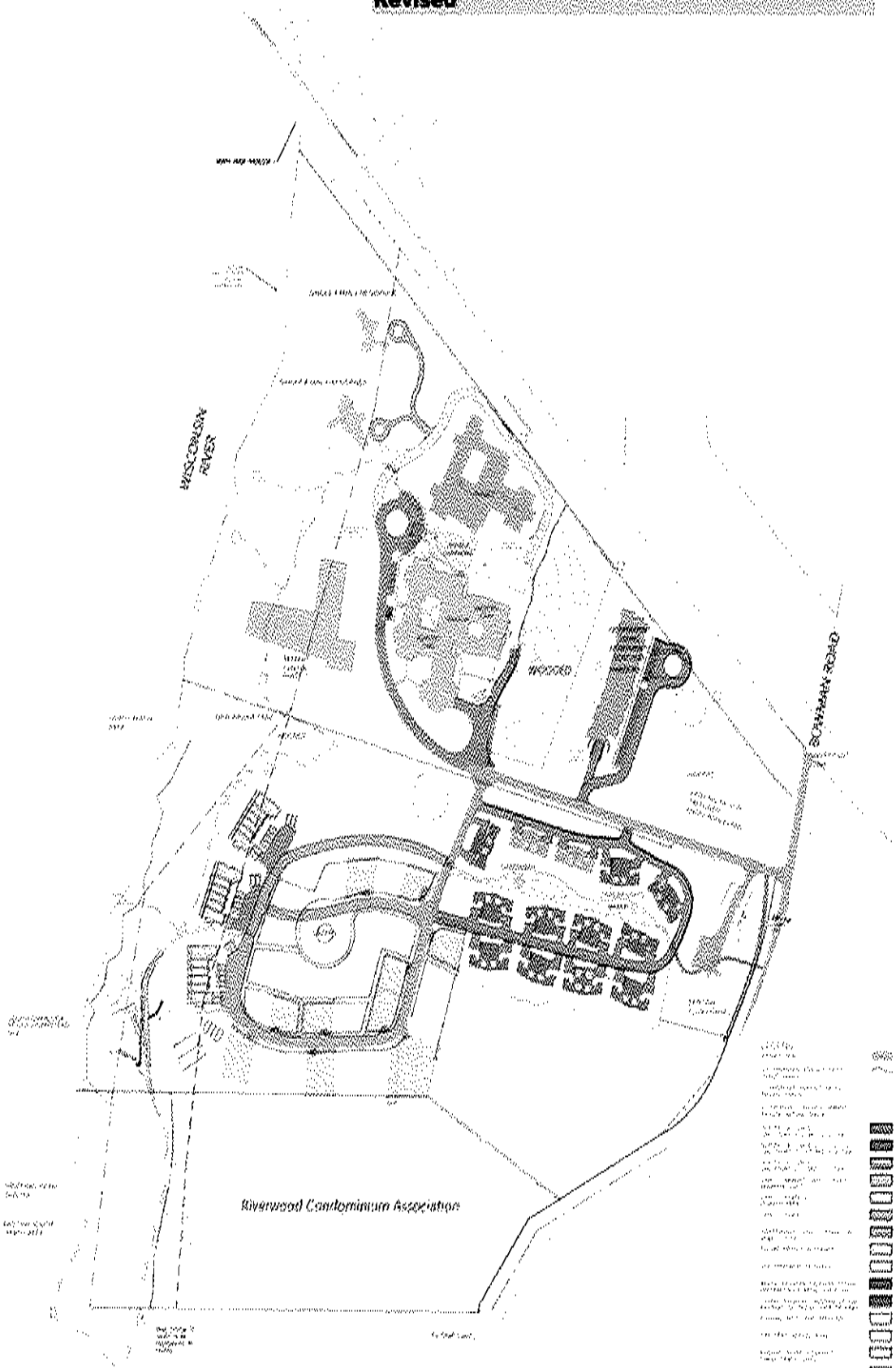
IT APPROVES Riverwood Eagle's Nest PDD-2 General Development Plan for their senior living community.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

June 2017 PDD GDP
Revised



SITE PLAN
RIVERWOOD EAGLES NEST LLC

COMMUNITY LIVING SOLUTIONS

Staff Report
Planned Development District – General Development Plan (GDP) & Phase 1A Specific Site Plan (SSP).
City of Wis. Dells Plan Commission, 6/14/2017

The City has received and updated General Development Site Plan for the Riverwood Development PDD application, as well as a Site plan application for the Specific Site Plan of Phase 1A of the Development. Riverwood has submitted a Site plan application for Phase 1A which consists of one single story development containing: 30 Assisted Living unit, 22 Memory Care units, and 13 Independent Living duplexes (totally 26 apartment) with a Community Nook (coffee and grab-and-go food) and a Telemedicine Suite (clinical exam rooms, office space and waiting area. The Site plan application references the Phase 1B 38 unit apartment building, but that is not part of this approval.

The City needs to approve the GDP of the entire development so that the PDD Zoning process can be completed. At that point this property will be Zoned PDD-2. Then the City will need to approve the Site plan application before a building permit can be issued for Phase 1A. Phase 1A is limited to the development of 30 Assisted Living units and 22 memory care units with a Community Nook (coffee and grab-and-go food) and a Telemedicine Suite (clinical exam rooms, office space and waiting area) on Parcel 11291-2200.1903; as well as 13 independent living duplexes (totaling 26 apartments) on parcels 11291-2200.701 thru 11291-2200.707 and 11291-2200.736 thru 11291-2200.743.

In November 2016 Riverwood Eagle's Nest, LLC had requested a zoning map change to re-zone the Riverwood Eagle Watch Condominiums and the associated Phase II and Phase III condominium expansion lands from R-5 Residential – multi-family to Planned Development District 2. The applicant would like to develop a 50+ senior living community that will provide independent living, assisted care, memory care, and medical services. The development will also include food, recreation, and wellness activities; as well as worship, meeting, and social areas. Overnight lodging will also be made available in the development for it's resident families and guests.

The conceptual General Development site plan for this development was largely acceptable, with the main concern being the lack of a secondary emergency access across the RR tracks. While a full train derailment seems unlikely, train stoppages due to other issues such as hitting a vehicle have occurred. Riverwood did not make a significant effort to find a solution, stating to the public safety committee that their contractor had advised a tunnel under the railroad would be possible. This needed to be verified and the PDD approval was held contingent on a solution to the secondary access being found that was acceptable to Emergency management personnel. The City made its own investment with their engineers to evaluate the options for a crossing of the RR track, and they immediately determined that a tunnel under the tracks was not feasible. Preliminarily, a bridge over the tracks was deemed more realistic, but preliminary estimates put the costs at $1-5 million depending on location, with the lower cost options having other access concerns. There remains the concern with gaining approval from the RR to construct a new off-grade RR crossing. The City's engineers also evaluated the possibility of utilizing the existing RR tunnel at Grand Cambrian Dr. and constructing a road connected Grand Cambrian Dr. with Bowman Rd. Preliminary, this option seems more cost effective at approximately $750,000. However, this did not include costs to complete the access road through the tunnel under the bridge, and the connecting road would pass through a DNR controlled wetland and it is unclear if permission to construct the road would be granted by the DNR.

Riverwood has stated that their licensing from DHS addresses emergency response accessibility to the Site. DHS was contacted to determine the extent of Site access in their review. The DHS referenced the State Administrative Code Chapter DHS 83 and referred the City to 2 section in particular. The exiting section 83.59(1)(g) and the emergency disaster plan 83.47(2).

83.59(1)(g) states : **(g)** Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.

83.47(2) states: **(2)** EMERGENCY AND DISASTER PLAN.

(a) *Written plan.* The CBRF shall have a written plan for responding to emergencies and disasters that is readily available to all employees. The plan shall specify the responsibilities of employees. The plan shall include all of the following:

1. Procedures for orderly evacuation or other department-approved response during an emergency or disaster. The plan shall include procedures for any resident who refuses to follow evacuation or emergency procedures.

2. The CBRF's response to serious illness or accidents.

3. Procedures to follow when a resident is missing.

4. The CBRF's preparation for and response to severe weather including tornado and flooding.

5. A route to dry land when the CBRF is located in a flood plain.

6. Location of an emergency shelter for the residents.

7. A means of transporting residents to the emergency shelter.

8. How meals and medications will be provided to residents at the emergency shelter.

(b) *Exit diagram.* The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm.

(c) *Emergency and disaster procedures.* Fire, tornado, flooding or other emergency or disaster procedures shall be clearly communicated to a new resident within 72 hours after admission.

(d) *Fire drills.*

1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF's total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. 83.35 (5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance.

2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents' normal sleeping hours.

(e) *Other evacuation drills.* Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.

DHS staff advised their review for the licensing of a facility will take a general look at the site accessibility, but stressed local emergency responders are best equipped to evaluate their ability to serve the facility. Initial review of the DHS code and discussions with DHS staff indicate that DHS concerns lie more in the evacuation of the buildings, and emergency plans for a disaster. DHS would ask for the operator to work with local Emergency Response personnel to develop emergency response evacuation plans. Concerns from City Emergency Response personnel are focused on the vulnerability of tenants in this type of facility, and the significant number of Emergency call to similar facilities. Hindrances to site access impede normally expected emergency response.

It is understood that this initial project approval is limited to Phase 1A which consists of one single story development containing: 30 Assisted Living unit, 22 Memory Care units, and 13 Independent Living duplexes (totally 26 apartment) with a Community Nook (coffee and grab-and-go food) and a Telemedicine Suite (clinical exam rooms, office space and waiting area. The Site plan application references the Phase 1B - 38 unit apartment building, but that is not part of this approval.

Secondary access was discussed at the June 5 meeting of the Public Safety Committee. At that meeting the Fire Chief stated they would recommend the GDP carry the condition that a secondary access plan be in place prior to the approval of a Specific Site Plan for Phase 1B, and that the secondary access be in place prior to the occupancy of the apartment building that will be constructed as part of Phase 1B. The Public Safety Committee was presented with a Developers Agreement that stated the secondary access would not be required until Phase 2, after the apartment building is constructed and occupied as part of Phase 1B. The Public Safety Committee voted to approve the Developer's Agreement as is. However, the approval of the GDP was contingent on the access being approved by Emergency Response Personnel. Therefore, the recommended contingency of the GDP approval remain that the secondary access plan, with property acquisition in place, be part of the Phase 1B Specific Site Plan, and the secondary access is to be constructed and in place prior to the occupancy of the apartment building as part of Phase 1B.

The updated GDP has removed the looped road through the north of the facility, which greatly decreases the emergency access within that portion of the facility. Emergency access lanes and turnarounds have been included in the plan that seems to be acceptable.

The other item of note in the conceptual GDP layout is the request for future encroachments into the 200 ft shoreland buffer zone along the Wisconsin River and the installation of boat dock and possible a beach shelter. These may be discussed in concept at this time, but no formal exception can be approved without specific plans of the exact location and nature of these encroachments. As these encroachments are part of the final future phase of this development, those plans will not be developed for some time. The final decision on this issue will have to be made at a later date with a potential future amendment to this PDD if approved at that time.

The Site plan application that has been submitted includes Phase 1A being the assisted living and some of the commons and well as Phase 1B, which is the independent living apartments. The City has an agreement that only covers Phase 1A of this development, so any approvals at this stage only apply to Phase 1A. An additional Site plan application must be submitted and approved before Phase 1B can commence.

It is preferable for the City to have a completed Storm Water Management plan to review with the Site plan application. The developer has stated that the Storm water management plan for Phase 1A is not complete, and has provided only preliminary information about the Storm water plan.

Initially, it was indicated that most storm water would flow directly from this site westerly to the Wisconsin River. As the storm water would not pass by or through any other property, it seemed adequate to allow the storm sewer system to be developed to DNR standards. There is some concern that the private roads could have frequent flooding and wash out issues due to the apparent increase is larger rain fall events recently. During the PDD review the City indicated it may require storm water capacities around the roads in excess of State minimum requirements. It has also been stated that the developer intends to send a significant amount of its storm water east to cross Bowman Rd. and enter the wet-lands on the east side of Bowman Rd. The basic preliminary sketch of the storm water plan indicates that all of the storm water from the duplex development area will be directed towards Bowman Rd. and discharged just north of the Clubhouse. This water will run to an existing smaller culvert that crosses a private drive immediately south of the clubhouse. Another smaller culvert then carries the storm water from the private drive across Bowman Rd to the east toward the wetland. If the existing culverts are overcome with storm water, the developer will be responsible for up sizing these existing culverts. The culvert discharge on the east side of Bowman Rd appear to be on top of a significant hill that drops down to the wetland below. If erosion (or any other) storm water problems arise the developer will be responsible for installing additional rip rap or other erosion control measures.

Especially given that a full Storm water management plan has not been provided with the Site plan application, it should be made clear that all storm water facilities in this development are the responsibility of the developer. The developer is responsible to correct any storm water nuisances that this development may create. The developer has stated that their storm water management plan will control the 100 year storm event to pre-development levels.

There have already been storm water washout issues on Bowman Rd, so the City will require that the Bowman Rd crossing be designed to handle a high storm event. Historically, there have been storm water issues from the developed portion of the existing Phase II of the Riverwood development having an adverse effect on the original Phase I Riverwood development. These issues appear to have been privately corrected, but this development shall ensure that its storm water does not have an adverse effect on the property to the south, or any other property.

Generally, City owned main line water and sewer utilities are located within the road ROW. While the roads of this development will remain private, the developers intend to engineer and install the water and sewer utilities to City specifications and then turn those utilities over to the City with easements to allow City access to maintain the utilities. The details of these easements must be ironed out and may be applied to the existing utilities, some of which may not be located in the roadway. As such, the utility easements shall allow City vehicles access onto and through the property to access these easement. The City should not be liable for any surface damage that may occur when accessing the water, sewer, or other utilities for maintenance purposes. The City has made a significant investment in a GIS mapping system to accurately map all public utilities. Prior to dedicating the any underground facilities to the City, the developer has provide the City with accurately GPS maps of the facilities that is compatible with the new City mapping system.

As a standard issue with all new development, the City wants to ensure that proper buffers exist between the new development and existing properties. It appears the neighboring properties to the north and south would be the main concern. This development proposes duplexes neighboring the property to the south, which do not seem likely to create a nuisance. The apartments to the north would be more of a concern, but the RR row provides an additional approximately 150' set-back between the apartments and the neighboring residents. Still, efforts should be made to maintain as many of the existing mature trees as possible to retain a buffer, and additional buffering may be requested if deemed prudent by the City.

Approval of this PDD GDP should come with the following contingencies, which are to be considered additive to the contingencies from the November 2016 meeting:

1. The utility easements within the facility do not hold the City responsible to repair any improvements above the utilities (i.e. pavement or landscaping)
2. Any public utilities within the development meet City standards, are approved by the City, and utility easements approved by the City are recorded.
3. Any underground facilities to be dedicated to the City are GPS and the City is provided adequate mapping of the facilities that is compatible with the City's GIS mapping system.
4. Fire lanes are accepted by the Fire Chief.
5. The secondary access plan, while land acquisition in place, is provided with the Phase 1B Site Plan application. The secondary access to the facility is in place prior to the occupancy of the Apartment building referred to as Phase 1B.
6. The developer is responsible to correct any storm water nuisances that their development creates.
7. Adequate buffers are established between the development and neighboring properties
8. The developer cooperates with the City to resolve any nuisances that may result from this development.

Approval of the Site plan application for Phase 1A should come with the following contingencies:

1. All final utility plans (water, electric, sanitary and storm sewer) are provided to the City for review and approval prior to the commencement of any construction.
2. Any site improvements not part of this plan shall be approved by City staff at their sole discretion.
3. Storm water is not allowed to run on Bowman Rd. or anywhere else where it would cause a nuisance or damage. The developer is responsible for upsizing downstream culverts and installing additional erosion control measures if required.
4. This approval does not include Phase 1B. An additional Site plan application is to be submitted and approved by the City prior to beginning Phase 1B.

Chris Tollaksen
City of Wis. Dells
Planning & Zoning
6/09/2017

Memo

To: Chris Tollaksen, Zoning Adminstrator, City of Wisconsin Dells

From: Chuck Bongard, P.E. & Tim Mikonowicz, P.E.

Subject: Riverwood Site Plan

Date: June 9, 2017

We have reviewed the revised overall layout for the Riverwood Development. Our comments are as follows:

Layout: The significant change from the original plan is the removal of the second proposed access to Bowman Road and the accompanying perimeter drive along and parallel to the railroad tracks. Secondary access to the site had been a concern discussed at many of the early meetings so we will defer to the emergency services providers on whether or not this is a concern.

The development will exclusively branch off of the existing entrance drive and there is a circle feature at the end of the drive in the dropoff area for the main building.

Stormwater Management: What was provided on drainage was a schematic only but this layout shows the site drainage being divided with the duplex area now shown to drain toward Bowman Road. Additional detail and calculations will need to be provided to ensure that the rate of discharge to this area does not exceed the pre-development rates as this could cause issues to downstream properties.

Sanitary Sewer: It appears that proposed public sanitary mains are 8-inch diameter, although they are not all labeled and there are no grades listed to determine if minimum pipe slopes have been satisfied. It is our recommendation that all private/public sanitary laterals are a minimum of 6-inch diameter up to the nearest clean-out to the building entrance. Additional details (pipe lengths, sizes, and grades) of the sanitary system are required prior to issuing any approvals on the City's behalf.

Water Main: There appears to be several "dead-end" water main extensions associated with this phase. Our recommendation would be to eliminate as many dead-ends as possible by looping the proposed public water mains and including valves at appropriate locations to minimize service disruptions to proposed buildings. All hydrants, and proposed future hydrants, should be accessible to emergency response services. Horizontal directional drilling of pressure conduits across RR right of way is not an acceptable method. The pressure conduit would need to be cased within a steel casing. It appears several connections to the existing water main along the main entrance road (Shields) have been proposed. It should be noted that the age, size, and overall condition of this main are not known at this time, and multiple connections to this main should not be made until this information is verified.

1230 South Boulevard, Baraboo, WI 53913
(608) 356-2771 (800) 362-4505
FAX: (608) 356-2770 WEB ADDRESS: www.msa-ps.com

C400

RIVERWOOD DEVELOPMENT
OVERALL UTILITY PLAN

WISCONSIN DELLS, WISCONSIN

PROFESSIONAL ENGINEERING LLC

ITEM 23

RESOLUTION NO. _____

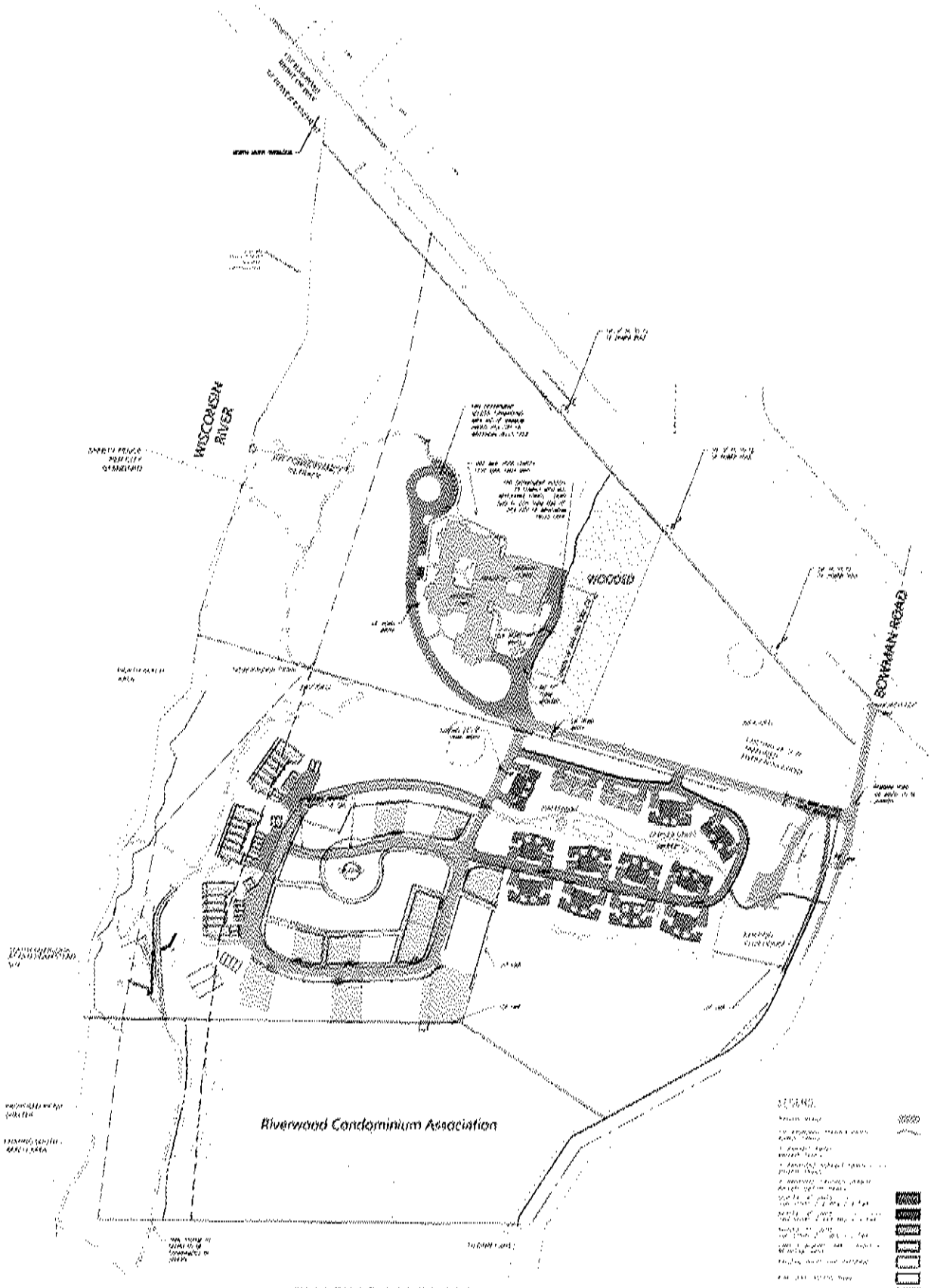
BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Public Safety Committee from the June 5, 2017 meeting, the City Plan Commission from their June 14, 2017 meeting;

IT APPROVES Riverwood Eagle's Nest Site Plan for Phase 1A their senior living community.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

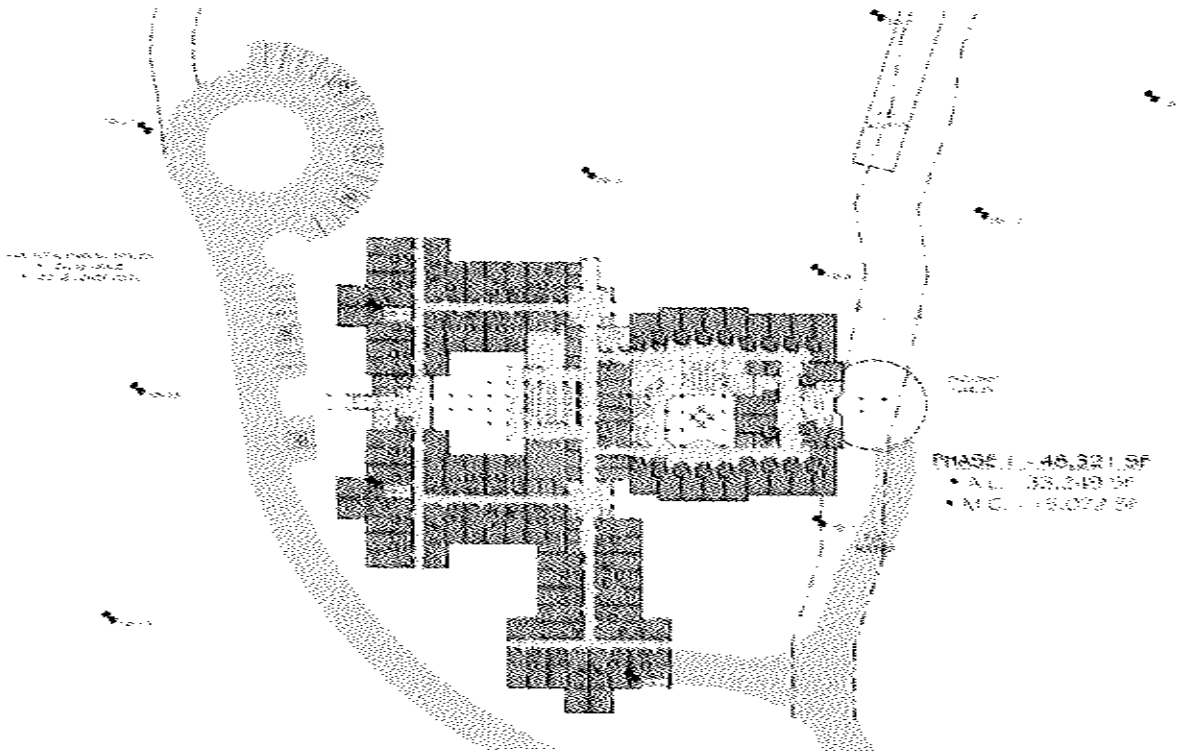
Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:



PHASING DIAGRAM

RIVERWOOD EAGLES NEST LLC

COMMUNITY LIVING SOLUTIONS



OVERALL SITE PLAN

RIVERWOOD EAGLES NEST

WISCONSIN DELLS, WI

3/31/17

SUSTAINABLE BUSINESS SOLUTIONS FOR SENIOR LIVING PROVIDERS

COMMUNITY LIVING SOLUTIONS

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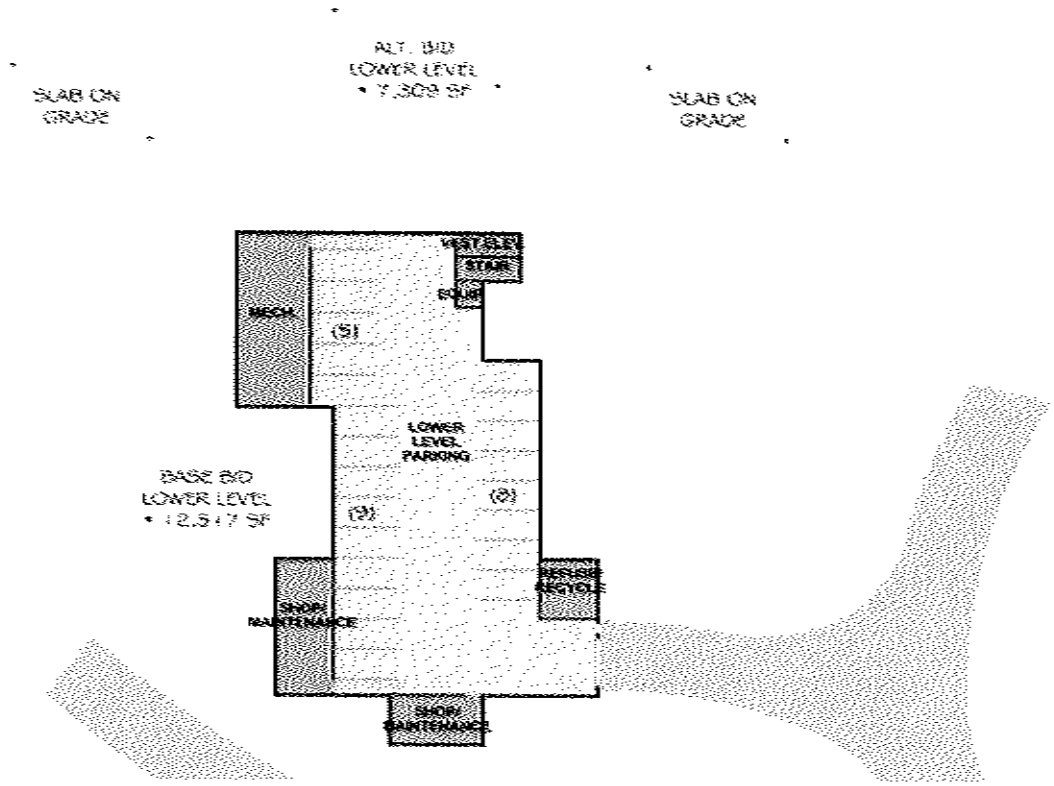


LOWER LEVEL PLAN

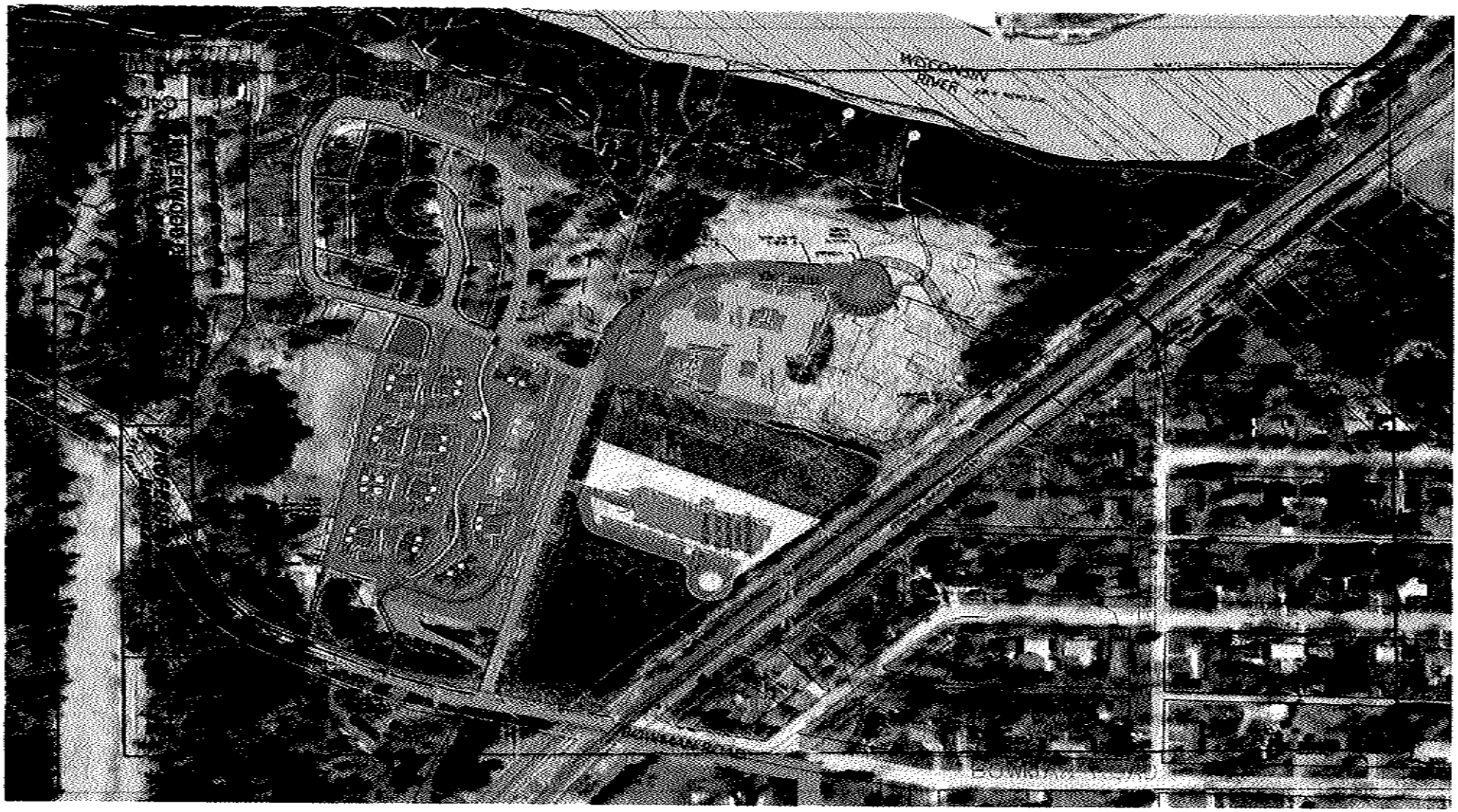
RIVERWOOD EAGLES NEST

WISCONSIN DELLS, WI

3/31/17

SUSTAINABLE BUSINESS SOLUTIONS FOR SENIOR LIVING PROVIDERS

COMMUNITY LIVING SOLUTIONS


WISCONSIN
RIVER

ITEM 24

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the BID Committee from the May 17, 2017 meeting, the Finance Committee from their June 19, 2017 meeting;

IT APPROVES the Dells River Arts District Trademark Use Agreement – General Form.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: ____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

City of Wisconsin Dells
Dells River Arts District
Trademark Use Agreement
(General)

This Agreement is by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (hereineafter "the City") having a principal place of business and address at 300 LaCrosse Street, Wisconsin Dells, Wisconsin 53965 and _____ having an address of _____ (hereineafter "Licensee")

WHEREAS, the City is the sole and exclusive owner of trademarks and registrations as set forth in the "Dells River Arts District Brand Book & Style Guide".

WHEREAS, Licensee acknowledges receipt of the Brand Book & Style Guide and desires to use the City's trademarks and registrations.

WHEREAS, the City is willing to authorize Licensee to use its trademarks and registrations as provided in this Agreement.

NOW, therefore, in consideration of the mutual promises, covenants and conditions contained herein, the parties agree as follows:

1. Ownership of Rights. Licensee acknowledges and agrees that the City is the sole and exclusive owner of all rights, title and interest in and to the trademarks and registrations described and regulated in the Brand Book & Style Guide.

2. Grant. City hereby grants to Licensee permission to create, manufacture and sell articles, products and merchandise displaying the City's trademarks and registrations as specified and approved in Licensee's application form.

3. Brand Book & Style Guide. Licensee shall abide by all terms, conditions, guidelines and restrictions as set forth in the Brand Book & Style Guide.

4. Term. This agreement shall be deemed effective as of the date of the last signature below and shall expire one year thereafter. Except that, either party may terminate this agreement with or without cause upon thirty days written notice to the other party. This agreement will continue and be automatically renewed for additional terms of one year.

5. Royalty Payment. Licensee shall pay to the City a license fee of $75.00 upon the complete execution of this agreement.

6. Indemnification. The City shall have no liability arising out of Licensee's use of the City's trademarks and registrations during the term of this agreement or any renewal. Licensee hereby agrees to indemnify and hold harmless the City, its officers, employees and agents from any and all liability that arises in connection with the sale of the articles, products and merchandise displaying the City's trademarks and registrations.

7. Severability. In the event that any term or provision of this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other term or provision and this Agreement shall be interpreted and construed as if such term had never been contained herein.

8. Integration. This Agreement represents the entire understanding between the parties hereto with respect to the subject matter hereof and this Agreement supersedes all previous representations, understandings or agreements, oral or written, between the parties with respect to the subject matter hereof and cannot be modified except by a written instrument signed by the parties hereto.

9. Applicable Law. This Agreement shall be governed by the laws of the State of Wisconsin.

CITY OF WISCONSIN DELLS

Date: _____

By: _____
Brian Landers, Mayor

Date: _____

By: _____
Nancy Holzem, Clerk/ Administrative Coordinator

LICENSEE: _____

Date: _____

By: _____
Name: _____
Its: _____

Documented drafted by:
Joseph J. Hasler
LAROWE GERLACH TAGGART LLP
Post Office Box 231
Reedsburg, Wisconsin 53959
(608) 524-8231

City of Wisconsin Dells
Dells River Arts District
Trademark Use Application Form

Applicant Name:_____

Other Names used by Applicant: _____
_____

Applicant Place of Business: _____

Applicant Address: _____
_____
_____

Applicant Contact Information.

Name of Designated Agent: _____
Telephone Number: _____
E-mail: _____

Applicant proposes to use the Dells River Arts District marks and logo graphics on the following items/materials:

Applicant will not use the marks or logo graphics on any other items/materials without the City's consent.

Applicant will be bound by the terms of a Trademark Use Agreement and the Brand Book and Style Guide.

Date:_____ _____
Applicant Name

By:_____

Its:_____

Approved by City of Wisconsin Dells subject to execution of Trademark Use Agreement.

CITY OF WISCONSIN DELLS

Date: _____ By: _____

Its:_____

ITEM 25

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the BID Committee from the May 17, 2017 meeting, the Finance Committee from their June 19, 2017 meeting;

IT APPROVES the Dells River Arts District Trademark Use Agreement with Sports Impressions, Ltd for a license fee of $200.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

City of Wisconsin Dells
Dells River Arts District
Trademark Use Agreement
(Sports Impressions)

This Agreement is by and between the City of Wisconsin Dells, a Wisconsin Municipal Corporation (hereineafter "the City") having a principal place of business and address at 300 LaCrosse Street, Wisconsin Dells, Wisconsin 53965 and Sports Impressions, Ltd. having an address of 731 Superior Street, Wisconsin Dells, Wisconsin (hereineafter "Licensee")

WHEREAS, the City is the sole and exclusive owner of trademarks and registrations as set forth in the "Dells River Arts District Brand Book & Style Guide".

WHEREAS, Licensee acknowledges receipt of the Brand Book & Style Guide and desires to use the City's trademarks and registrations.

WHEREAS, the City is willing to authorize Licensee to use its trademarks and registrations as provided in this Agreement.

NOW, therefore, in consideration of the mutual promises, covenants and conditions contained herein, the parties agree as follows:

1. Ownership of Rights. Licensee acknowledges and agrees that the City is the sole and exclusive owner of all rights, title and interest in and to the trademarks and registrations described and regulated in the Brand Book & Style Guide.

2. Grant. City hereby grants to Licensee permission to create, manufacture and sell articles, products and merchandise displaying the City's trademarks and registrations as specified and approved in Licensee's application form; including the exclusive right to create, manufacture and market River Arts District apparel.

3. Brand Book & Style Guide. Licensee shall abide by all terms, conditions, guidelines and restrictions as set forth in the Brand Book & Style Guide.

4. Term. This agreement shall be deemed effective as of the date of the last signature below and shall expire two (2) years thereafter. Except that, either party may terminate this agreement with or without cause upon thirty days written notice to the other party. This agreement will continue and be automatically renewed for additional terms of one year.

5. Royalty Payment. Licensee shall pay to the City a license fee of $200.00 upon the complete execution of this agreement.

6. Indemnification. The City shall have no liability arising out of Licensee's use of the City's trademarks and registrations during the term of this agreement or any renewal. Licensee hereby agrees to indemnify and hold harmless the City, its officers, employees and agents from any and all liability that arises in connection with the sale of the articles, products and merchandise displaying the City's trademarks and registrations.

7. Severability. In the event that any term or provision of this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other term or provision and this Agreement shall be interpreted and construed as if such term had never been contained herein.

8. Integration. This Agreement represents the entire understanding between the parties hereto with respect to the subject matter hereof and this Agreement supersedes all previous representations, understandings or agreements, oral or written, between the parties with respect to the subject matter hereof and cannot be modified except by a written instrument signed by the parties hereto.

9. Applicable Law. This Agreement shall be governed by the laws of the State of Wisconsin.

CITY OF WISCONSIN DELLS

Date: _____

By: _____
Brian Landers, Mayor

Date: _____

By: _____
Nancy Holzem, Clerk/ Administrative Coordinator

SPORTS IMPRESSIONS, LTD.

Date: _____

By: _____
Name: _____
Its: _____

Documented drafted by:
Joseph J. Hasler
LAROWE GERLACH TAGGART LLP
Post Office Box 231
Reedsburg, Wisconsin 53959
(608) 524-8231

ITEM 26

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Finance Committee from the June 19, 2017 meeting;

IT APPROVES the Rights-of-Way and Pole Attachment Agreement with Wisconsin Technology Networking, LLC.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

RIGHTS-OF-WAY AND POLE ATTACHMENT AGREEMENT

This Rights-of-Way and Pole Attachment Agreement ("Agreement") is entered into between the City of Wisconsin Dells, Wisconsin and Wisconsin Technology Networking, LLC ("WITN") and its successors and assigns.

WHEREAS, WITN wishes to access certain portions of the public rights-of-way within the City's territorial boundaries ("Rights-of-Way") to provide communications services; and

~~WHEREAS, the City wishes to enable WITN to provide those services to benefit its residents;~~
WHEREAS, the City will cooperate with WITN to the extent required by Wisconsin law to enable WITN to provide these services to the public.

NOW, THEREFORE, the parties agree as follows:

1. WITN's use of the Rights-of-Way will be to install, maintain, operate, repair, modify, replace, and/or remove from time to time certain communications facilities ("Facilities") which are used for the purpose of providing communications services. Facilities may include antennas, radios, wireless microwave and other backhaul equipment, fiber optic cables, conduit, ducts, control boxes, vaults, poles, cables, power sources, and/or other equipment, structures, appurtenances, and improvements.

2. WITN's use of the Rights-of-Way will be consistent with the City's rights-of-way management regulations and all applicable local, state and federal laws and regulations.

3. WITN shall pay a fee for pre-installation review and evaluation in the amount of $500.00 for each City pole to which WITN attaches Facilities, which fee may be increased for installations requiring extensive third party review. The City shall not charge a review fee in excess of $2,500.00 without first notifying WITN and obtaining WITN's written approval.

4. In addition, WITN shall pay to the City an annual fee in the amount of $2,000.00 for each City pole to which WITN attaches Facilities and any associated fiber or other Facilities. WITN's obligation to pay this annual fee will commence on the first day of the month following the date of installation and the initial payment thereof will be made payable to the City within thirty (30) days after installation. Each subsequent payment will be made upon each anniversary of the installation date after receipt of an invoice therefor from the City, until such time that the applicable Facilities are removed in accordance with this Agreement or this Agreement is otherwise terminated as further provided herein. Annual fees shall be made payable in the form of a money transfer or check to the City. All annual fees paid prior to the expiration or earlier termination of this Agreement or removal of the applicable Facilities by WITN shall be retained by the City. Other than as required pursuant to Paragraph 6 hereof, WITN shall not be obligated to pay any other annual or recurring fees.

5. Should WITN seek to attach Facilities to a pole in the Rights-of-Way which is owned by a third party, WITN shall obtain all authorizations and approvals from such third party.

6. WITN will obtain any other permits and pay any other fees applicable to WITN's use of the Rights-of-Way only as required under the City's rights-of-way management regulations and/or any other applicable local, state or federal regulation, including, without limitation, those designed to protect structures in the Rights-of-Way, to ensure the proper restoration of the Rights-of-Way and any structures located therein, to provide for protection and the continuity of pedestrian and vehicular traffic, and otherwise to protect the safety of the public's utilization of the Rights-of-Way.

7. In accordance with the City's regulations, WITN will submit to the City design drawings and specifications of the Facilities and their proposed locations within the Rights-of-Way (whether installed subsurface and/or attached to poles or other structures owned by the City, WITN, or a third party).

8. WITN may remove one or more Facilities from time to time during the term, in which event WITN shall provide advance notice thereof to the City and WITN shall have no further obligations or liability (including for the payment of any applicable recurring fees) in connection therewith.

9. If WITN ceases use of a City pole on which it installed Facilities, it shall remove such Facilities at its own expense.

10. Facilities shall not physically interfere with or cause harmful interference to the City's existing radio facilities located on City poles. The City shall not physically interfere with or cause harmful interference to Facilities installed by WITN. WITN shall coordinate with the City on any maintenance of City poles so as not to obstruct or impede the City's performance of such maintenance. WITN shall provide the City with a telephone number that the City can contact to request WITN's coordination pursuant to this paragraph.

11. The term of this Agreement shall be for ten (10) years commencing on the date hereof, and shall automatically renew for four (4) additional five (5) year periods thereafter, unless WITN notifies the City of its intent not to renew at least ninety (90) days prior to the end of the then current term. Notwithstanding the foregoing, either party may terminate this Agreement in the event a party materially breaches a provision herein and the breach is not cured within sixty (60) days after receipt of written notice thereof from the non-breaching party. If the nature of the breach reasonably requires more than sixty (60) days to cure, the breaching party will not be in default hereunder if such party promptly commences such cure and is diligently pursuing the same.

12. Notwithstanding anything contained in this Agreement to the contrary, WITN shall not be required to obtain any permit, pay any fee or be subject to any requirement or condition that does not generally apply to all other occupants of the Rights-of-Way.

13. WITN shall indemnify, defend, and hold harmless, the City and its elected officials, employees, officers, and directors ("Indemnitees"), from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death, and property damage, made upon or incurred by the City and arising out of a third-party claim to the extent that such third-party claim is caused by any negligent acts or omissions of WITN while in the exercise of the rights or performance of the duties under this Agreement. The indemnity provided for in this paragraph shall not apply to any liability resulting or arising from the negligence of the City or an Indemnitee. The City shall give prompt written notice to WITN of any claim for which the City seeks indemnification. WITN shall have the right to investigate, defend, and compromise these claims with prompt notice to the City's attorney.

14. Neither party shall be liable for consequential, indirect, or punitive damages (including lost revenues, loss of equipment, interruption or loss of service, or loss of data) for any cause of action, whether in contract, tort, or otherwise, even if the party was or should have been aware of the possibility of these damages, whether under theory of contract, tort (including negligence), strict liability, or otherwise.

15. WITN shall obtain and maintain in full force and effect for the duration of this Agreement Commercial General Liability insurance and Commercial Automobile Liability insurance covering WITN against any and all claims, injury or damage to persons or property, both real and personal, caused by the construction, erection, operation, or maintenance of the Facilities, in an amount not less than One Million Dollars ($1,000,000) per occurrence (combined single limit), including bodily injury and property damage, and in an amount not less than Two Million Dollars ($2,000,000) annual aggregate for each personal injury liability; statutory workers'

compensation and employer's liability insurance in an amount not less than One Million Dollars ($1,000,000). The insurance policies shall name the City, its officers, officials, employees, and elected representatives as additional insureds, with the exception of the workers' compensation policy. WITN shall furnish copies of the required certificate of insurance to the City. WITN will provide the City with thirty (30) days' prior written notice of cancellation.

16. WITN shall provide, and update, the name and contact information of a person or entity, located within 60 miles of the City responsible for emergency repair or maintenance of the Facilities. In the event of an emergency, WITN may contact: Sean Collins, Project Manager, Faith Technologies, Inc., at (913) 541-4789 (Office) or (913) 231-0841 (Mobile).

17. Notices required by this Agreement may be given by registered or certified mail by depositing the same in the United States mail in the continental United States, postage prepaid. Either party shall have the right, by giving written notice to the other, to change the address at which its notices are to be received. Until any such change is made, notices shall be delivered as follows:

If to City:

City of Wisconsin Dells
Address _____

_____
Attn:

With a copy to:

City of Wisconsin Dells
Address _____

_____
Attn:

If to WITN:

Wisconsin Technology Networking, LLC

660 Newport Center Drive, Suite 200
Newport Beach, CA 92660
Attn: Asset Management

With a copy to:

Wisconsin Technology Networking, LLC

660 Newport Center Drive, Suite 200
Newport Beach, CA 92660
Attn: Legal Department

18. WITN understands and acknowledges that the City may require WITN to remove or relocate its Facilities or any portion thereof from the Right-of-Way, and WITN shall, at the City's direction, remove or relocate the same at WITN's sole cost and expense, whenever the City reasonably determines, in its sole discretion, that the relocation or removal is required consistent with the public interest. In any such case, the City shall use reasonable efforts to afford WITN a reasonably equivalent alternate location acceptable to WITN, if available. WITN and the City shall cooperate to the extent possible to assure continuity of service during relocation of the Facilities. If WITN fails to remove or relocate the Facilities or portion thereof as requested by the City, within 120 days of WITN's receipt of the request, then the City shall be entitled to remove the Facility, WITN pole, or portion thereof at WITN's sole cost and expense, without further notice to WITN, and WITN shall, within 30 days following issuance of invoice for the same, reimburse the City for its reasonable expenses incurred in the removal (including, without limitation, overhead and storage expenses) of the Facilities, or portion thereof.

19. The provisions of this Agreement shall be construed under, and in accordance with, the laws of the State of Wisconsin, without regard to its conflict-of-laws principles, and all obligations of the parties created hereunder shall be performed in the County in which the City is located. Therefore, in the event any court action is brought directly or indirectly by reason of this letter, the courts of such County shall have jurisdiction over the dispute and venue shall be in such County.

20. If any federal, state, or local laws or regulations (including, but not limited to, those issued by the Federal Communications Commission or its successor agency) and any binding judicial interpretations thereof (collectively, "Laws") that govern any aspect of the rights or obligations of

the parties under this Agreement shall change after the Effective Date and such change makes any aspect of such rights or obligations inconsistent with the then-effective Laws, then the parties agree to promptly amend this Agreement as reasonably required to accommodate and/or ensure compliance with any such legal or regulatory change.

21. If any law, ordinance, regulation, or court decision renders any provision of this Agreement invalid, the remaining provisions shall remain in full force and effect. The failure of either party to enforce its rights under this Agreement at any time for any period shall not be construed as a waiver of such rights. This Agreement is the complete and exclusive statement of the parties' agreement with respect to the subject matter and supersedes all other oral and written agreements or communications between the parties prior to the execution of this Agreement relating to this subject matter. This Agreement will not be deemed to provide third parties with any remedy, claim, right of action or other right. This Agreement may be executed and delivered in multiple counterparts, each of which is an original.

22. This Agreement shall take effect on the date that is the later of the dates on which each of the parties have executed this Agreement ("Effective Date").

[Remainder of page intentionally left blank; signature page to follow.]

IN WITNESS WHEREOF, the duly authorized representatives of the parties hereto have executed this Agreement as of the dates below.

CITY OF WISCONSIN DELLS

WISCONSIN TECHNOLOGY NETWORKING, LLC

ITEM 27

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, based upon the recommendation of the Public Works Committee from their June 5, 2017 meeting;

IT APPROVES the Compliance Maintenance Annual Report (CMAR) for the Sanitary Sewer with an A grade for both Financial Management and Collection Systems.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: _____ ayes; _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

Financial Management

1. Provider of Financial Information

Name: Karen Terry

Telephone: 608-254-2012 (XXX) XXX-XXXX

E-Mail Address (optional): kterry@dellscitygov.com

2. Treatment Works Operating Revenues

2.1 Are User Charges or other revenues sufficient to cover O&M expenses for your wastewater treatment plant AND/OR collection system ?

- ● Yes (0 points)
- ○ No (40 points)

If No, please explain:

2.2 When was the User Charge System or other revenue source(s) last reviewed and/or revised?

Year: 2016

- ● 0-2 years ago (0 points)
- ○ 3 or more years ago (20 points)
- ○ N/A (private facility)

2.3 Did you have a special account (e.g., CWFP required segregated Replacement Fund, etc.) or financial resources available for repairing or replacing equipment for your wastewater treatment plant and/or collection system?

- ● Yes (0 points)
- ○ No (40 points)

0

REPLACEMENT FUNDS [PUBLIC MUNICIPAL FACILITIES SHALL COMPLETE QUESTION 3]

3. Equipment Replacement Funds

3.1 When was the Equipment Replacement Fund last reviewed and/or revised?

Year: 2016

- ● 1-2 years ago (0 points)
- ○ 3 or more years ago (20 points)
- ○ N/A

If N/A, please explain:

3.2 Equipment Replacement Fund Activity

3.2.1 Ending Balance Reported on Last Year's CMAR		$ 355,085.12
3.2.2 Adjustments - if necessary (e.g. earned interest, audit correction, withdrawal of excess funds, increase making up previous shortfall, etc.)	+	$ 1,321.81
3.2.3 Adjusted January 1st Beginning Balance		$ 356,406.93
3.2.4 Additions to Fund (e.g. portion of User Fee, earned interest, etc.)	+	$ 48,850.00

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

3.2.5 Subtractions from Fund (e.g., equipment replacement, major repairs - use description box 3.2.6.1 below*) - $ 3,004.00

3.2.6 Ending Balance as of December 31st for CMAR Reporting Year $ 402,252.93

All Sources: This ending balance should include all Equipment Replacement Funds whether held in a bank account(s), certificate(s) of deposit, etc.

3.2.6.1 Indicate adjustments, equipment purchases, and/or major repairs from 3.2.5 above.

River rd. Lift station (Meadowbrook), Pump repair

3.3 What amount should be in your Replacement Fund? $ 217,320.00

0

Please note: If you had a CWFP loan, this amount was originally based on the Financial Assistance Agreement (FAA) and should be regularly updated as needed. Further calculation instructions and an example can be found by clicking the SectionInstructions link under Info header in the left-side menu.

3.3.1 Is the December 31 Ending Balance in your Replacement Fund above, (#3.2.6) equal to, or greater than the amount that should be in it (#3.3)?

- ● Yes
- ○ No

If No, please explain.

4. Future Planning

4.1 During the next ten years, will you be involved in formal planning for upgrading, rehabilitating, or new construction of your treatment facility or collection system?

- ● Yes - If Yes, please provide major project information, if not already listed below.
- ○ No

Project #	Project Description	Estimated Cost	Approximate Construction Year
1	Potential new Lift Station along with second Force Main. Tentative at best, pending economic development.	2000000	2018
2	Potentially construct a Bio solids processing facility for our treatment plant. We share ownership w/ Village of Lake Delton and are working through the CWFP process w/ Lake Delton and consulting engineers. This project is underway.	2850000	2017

5. Financial Management General Comments

ENERGY EFFICIENCY AND USE

6. Collection System

6.1 Energy Usage

6.1.1 Enter the monthly energy usage from the different energy sources:

COLLECTION SYSTEM PUMPAGE: Total Power Consumed

Number of Municipally Owned Pump/Lift Stations: 19

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

	Electricity Consumed (kWh)	Natural Gas Consumed (therms)
January	19,138	242
February	18,464	199
March	18,725	133
April	20,944	77
May	16,667	32
June	20,604	11
July	23,699	10
August	28,556	10
September	28,486	15
October	21,837	19
November	14,119	83
December	13,717	227
Total	**244,956**	**1,058**
Average	**20,413**	**88**

6.1.2 Comments:

Electricity consumed includes some kWh's used for other purposes, such as heating, etc.. Some natural gas consumption is for NG powered back-up generation.

6.2 Energy Related Processes and Equipment

6.2.1 Indicate equipment and practices utilized at your pump/lift stations (Check all that apply):

- ☒ Comminution or Screening
- ☐ Extended Shaft Pumps
- ☒ Flow Metering and Recording
- ☐ Pneumatic Pumping
- ☒ SCADA System
- ☒ Self-Priming Pumps
- ☒ Submersible Pumps
- ☒ Variable Speed Drives
- ☐ Other:

6.2.2 Comments:

6.3 Has an Energy Study been performed for your pump/lift stations?

- ● No
- ○ Yes

Year:

By Whom:

Describe and Comment:

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

6.4 Future Energy Related Equipment

6.4.1 What energy efficient equipment or practices do you have planned for the future for your pump/lift stations?

None specifically. Every time we do pump work or station maintenance, we consider efficiencies that might be gained by replacing equipment w/ newer, more efficient models.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

Sanitary Sewer Collection Systems

1. Capacity, Management, Operation, and Maintenance (CMOM) Program

1.1 Do you have a CMOM program that is being implemented?

- ● Yes
- ○ No

If No, explain:

1.2 Do you have a CMOM program that contains all the applicable components and items according to Wisc. Adm Code NR 210.23 (4)?

- ● Yes
- ○ No (30 points)
- ○ N/A

If No or N/A, explain:

1.3 Does your CMOM program contain the following components and items? (check the components and items that apply)

☒ Goals [NR 210.23 (4)(a)]

Describe the major goals you had for your collection system last year:

Working w/ MSA Associates of Baraboo. GPS/GIS updates and FSP are in progress.

Did you accomplish them?

- ○ Yes
- ● No

If No, explain:

Both areas are works in progress. Making strides, but the GPS'ing of all the assets has taken substantially more effort then anticipated. Will continue to push these programs forward.

☒ Organization [NR 210.23 (4) (b)]

Does this chapter of your CMOM include:

- ☒ Organizational structure and positions (eg. organizational chart and position descriptions)
- ☒ Internal and external lines of communication responsibilities
- ☒ Person(s) responsible for reporting overflow events to the department and the public

☒ Legal Authority [NR 210.23 (4) (c)]

What is the legally binding document that regulates the use of your sewer system?

WPDES # 0031402, Wis Dells Ord.# 7.04

If you have a Sewer Use Ordinance or other similar document, when was it last reviewed and revised? (MM/DD/YYYY) 12/30/2015

Does your sewer use ordinance or other legally binding document address the following:

- ☒ Private property inflow and infiltration
- ☒ New sewer and building sewer design, construction, installation, testing and inspection
- ☒ Rehabilitated sewer and lift station installation, testing and inspection
- ☒ Sewage flows satellite system and large private users are monitored and controlled, as necessary
- ☒ Fat, oil and grease control
- ☒ Enforcement procedures for sewer use non-compliance

☒ Operation and Maintenance [NR 210.23 (4) (d)]

Does your operation and maintenance program and equipment include the following:

- ☒ Equipment and replacement part inventories
- ☒ Up-to-date sewer system map

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

- ☒ A management system (computer database and/or file system) for collection system information for O&M activities, investigation and rehabilitation
- ☒ A description of routine operation and maintenance activities (see question 2 below)
- ☐ Capacity assessment program
- ☐ Basement back assessment and correction
- ☒ Regular O&M training

☒ Design and Performance Provisions [NR 210.23 (4) (e)]

What standards and procedures are established for the design, construction, and inspection of the sewer collection system, including building sewers and interceptor sewers on private property?

- ☒ State Plumbing Code, DNR NR 110 Standards and/or local Municipal Code Requirements
- ☒ Construction, Inspection, and Testing
- ☐ Others:

☒ Overflow Emergency Response Plan [NR 210.23 (4) (f)]

Does your emergency response capability include:

- ☒ Responsible personnel communication procedures
- ☒ Response order, timing and clean-up
- ☒ Public notification protocols
- ☒ Training
- ☐ Emergency operation protocols and implementation procedures

☒ Annual Self-Auditing of your CMOM Program [NR 210.23 (5)]

☒ Special Studies Last Year (check only those that apply):

- ☐ Infiltration/Inflow (I/I) Analysis
- ☐ Sewer System Evaluation Survey (SSES)
- ☐ Sewer Evaluation and Capacity Managment Plan (SECAP)
- ☐ Lift Station Evaluation Report
- ☒ Others:

Working w/ MSA Associates on a FSP.

0

2. Operation and Maintenance

2.1 Did your sanitary sewer collection system maintenance program include the following maintenance activities? Complete all that apply and indicate the amount maintained.

Cleaning	15	% of system/year
Root removal	9	% of system/year
Flow monitoring	0	% of system/year
Smoke testing	0	% of system/year
Sewer line televising	1	% of system/year
Manhole inspections	10	% of system/year
Lift station O&M	12	# per L.S./year
Manhole rehabilitation	1	% of manholes rehabbed
Mainline rehabilitation	.7	% of sewer lines rehabbed
Private sewer inspections	.5	% of system/year

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

Private sewer I/I removal	.02	% of private services
River or water crossings	1.34	% of pipe crossings evaluated or maintained

Please include additional comments about your sanitary sewer collection system below:

3. Performance Indicators

3.1 Provide the following collection system and flow information for the past year.

49.91	Total actual amount of precipitation last year in inches
34.75	Annual average precipitation (for your location)
25	Miles of sanitary sewer
19	Number of lift stations
0	Number of lift station failures
1	Number of sewer pipe failures
6	Number of basement backup occurrences
7	Number of complaints
.487	Average daily flow in MGD (if available)
.760	Peak monthly flow in MGD (if available)
0	Peak hourly flow in MGD (if available)

3.2 Performance ratios for the past year:

0.00	Lift station failures (failures/year)
0.04	Sewer pipe failures (pipe failures/sewer mile/yr)
0.00	Sanitary sewer overflows (number/sewer mile/yr)
0.24	Basement backups (number/sewer mile)
0.28	Complaints (number/sewer mile)
1.6	Peaking factor ratio (Peak Monthly:Annual Daily Avg)
0.0	Peaking factor ratio (Peak Hourly:Annual Daily Avg)

4. Overflows

LIST OF SANITARY SEWER (SSO) AND TREATMENT FACILITY (TFO) OFERFLOWS REPORTED **

	Date	Location	Cause	Estimated Volume (MG)
None reported				

** If there were any SSOs or TFOs that are not listed above, please contact the DNR and stop work on this section until corrected.

5. Infiltration / Inflow (I/I)

5.1 Was infiltration/inflow (I/I) significant in your community last year?

- ○ Yes
- ● No

If Yes, please describe:

5.2 Has infiltration/inflow and resultant high flows affected performance or created problems in your collection system, lift stations, or treatment plant at any time in the past year?

- ○ Yes

- No

If Yes, please describe:

5.3 Explain any infiltration/inflow (I/I) changes this year from previous years:

Replaced 2 blks. of sanitary sewer main and associated laterals on Capital Street.

5.4 What is being done to address infiltration/inflow in your collection system?

Continued daily monitoring and reconstruction of system. 2017 Project includes reconstruction of sanitary sewer (~ 2 blks.). We are replacing MH covers where needed.

Total Points Generated	0
Score (100 - Total Points Generated)	100
Section Grade	**A**

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

Grading Summary

WPDES No: 0047341

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			**4**	**16**
GRADE POINT AVERAGE (GPA) = 4.00				

Notes:

A = Voluntary Range (Response Optional)
B = Voluntary Range (Response Optional)
C = Recommendation Range (Response Required)
D = Action Range (Response Required)
F = Action Range (Response Required)

Compliance Maintenance Annual Report

Wisconsin Dells Utilities

Last Updated: 5/31/2017 Reporting For: **2016**

Resolution or Owner's Statement

Name of Governing Body or Owner:

Date of Resolution or Action Taken:

Resolution Number:

Date of Submittal:

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 4.00

ITEM 28

CITY OF WISCONSIN DELLS COMMON COUNCIL

RESOLUTION NO. _____

WHEREAS, City Code Sec. 10.22(1) proscribes motor vehicle parking in the downtown business district between 2:00 a.m. and 6:00 a.m.; and

WHEREAS, the stated purpose of the no parking regulation is to facilitate snow removal in the winter and street sweeping in the summer; and

WHEREAS, it is argued that the regulation is inconsistent with the City's effort to promote downtown Wisconsin Dells as an entertainment and hospitality venue; and

WHEREAS, the City wishes to determine if a balance can be struck between the competing public policy interests of commerce and public orderliness.

NOW THEREFORE, BE IT RESOLVED BY THE WISCONSIN DELLS COMMON COUNCIL AS FOLLOWS:

1. Enforcement of the no parking provision of City Code Sec. 10.22(1) shall be and is suspended through October 1, 2017.

2. In the meantime, the City will endeavor to determine if the competing public interests are of equal weight and concern and the manner, if any, they can be reconciled.

3. Absent affirmative action, enforcement of the no parking regulation of Code Sec. 10.22(1) shall be reinstated effective 12:01 a.m. on October 2, 2017.

This Resolution approved by the City of Wisconsin Dells Common Council June 19, 2017 by a vote of _____Yes _____No.

CITY OF WISCONSIN DELLS

Date: _____ By: _____
Brian Landers, Mayor

Date: _____ By: _____
Nancy Holzem, Clerk/Administrative Coordinator

ITEM 29

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the Parking Board from the June 12, 2017 meeting;

IT APPROVES ending the parking enforcement season on Saturday, September 30, 2017, instead of October 1, 2017 due to the Kilbourn City Live Music & Arts Festival.

_____
Brian L. Landers, Mayor

Attest: _____
Nancy R. Holzem, City Clerk

Vote: _____ ayes _____ nays
Date Introduced: June 19, 2017
Date Passed:
Date Published:

ITEM 30

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES a Conditional Use Permit to Alexis Eli (Bluegreen Corp.) in order to allow a walk-up service window at 29 Broadway, with the contingencies listed in the staff report.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; _____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Conditional Use Permit – Bluegreen Timeshare
29 Broadway
Staff Report for Plan Commission, 6/14/17

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Alexis Eli for a Walk-up Service Window at 29 Broadway, Columbia Co, City of Wis. Dells tax parcel 291-600. This property is located in the C-2 Commercial – downtown Zoning District. A Conditional Use Permit is required for a Walk-up service window in this Zoning District.

This location is an existing small booth located at the east end of the Riverfront area. There is no access for the public within this booth, and it was constructed and used in past to serve customers standing outside the booth on the sidewalk. This booth has not been actively used for several years. If a Conditionally permitted use is discontinued for more than 12 months a new CUP must be obtained before the use can start again. The applicant is renting this location and intends to open a Visitors office and sell mini vacation packeages and attraction tickets from the booth in the summer months.

A concern with the use of a Walk-up service window onto the public sidewalk is the disruption of pedestrian flow on the sidewalk. Any approval of this CUP must be contingent on the applicant managing any lines that may form at the window to ensure pedestrians flow along the sidewalk is maintained. As a general rule a minimum of 4 ft of clear sidewalk must be maintained. The sidewalks at this location are approximately 11 ft from building to curb, and there is an alcove at the booth that would allow customers to leave the public sidewalk when at the booth.
It should also be made clear to the applicant that there is to be no barking, calling out, or other attempts to attract the attention of pedestrians on the public sidewalk. No speakers should be mounted to the exterior of the building. Any pamphlets, flyers, or other literature of any kind is only provided to customers at the booth, and should not be offered to passersby to attract their attention or for any other reason. In anything from this ticket booth becomes litter in the surrounding area, even if it is not directly in front of the ticket booth, the applicant is responsible for ensuring that litter is properly disposed of.

If signage is installed on the building for this use, it is to be removed immediately if this use discontinues or if the applicant no longer leases the premise.

The fire department has expressed concerns with these ticket booths in town. The applicant will have to ensure that any use of this space meet the approval of the fire department.

Any approval of this CUP should come with the following contingencies:

1. The applicant maintains a clear path for pedestrian traffic around their Walk-up service window.
2. The applicant maintains the sidewalks in front of their businesses, and cleans up litter associated with there business from the surrounding area.
3. The applicant complies with any concerns from the fire department.
4. There is no "barking" or calling out from the booth to people on the sidewalk or street.
5. Any pamphlets or flyers that may be distributed from the booth are only given to customer at the booth, and are not offered to passersby to attract their attention of for any other reason. The applicant cleans the surrounding area of any litter from their business.
6. Any signage installed on the building for this use is removed once this use discontinues or the applicant no longer leases the premise.
7. This permit is non-transferrable. Any new user of this walk-up service window must obtain a new permit

Chris Tollaksen
City of Wis. Dells
6/14/2017

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	$525.00
Receipt number	59964
Application number	13-2017

1. Applicant information

Applicant name	Alexis Eli
Street address	4960 Conference Way N #100
City	Boca Raton
State and zip code	FL 33431
Daytime telephone number	561-443-8896
Fax number, if any	561-912-8299
E-mail, if any	alexis.eli@bluegreenvacations.com

2. Subject property information Riverview Boat Line

Street address	31 Broadway, Wisconsin Dells, WI 53965
Parcel number	600 Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	
Describe the current use	Amusement Park.

3. Proposed use. Describe the proposed use.

Ope Booth - Selling mini vacation Packages
and attraction tickets
in established Bldg
May 31, 2017 - Nov 15, 2017
No site plan

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

Daily - 9am - 7pm
* will be set up as
a visitors office.

ITEM 31

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES a Conditional Use Permit to A&G Rentals/Chula Vista Resort in order to allow outdoor entertainment/recreation/amusement rides at 2501 River Road, with the condition listed in the staff report.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; _____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

2501 River Rd. – Chula Vista
Conditional Use Permit & Site Plan – Outdoor Entertainment/Recreation & Amusement ride
Staff Report for Plan Commission, 06/14/17

The Planning & Zoning office has received a Conditional Use Permit and Site Plan application from A&G Rentals / Chula Vista Resort to allow Outdoor Entertainment/Recreation & Amusement Ride on Adams Co, City of Wis. Dells tax parcels 291-0038-00015 & 291-0038-00020. This request is to add Outdoor & indoor climbing walls, Ziplines, Hover Boards, aerial park (1 permanent & 1 may be trailer mounted), a kiddie train unit, and a bungee trampoline. Some structures will also be constructed to cover or house some of these uses or supplies for these uses. These uses are all to be added in and around the existing Waterpark area. The site map provided shows the location of these facilities. This property is in the C-4 Commercial-large scale Zoning District, which requires a CUP for Outdoor entertainment / recreation.

As additional activities within an existing approved Outdoor Entertainment/Recreation use area, with existing permanent structures for restroom and ticket sales operations, this would not be considered a use without a permanent structure with washrooms.

Site plan approval is required for any new commercial buildings.

In addition to permanent restroom and sales buildings, the Chula Vista facility has significant parking facilities to accommodate the existing recreation uses. It is expected that the new uses provide additional activities to existing patrons to this facility. The same rational would apply to any other potential effects on the area, as additions to an existing use and development, no significant impacts are expected.

Any new commercial structure structures would have to obtain building permits, and amusement rides are inspected and licensed by the State. Approval of these uses should be contingent on them holding all the appropriate licenses and permits.

Conditions of any CUP approval:

1) All associated license and permits are obtained and in good standing.

Prepared by: Chris Tollaksen, City of Wisconsin Dells.

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General Instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	$525.00
Receipt number	59934
Application number	11-2017

1. **Applicant information**

Applicant name	A+G Rentals. Inc / Chula Vista Resort.
Street address	2501 River Rd.
City	Wisconsin Dells WI
State and zip code	53965
Daytime telephone number	608 235 2333
Fax number, if any	
E-mail, if any	mikek@chulavistaresort.com

2. **Subject property information**

Street address	2501 River Road.
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	Commercial
Describe the current use	WAterPark

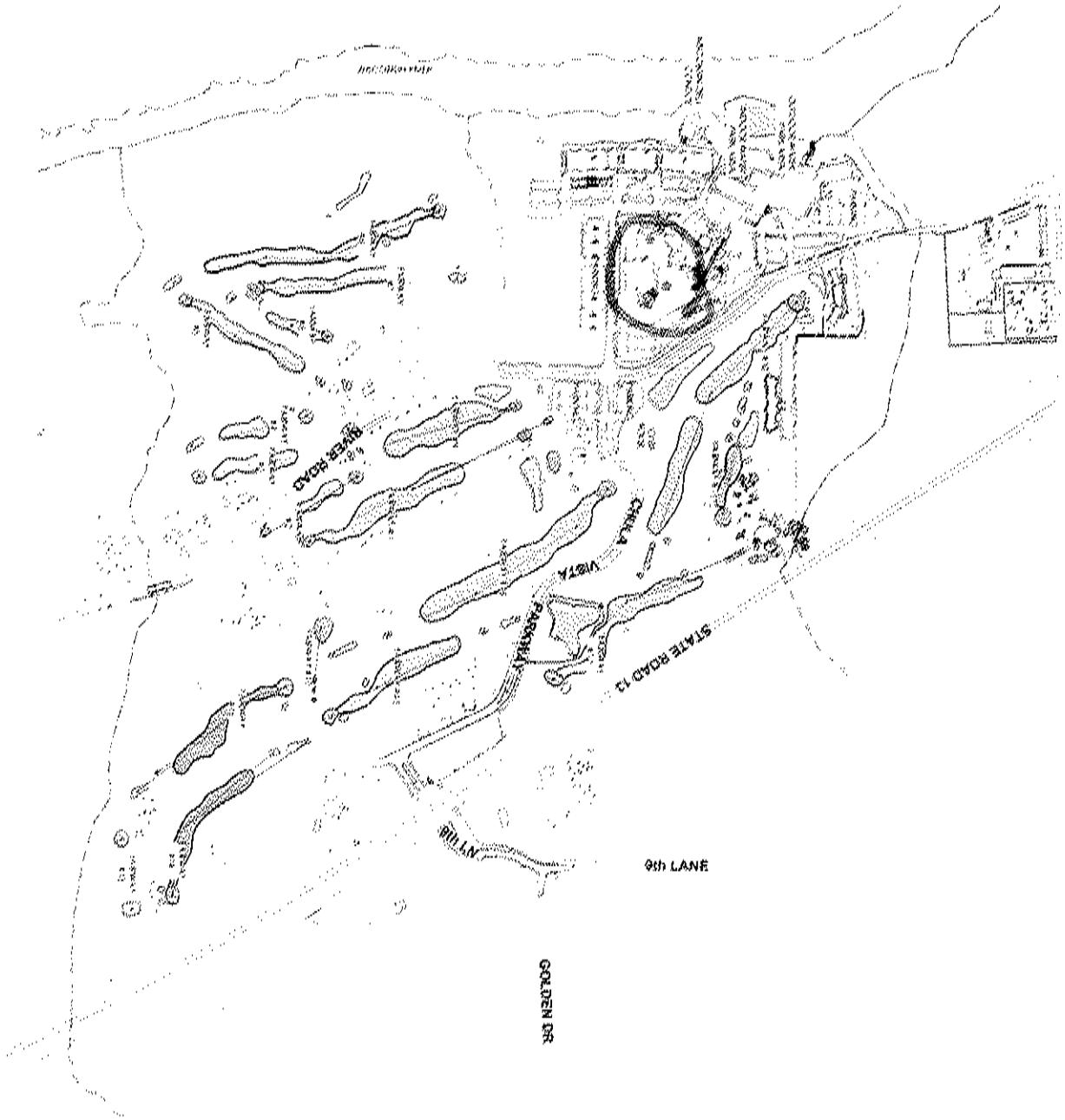
3. **Proposed use.** Describe the proposed use.

ADDING AN outdoor + INDOOR climbing wall, ZIPLINES, Hover Boards, + Arial PARK. 1/permanent + 1 may be a trailer mounted unit.

ADD KID TRAIN + BUNGEE TRAMPOLINE

4. **Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

INDOOR 8 am til midnight
outdoor - Daylight hours



C1.0

EXISTING GOLF COURSE
Chula Vista Resort
GTAM, LLC

City of Wisconsin Dells
Adams County, WI

General Engineering Company

ITEM 32

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES the Site Plan Application submitted by A&G Rentals/Chula Vista Resort in order construct additional outdoor recreation at 2501 River Road, with the condition listed in the staff report.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; _____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this form from the zoning administrator.

- Office Use Only -

Initial application fee	$300
Receipt number	
Application number	

1. Applicant information

Applicant name	Cho'n Vista Inc
Street address	2501 River Road
City	Wis Dells
State and zip code	Wi. 53965
Daytime telephone number	608 235 2333
Fax number, if any	
E-mail, if any	mike@chola vista resort.com

2. Subject property information

Street address	2501 River Road	
Parcel number	291-380-20	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	Commercial	
Describe the current use	Outdoor Amusement - train ride, zip line, Arial Park, Depo + Garage for train, climbing walls + inflatable Blow up structures + outdoor waterpark	

3. Proposed use. Describe the proposed use.

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

Daylight hours of operation until 11pm.

5. Potential nuisances. Describe any potential nuisances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

None.

SITE PLAN APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

6. **Review criteria.** In making its decision, the Plan Commission must consider five factors as listed below. Provide a response to each. (See Section 19.393 of the Municipal Code.)

a. Consistency of the project with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

None

b. Effects of the project on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

None

c. Effects of the project on the natural environment

None

d. Effects of the project on surrounding properties, including operational considerations relating to hours or operation and creation of potential nuisances

None

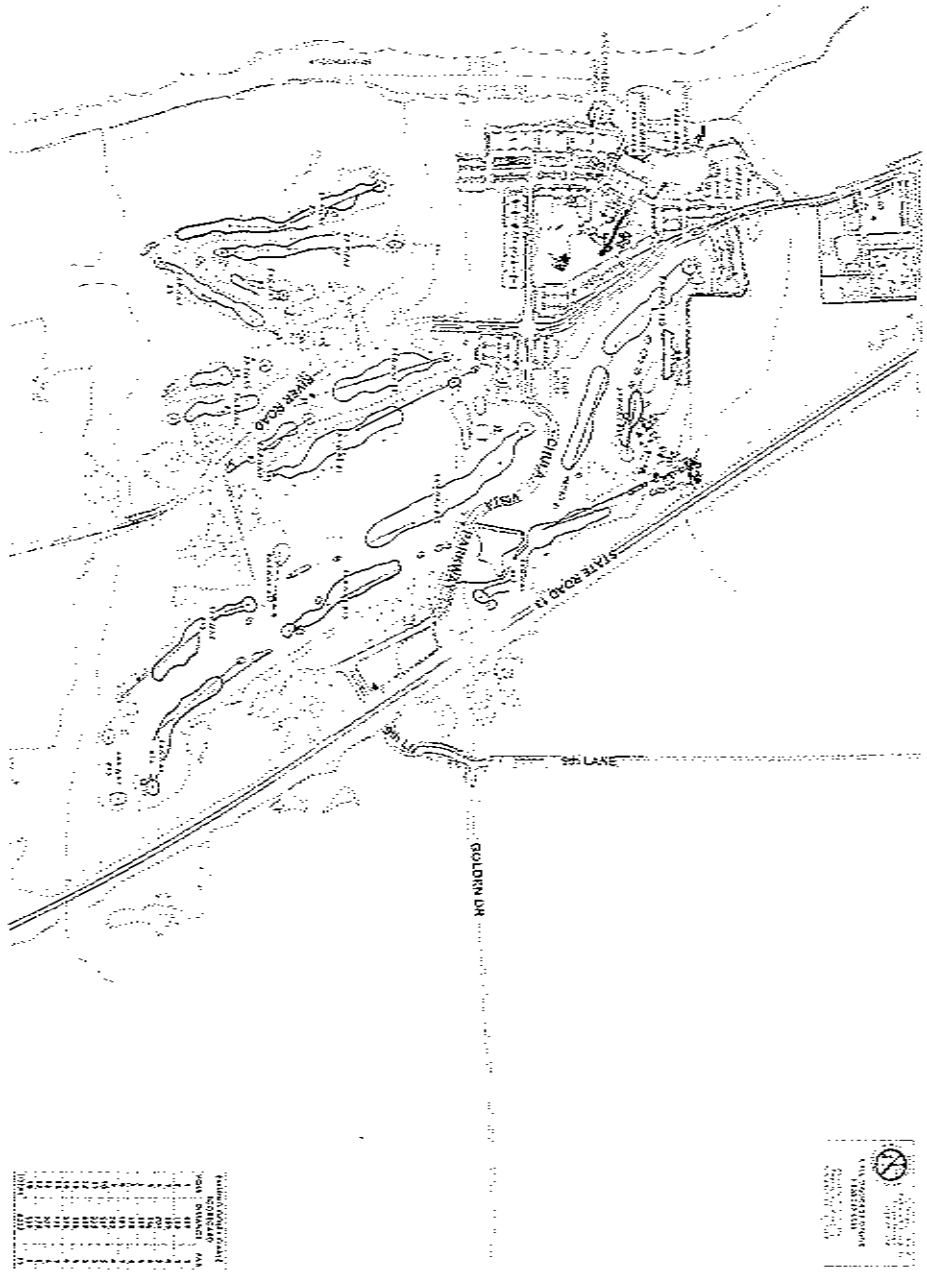
e. The overall appearance of the project

Modern construction to match ideal.

f. If the project is a multi-family real estate development (more than 3 dwelling units), does the project meet the following standards:

1. All setback areas fronting on or visible from an adjacent public street, and all recreation, leisure and open space areas shall be landscaped in accordance with the project plan. Decorative design elements, such as fountains, pools, benches, sculpture, planters, exterior recreational facilities and similar elements may be permitted, providing such elements are incorporated as part of the landscaping plan; and, permanent and automatic irrigation facilities are provided in all planted landscaped area.

2. Minimum open space is thirty (30%) percent of the net area being developed. The net area shall exclude dedicated or proposed-dedicated public rights-of-way.

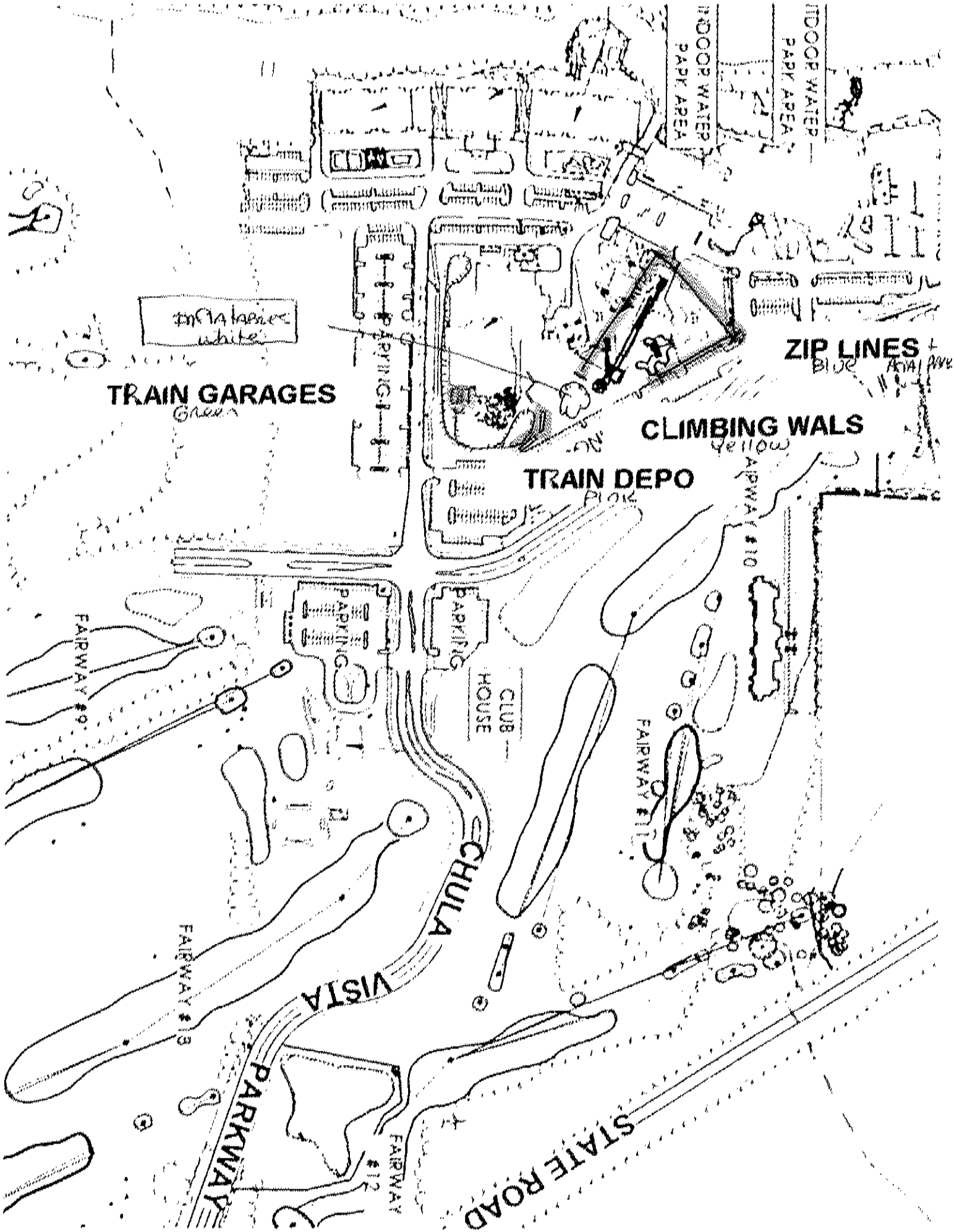


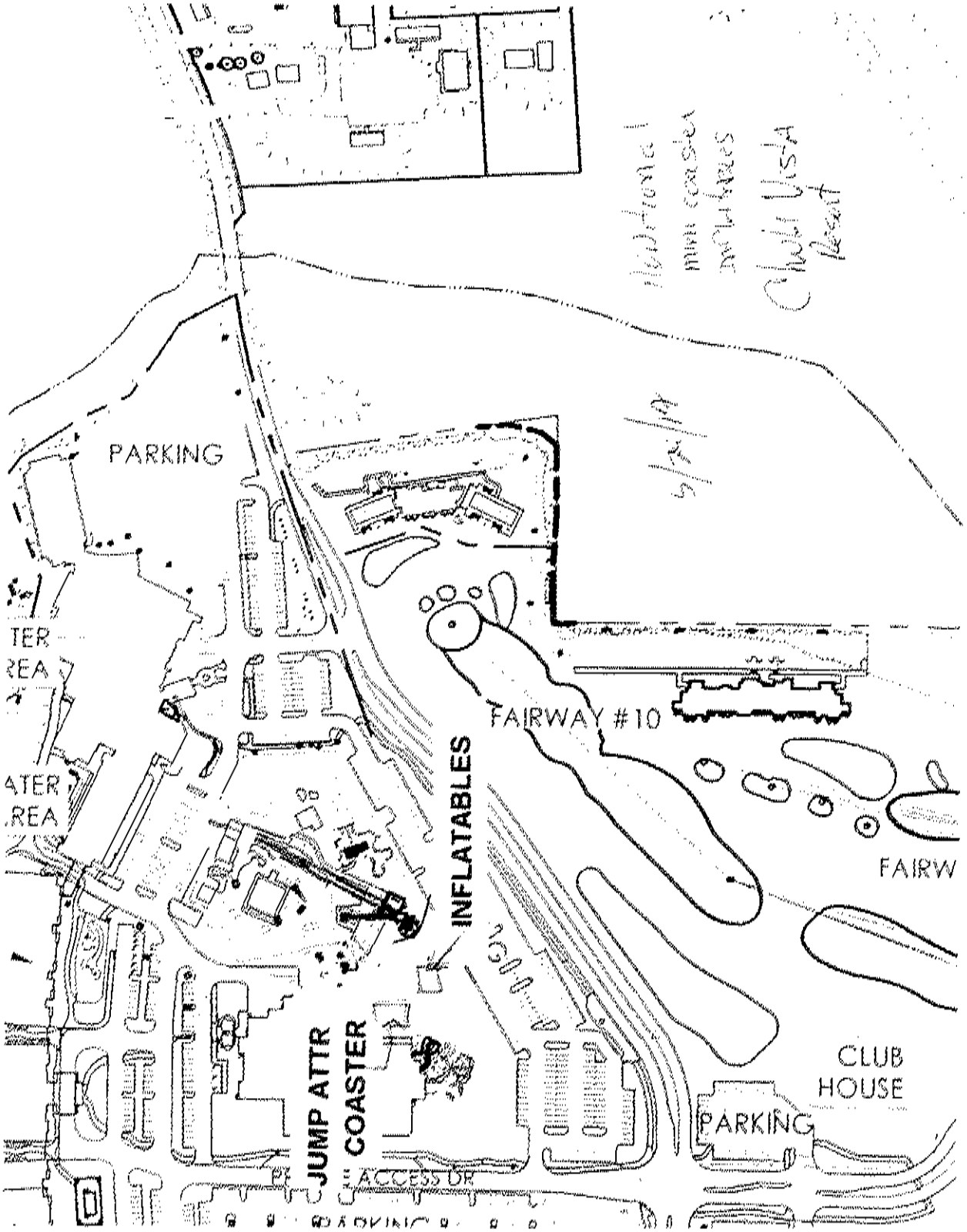
EXISTING GOLF COURSE
Chula Vista Resort
GTAM, LLC

City of Wisconsin Dells
Adams County, WI

General Engineering Company

C1.0


INDOOR WATER PARK AREA
INDOOR WATER PARK AREA
ZIP LINES
CLIMBING WALS
TRAIN DEPO
TRAIN GARAGES
PARKING
PARKING
PARKING
CLUB HOUSE
FAIRWAY #9
FAIRWAY #10
FAIRWAY #11
FAIRWAY #13
FAIRWAY #12
CHULA VISTA PARKWAY
STATE ROAD


PARKING
FAIRWAY #10
INFLATABLES
JUMP ATTR
COASTER
CLUB
HOUSE
PARKING
FAIRW

ITEM 33

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES a Conditional Use Permit to Nathan Grindstaff/Workforce Housing Solutions LLC, in order to allow a Seasonal Workforce Housing Facility at 511 Vine Street, with the contingencies in the staff report.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ____ ayes; _____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Conditional Use Permit – Seasonal Workforce Housing
511 Vine St.- new owner for Existing facility
Staff Report for Plan Commission, 6/14/2017

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Nathan Grindstaff on behalf of Workforce Housing Solutions, LLC for a Seasonal Workforce Housing Facility at the 511 Vine St. This property is in the C-1 Commercial – neighborhood Zoning District, which requires a Conditional Use Permit for Seasonal Workforce Housing.

This property has been operated as a Seasonal Workforce Housing facility for several years. The applicant intends to purchase the facility and continue to run it for Seasonal Workforce Housing.
It was a condition of the current owners CUP that any new owners of the facility obtain a new CUP from the City.
New operators of a Seasonal Workforce housing facility must obtain a one-time CUP for the use and then annually renew the Seasonal Workforce Housing license.

The current owner of this facility has managed and maintained the facility at a high level of quality. This office has not received any complaints about this facility, and inspections have found it to be one of the best maintained in the City.
The applicant has stated that they have been actively managing the facility for the current owner for the last couple of years, and wish to obtain full control of the facility. This office has no reason to believe the applicant will not continue the high quality management and maintenance of the facility, but wishes to make it clear to the applicant they will be expected to do so.

It has been past practice that any approval of a Group Lodging Facility use is granted solely to the current applicant, and cannot be transferred to another party. Any sale of the property will terminate the permit, and any subsequent owner will be required to obtain a separate CUP for this facility. Another past practice is to make it clear to the applicant that approval is contingent on continued diligence to the proper management of the facility. If the facility is deemed to become a nuisance to the surrounding properties, the permit may be revoked.
This property is located in a commercial area that is near a full grocery store, laundry, library, and other services the residences may need. This facility is away from the main commercial area but is still close to the center of town.
This use should not have a significant impact on the traffic circulation in this area.
As this use will take place in an existing facility, the effects on the natural environment will be minimal.
This use could have a negative effect on surrounding commercial properties, as employee housing can become a nuisance property if not properly managed. This property currently is in need of maintenance and the applicant is expected to address these items.

Approval of this permit may contain the following contingencies.
1. The permit is not transferrable, any new owner or operator of this facility must obtain a new permit.
2. The facility shall be properly maintained and managed to prevent it from becoming a nuisance.
3. The City is always provided with a current contact as the site manager. The City may contact this manager with any issues at the facility. That contact, included verbal only, will be considered "Official notice" of any enforcement items, and may be followed up with enforcement actions such as the issuing of citations.

Chris Tollaksen
City of Wis. Dells

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General Instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	$525.00
Receipt number	
Application number	14-2007

1. **Applicant information** Nathan Grindstaff on behalf of

Applicant name	Workforce Housing Solutions, LLC
Street address	3505 N. Main St.
City	Crossville
State and zip code	TN, 38555
Daytime telephone number	931-459-4474
Fax number, if any	
E-mail, if any	

2. **Subject property information**

Street address	511 Vine Street
Parcel number	1113 — Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	C-1 Commercial Neighborhood
Describe the current use	Workforce Housing

3. **Proposed use.** Describe the proposed use.

Workforce Housing for Employee's

4. **Operating conditions.** For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

Operation will be residential in nature.

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

None

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

Consistency with other similar properties and uses in this area.

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

None

c. The suitability of the subject property for the proposed use

Very Good

d. Effects of the proposed use on the natural environment

None

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

With proper management of the property there should be little effect.

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

Positive effects as these buildings will be continually updated and kept clean/tidy.

g. Effects of the proposed use on the city's financial ability to provide public services

Employee/Tenant Housing Rules and Regulations

To ensure that all MasterCorp staff utilizing employee housing have a safe, relaxing, and secure place to reside when they are not working. At a minimum, the following rules and regulations have been established. Each resident is required to adhere as described below. **(Employee/Tenant to initial next to each rule/regulation)**

_____ 1. Individuals who are not employed by MasterCorp are not permitted to reside in the housing unit.

_____ 2. All visitors are to vacate by 10:00 PM each night.

_____ 3. Quiet hours are 10:00 PM to 7:30 AM. It is expected activities and noise that may disturb others are not engaged between these hours.

_____ 4. Alcohol consumption by anyone under the age of 21 years or providing alcohol to anyone under the age of 21 years is prohibited.

_____ 5. The use or storage of any illegal substances on the property is prohibited.

_____ 6. Possession, storage or use of any item which may be a weapon (firearms, explosives/fireworks, poisons, paintball, BB gun/pistol, rifle, pistol, bows, arrows, knives) is prohibited.

_____ 7. Smoking, of any substance, inside units or in any common area is prohibited.

_____ 8. The unit and all common areas are to be kept neat, clean, sanitary and uncluttered at all times.

_____ 9. No items are to be hung outside or left on patios or balconies.

_____ 10. Creating a potential fire hazard and/or disabling and/or removing smoke detectors, fire alarms, or fire extinguishers is prohibited.

_____ 11. Should your unit be equipped with a fireplace, operation/use of the fireplace is prohibited. Any resident who uses the fireplace will be subject to a fine of $50.00 for each offense.

_____ 12. Residents are expected to adhere to parking policy. Each unit is allotted _____ parking spaces to be equally shared by those needing to park their vehicle.

_____ 13. Storage of disabled vehicles and/or vehicle repair on property is prohibited.

_____ 14. Accommodations are provided based on double occupancy for each bedroom.

_____ 15. Only same sex residents may reside within each unit. (Exception may be given for married couples only.)

_____ 16. All furnishings provided to include but not be limited to: bed, bedding, large and small appliances, dishware, are to be maintained and safeguarded against damage and/or theft. Fees may be collected for missing or damaged items.

_____ 17. All pets/animals are prohibited.

_____ 18. All maintenance issues i.e. water leaks, electrical outages, pests, should be reported to management as soon as possible.

_____ 19. There will be a $30.00 fee to replace any lost key or gate card.

_____ **Failure to follow the above rules and regulations may result in eviction.**

_____ **Termination of employment with MasterCorp, Inc. WILL result in eviction.**

_____	_____	_____
Employee/Tenant Name(print)	Employee/Tenant Signature	Date
_____	_____	_____
MasterCorp Manager Name(print)	MasterCorp Manager Signature	Date

SUMMARY OF PLANS FOR CARTER'S MOTEL, 511 VINE ST, WISCONSIN DELLS

In addition to the information supplied in the Conditional Use Application, Nathan Grindstaff on behalf of Workforce Housing Solutions, LLC offers the following information regarding Management of the premises:

The property has had as tenants MasterCorp, Inc. which the occupants are employed with, for a number of years and which the purchasing entity will retain as a tenant going forward. Therefore, the property will maintain the same number of occupants and will operate in the same manner as it has over the last few years under Paris Investments, LLC.

The property will also have active management from area managers to ensure that any noise or disturbance from the occupants are handled quickly and thoroughly. The current tenant is a cleaning company for the Hospitality Industry and they pride themselves in the cleanliness of both their properties and employees. All occupants are required to sign an Employee Housing Agreement that contains Housing Rules (Attached). These rules are meant to ensure that the occupants behave in such a manner that creates a safe, relaxing and secure place to reside. If the occupant/employee violates one of these rules then they could lose their employment with the tenant and be evicted from the premises. This tenant requires the managers to be in the area at all times. These active managers include the following individuals:

Shawn Williams- Regional Director (First point of contact)
Cell: 608-495-0324
Email- shawn.williams@mastercorp.com

Nicholas Stenzel- Executive Housekeeper at Christmas Mountain
Cell: 630-862-4458
Email: nicholas.stenzel@mastercorp.com

Bradley Halford: Executive Housekeeper at Glacier Canyon
Cell: 443-771-3959
Email: Bradley.halford@mastercorp.com

Shawn Williams will be the point of contact that the city should use in the case of any issue or concern that should arise regarding the occupants. He will ensure that any issue that comes up will be promptly and efficiently handled. These managers have experience in managing Workforce housing and will work hard to ensure that the property is kept clean, safe, and up to date. Please know that it is the intention of the buyer to always fully cooperate with the planning and zoning administrator in all matters related to this property.

Sincerely,

Nathan Grindstaff
Secretary of Workforce Housing Solutions, LLC
(931) 248-0858

ITEM 34

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES a Conditional Use Permit to Joyce & Hollis Kleier in order to allow an Overnight Lodging Facility at 925 Broadway, the former Broadway Motel, with the contingencies in the staff report.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Conditional Use Permit – Broadway Motel
925 Broadway Rd
Staff Report for Plan Commission, 6/14/2017

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from Joyce & Hollis Kleier for an Overnight Lodging Facility at the Broadway Motel located at 925 Broadway Rd. This property is in the C-2 Commercial-downtown Zoning District, which requires a Conditional Use Permit for Overnight Lodging.

The applicants intend to purchase this facility contingent on their ability to re-open it as an Airbnb. The applicants have been informed that this use would be considered a motel due to the short term rentals of the property, regardless of the fashion in which the rooms are booked. The applicant was also informed that the facility would be required to obtain a license from the State and pay all applicable taxes associated with the rental of the facility, included the local room tax and premier resort tax. This facility is immediately adjacent to residential properties to the west and north.

The intention to rent the facility as an Airbnb implies the facility will not be managed as a standard motel, and possibly not have 24-7 on-site supervision. Such a use carries some concerns. The applicant has stated that they intent to have a family member live on-site for the first year to get the facility up and running smoothly. However, after that time they intend to place the single family home on the property in the rental pool, and have a local manager who live about 5 miles away manage the property. If this were to be permitted, the name and contact information of the local manager must be supplied to the City with current information.

This facility currently does not hold a valid permit to operate any commercial activity on the premise. The facility is rather old and in need of substantial remodeling and rehabilitation. There City currently has property maintenance orders out to the owners of the facility for general maintenance requirements.

The applicants have stated that they intend to invest $100,000 to $150,000 in the facility. The have stated they have a history of purchasing dilapidated homes and rehabilitating them into high end "vacation rentals by owner" (vrbo), but have not operated a multi-unit facility before. The City has no references for the applicant. This facility is in the C-2 Commercial – downtown Zoning district and is subject to the Design Standards and approval by the Design Review Committee of any work they do on the property.

When last inspected, this facility had 8 rooms; 7 of the rooms were approximately 200 sq ft with 1 of the rooms about twice as large. There were a second larger room that was being utilized for storage, as well as a garage on the property, and the single family residence.
There appeared to be space for 7 or 8 cars to park at this facility. Since the facility is in the C-2 Commercial-downtown zoning district, there is no parking requirement. However, the standard parking requirement in the zoning code for motels facilities is 1 space for each room plus 1 space for each employee. 2 spaces are required for a single family house. The total parking standard from the zoning

code would be 2 spaces for the house and 1 space for each room (all under 400 sq ft), for a total of 10 spaces.
Returning this facility to a motel use would bring it more in line with the Comprehensive plan for this location as a commercial use.

The proposed use of this facility may cause parking problems at this facility. However, this is an existing facility in the C-2 district without a parking requirement. Still, the applicant would be expected to cooperate with the City if parking issues arise. This could include limiting the number of rooms that may be rented on any one night.

As this facility already exists, these uses pose no addition impact on the natural environment. It would seem facility without 24-7 supervision and management would have a higher potential to be a nuisance to surrounding properties and this facility is adjacent to residential uses. This facility is also surrounded by commercial properties, and poor property maintenance could have a negative impact on the ability of these businesses to attract customers. On the other hand, this facility was already in a state of severe distress, and if done properly, the applicant's rehabilitation of the property could be a significant improvement.

As this facility already exists, it is not a new hindrance to future development of this area. If this property were improved it could be an improvement to the area.

The execution of the proposed rehabilitation of this facility is a significant factor in this proposed use.

Approval of this use should come with the following conditions:

1. The applicant complies with the Design Standards and recommendations of the Design Review Committee.
2. The applicant maintains all applicable licenses and permits and pay all applicable taxes.
3. The applicant addresses any parking concerns that may arise, potential limiting the maximum occupancy of the facility.
4. The facility is managed and maintained to a high level of quality. Failure to do so could result in revocation of this permit.
5. The City always has current and valid contact information for the site manager. This person is responsible for receiving and addressing any issues that may arise. Any notices of violations given to this person, even verbally, shall be considered official notice.
6. The applicant cooperates with the City to address any nuisances that may arise from this facility.

* Yes
Optional

1. An on-site manager must live at the facility.

Chris Tollaksen
City of Wis. Dells Public Works

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General instructions: Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, [illegible] to contact the zoning administrator at [illegible]. You may retain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee	$625.00
Receipt number	60167
Application number	

1. Applicant information

Account name	Hollis & Joyce Kleier
Street address	201 Breeze Terrace
City	Argyle
State and zip code	WI 53504
Daytime telephone number	608-558-8123
Fax number, if any	
E-mail, if any	joycekleier@gmail.com

2. Subject property information

Street address	925 Broadway Wisconsin Dells WI
Parcel number	Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	
Describe the current use	Motel - Not in operation for a while

3. Proposed use. Describe the proposed use

We would continue to use the property as a motel - air bnb or vaction rental. We are planning to invest $100,000 to 150,000 in renovations and amenities for guests to use as short term rentals

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

Operating conditions will have minimal effect on the surrounding area. Onsite ~~traffic~~ parking will keep traffic to a minimal amount. Quiet hours will be managed by our onsite management or possible management within 15 min. Maintenance tasks will be done during normal business hours

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

5. Off-site effects: Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, storage, and hazardous materials.

We would be low volume, short term rental and would have minimal effect on surrounding area. Parking is onsite and quiet hours will be maintained by staff.

6. Review criteria: The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.37(7) of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any.

N/A

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site.

minimal we provide onsite parking.

c. The suitability of the subject property for the proposed use.

This was the intended use of the property.

d. Effects of the proposed use on the natural environment.

minimal, this is the intended use of the property.

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances.

It is consistent with other motels in the area.

f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district.

Attract more business in this area of the Dells.

g. Effects of the proposed use on the city's financial ability to provide public services.

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

We will be hiring local cleaning and maintenance companies in area to support local business. We will also be investing 100K-150K to help increase property value.

7. Project map: Attach a scaled map showing the information as listed at the end of this application. Use one of the following page sizes as appropriate: 8½" x 11", 11" x 17", or 24" x 36".

8. Applicant certification:

- I certify that the application is true as of the date it was submitted to the City for review.
- I understand that I may be charged additional fees (above and beyond the initial application fee) consistent with the agreement below.

Jayne M Klier	5/23/17
Applicant Signature	Date

Governing Regulations	The procedures and standards governing this application process are found in Chapter 19, Article 4, Division 6, of the City's Municipal Code.

Reimbursement Agreement for Application Review Costs

A. Payment for Eligible Costs
By submitting this application for review, the applicant agrees to pay all administrative costs incurred by the City in the processing, study, and review of the application including costs for planning, legal, engineering, and related services, referred to herein as eligible costs.

B. Guarantee of Payment
To guarantee reimbursement, the applicant shall submit one of the following along with this application:
1. an irrevocable letter of credit in the name of the City in an amount as set by the zoning administrator, or
2. a cash deposit in an amount as set by the zoning administrator.

If a cash deposit is used to guarantee reimbursement, the City will periodically deduct from the cash account such amounts necessary to pay for eligible costs and submit a written statement to the applicant. If a letter of credit is used, the applicant agrees to pay such amounts as invoiced within 7 days of the invoice date. An interest rate of 1½ percent shall be charged on invoices not paid within 30 days of the invoice date. The City shall access the letter of credit to pay for overdue invoices, including late penalty charges, and submit a written notice to the applicant.

If remaining monies in the cash account are insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to deposit additional monies into the cash account in an amount as set by the zoning administrator. If the principal amount of the irrevocable letter of credit is insufficient to pay for current and reasonably anticipated eligible costs, the applicant agrees to submit a second letter of credit in an amount as set by the zoning administrator. The applicant may withdraw this application prior to final action by the City Council by submitting a written letter to the City. Upon such notice, the City shall cease all work related to the review of the application. However, withdrawal of this application does not terminate this reimbursement agreement.

If the applicant does not pay for eligible costs, the City Clerk/Treasurer shall add the outstanding balance to the tax roll as a special assessment against the subject property. In addition, the City may pursue other legal means to obtain the outstanding balance as allowed by law.

C. Termination of Guarantee
If a cash deposit is used to guarantee reimbursement, the City agrees to reimburse the applicant any unused monies in the cash account, including earned interest, within 60 days of the date when the City Council takes final action on the application. If a letter of credit is used, the City shall send a written letter to the applicant releasing the applicant from the letter of credit when all outstanding invoices have been paid.

Jayne M Klier	5/23/17
Applicant Signature	Date

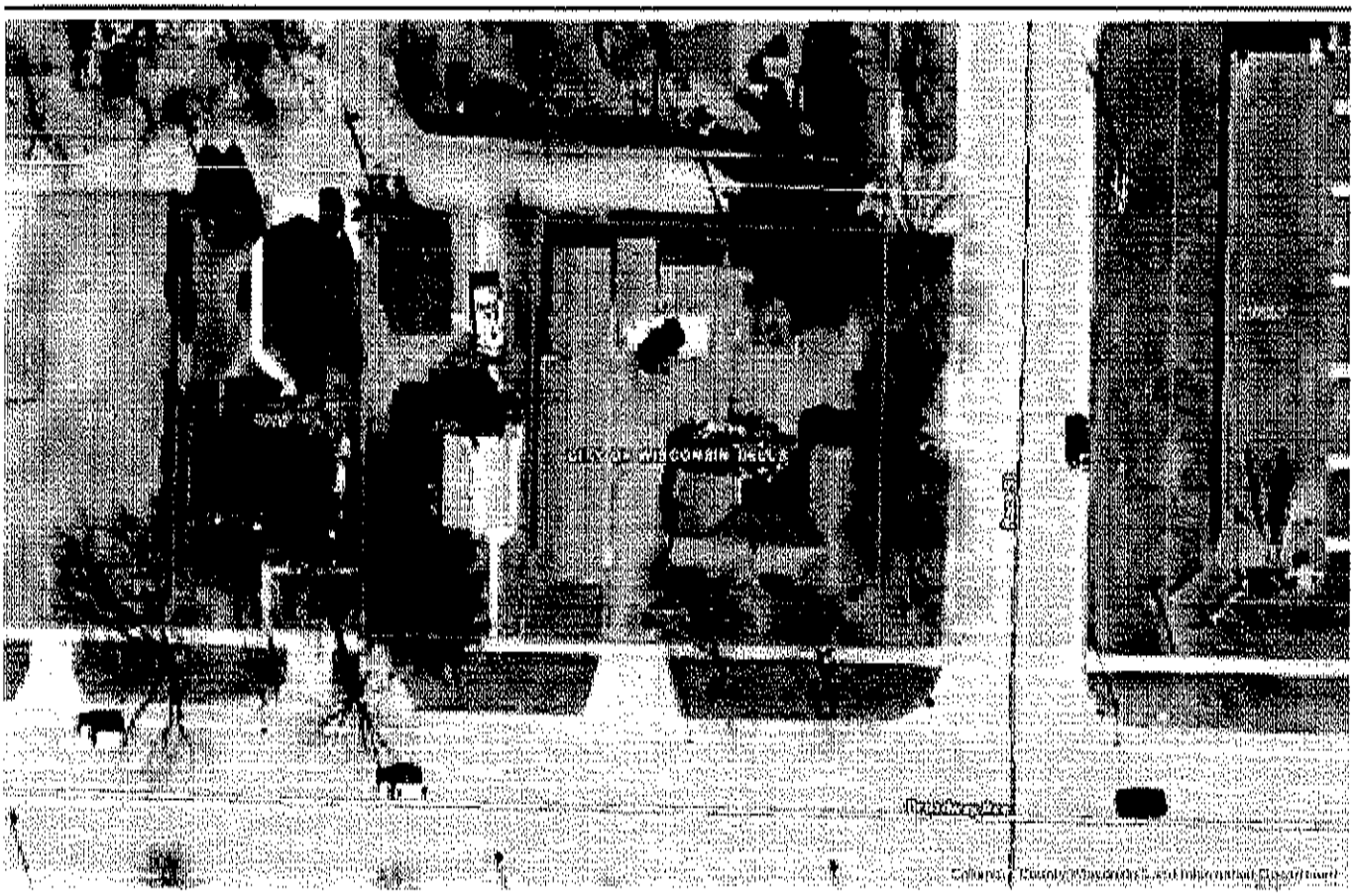
Columbia County, WI

Tax Parcel Map

MAP SCALE 1:460

SOURCE Columbia County Land Information
www.co.columbia.wi.us/ColumbiaCounty/LandInformation

DATE May 25, 2017



ITEM 35

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

> IT APPROVES a Conditional Use Permit to WD CEF LLC (Holly and Corey Waterman) in order to operate a Sports/Fitness Facility in the garage at 820 Vine Street, with the contingencies in the staff report. No parking in the back of the facility.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; _____ nays _____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

Conditional Use Permit – WD CEF, LLC Fitness Facility
Columbia County, Wisconsin Dells Parcel 11291-1005
Staff Report for Plan Commission, 6/14/17

The City of Wis. Dells has received a Conditional Use Permit (CUP) application from WD CEF, LLC (Holly and Corey Waterman) for a SPORTS/FITNESS FACILITY. The use is proposed on Columbia County, City of Wis. Dells parcel 11291-1005, which is the location of the Dennis Electric shop in a four car garage behind a detached single family home at 820 Vine St. This area is zoned C-1 Commercial-neighborhood.

The proposed use is a Fitness class. The applicant currently conducts their fitness classes out of a property on Broadway in the C-2 Commercial-downtown Zoning district. The applicant has stated they will hold 1 hour fitness classes at 5-6am, 8-9am, and 3:30-6:30pm (+- 30 minutes). The applicant has also stated that this Fitness facility would not be open to the public outside of the class hours. The applicant has stated they currently average 8 (+- 2) people in a class, who typically have 6 cars.

This facility is currently in use for Skilled Trades services, which would be vacating the facility entirely. The intent is for the existing single family home to remain. Both Skilled Trades services and Sports/Fitness facilities are allowed in the C-1 district with a Conditional Use Permit.

The C-1 Zoning District is intended to accommodate low intensity commercial activities that serve residents rather than tourists. This facility is a bit odd, in that it shares a premise with a residential use. The parcel is a bit oversized, being comprised of 1.5 lots. This parcel is approximately 12,300 sq ft. A minimum parcel size is 7,200 sq ft. Currently, if a parcel owner wanted to establish 2 principal uses the City would want the parcel to be at least as large as 2 minimum sized parcels, or 14,400 sq ft. Therefore, the commercial use on this parcel would be considered an existing non-conforming use. The Zoning code allows a non-conforming use to change to a different non-conforming use.

While the proposed Fitness use is conditionally permitted in this Zoning District, the existing alley access seems like more of a concern for the proposed use than the existing use. The existing use has limited traffic, in that no customers visit the site and it is only utilized by employees. The proposed use requires customers to visit the site, bringing commercial traffic to what is otherwise a residential alley.

The standard concerns with any new use would be adequate parking, smooth traffic flow, garbage pickup, and nuisances to surrounding properties. The zoning code would normally require around 10 parking spaces for this facility. However, because the site already contains an existing use, and the Zoning code only requires parking for increase in spaces required from the old use to the new use. The existing use would require around 4 parking stalls. Therefore, the code would require about 6 parking stalls for this new use. The applicant has stated they expect to need 6 stalls. There appears be space off the alley for 3 legal stalls.

The applicant has indicated that they intend to park 6 cars perpendicular to the alley along their building, and would also like to utilize on-street parking for any additional needs they may have. It does not appear there is enough room from the building to the alley to accommodate a legal parking stall (19 ft). There appears to be 35 ft with 18 ft from the building to the alley and 40 ft with 16 ft from the building to the alley. Perpendicular parking along the building would likely encroach into the alley. There appears to be adequate space for 3 parallel stalls along the alley.

In addition to encroaching on the alley when parking, the increased parking adjacent to the alley would increase the traffic within the alley. As an alley rather than a street, this area is not designed for heavy traffic. At 20 ft wide, and alley is not wide enough to allow 2-way traffic.

There would be space for additional parking to be installed on the other side of the building, which would be accessed from Vine St. It appears there is width for 7 stalls perpendicular to the building. However, there does not appear to be access into the building from the back side. In addition, access to the back side of the garage building would require people to go through the residential driveway on the property. As a single property they may be able to share the drive, but it would not be an ideal situation. The applicant has stated they do not want to add parking on the back side of the building, and would not utilize this site if they had to remove the house to accommodate parking.

Without installing adequate parking on the west side of the building, it would seem utilizing on-street parking would be better than utilizing sub-standard parking along the alley.

The City can approve the CUP to allow a use to begin without all the parking spaces required by code, with the condition that the parking spaces to be added in the future if they are deemed necessary by this City in its sole discretion. Normally, this would occur when an applicant presents a reasonable justification that all the spaces required by the code are not necessary in reality, and that they will be able to provide adequate parking for their use without constructing the number of parking stalls required by the code. This application would be different, as the applicant has stated that they intend to use non-standard or on-street parking for their business.

Due to this being an existing commercial structure, it seems that a Conditional Use could be issued, with the contingency that the proper off-street parking stalls and building access be installed if deemed necessary by the City in its sole judgment. As with any new use, but especially given the unusual nature of this property, any approval should be contingent on the applicant cooperating with the City to adequately address any nuisances that may occur.

Any approval should carry the following conditions: No Parking in back.

1. ~~The applicant install proper parking and building access, approved by the City, if it is deemed necessary by the City in its sole judgment.~~

2. The use of the facility is limited to the 3 stated blocks of time (+- 30 min). Any increased use may require additional approval by the City.

3. The applicant cooperates with the City to adequately address any nuisances that may occur.

Chris Tollaksen
City of Wis. Dells
6/9/2017

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

General Instructions. Complete this application as it applies to your project and submit one copy to the zoning administrator along with the required application fee. Before you formally submit your application and fee, you may submit one copy to the zoning administrator who will ensure it is complete. If you have any questions, don't hesitate to contact the zoning administrator at 608-253-2542. You may obtain a digital copy of this file from the zoning administrator.

- Office Use Only -

Initial application fee: $525.00
Receipt number: 59963
Application number: CUP 10-200

1. Applicant information

Applicant name: WD CEF, LLC.
Street address: 5897 Clara Ave.
City: Wis. Dells
State and zip code: WI, 53965
Daytime telephone number: 608-844-0456
Fax number, if any:
E-mail, if any: LC24098@yahoo.com

2. Subject property information

Street address	820 Vine St.
Parcel number	1129-1005 — Note: the parcel number can be found on the tax bill for the property or may be obtained from the City.
Current zoning classification(s)	C-1 Commercial Neighborhood
Describe the current use	Rental home & business (Electrical business w/ work area & storage)

3. Proposed use. Describe the proposed use.

Rental home stays as is
4 stall garage would be used as a fitness facility

4. Operating conditions. For non-residential uses, describe anticipated operating conditions (hours of operation, conditions that may affect surrounding properties, etc.)

We currently operate on Broadway. We are a studio with all class times that are one hour long w/ an instructor - Class times are 5-6a, 8-9a, 3:30-6:30p We change the schedule every few months, but those are the time slots +/- 30 minutes

CONDITIONAL USE APPLICATION
Wisconsin Dells, Wisconsin
Version: May 21, 2007

5. **Off-site effects.** Describe any potential nuisances and mitigating circumstances relating to street access, traffic visibility, parking, loading, exterior storage, exterior lighting, vibration, noise, air pollution, odor, electromagnetic radiation, glare and heat, fire and explosion, toxic or noxious materials, waste materials, drainage, and hazardous materials.

Our class size is generally 8 people (+/- 2) we would need 6 spaces for cars as that is typically what we see now.

6. **Review criteria.** The plan commission in making its recommendation and the common council in making its decision must consider the factors listed below. Provide a response to each. (See Section 19.373 of the Municipal Code.)

a. Consistency of the proposed use with the city's comprehensive plan and neighborhood plan or other subarea plan, if any

We are a community based business providing a place of health & fitness to our residents.

b. Effects of the proposed use on traffic safety and efficiency and pedestrian circulation, both on-site and off-site

Minimum # of people, there would be little to no impact on traffic & it is only for certain times of the day

c. The suitability of the subject property for the proposed use

The garage as it is now is a perfect set up for a fitness facility (i.e. bathroom, office, rolling doors)

d. Effects of the proposed use on the natural environment

None.

e. Effects of the proposed use on surrounding properties, including operational considerations relating to hours of operation and creation of potential nuisances

We are not open past 7pm. Our members leave the gym & orderly head to car & go home.

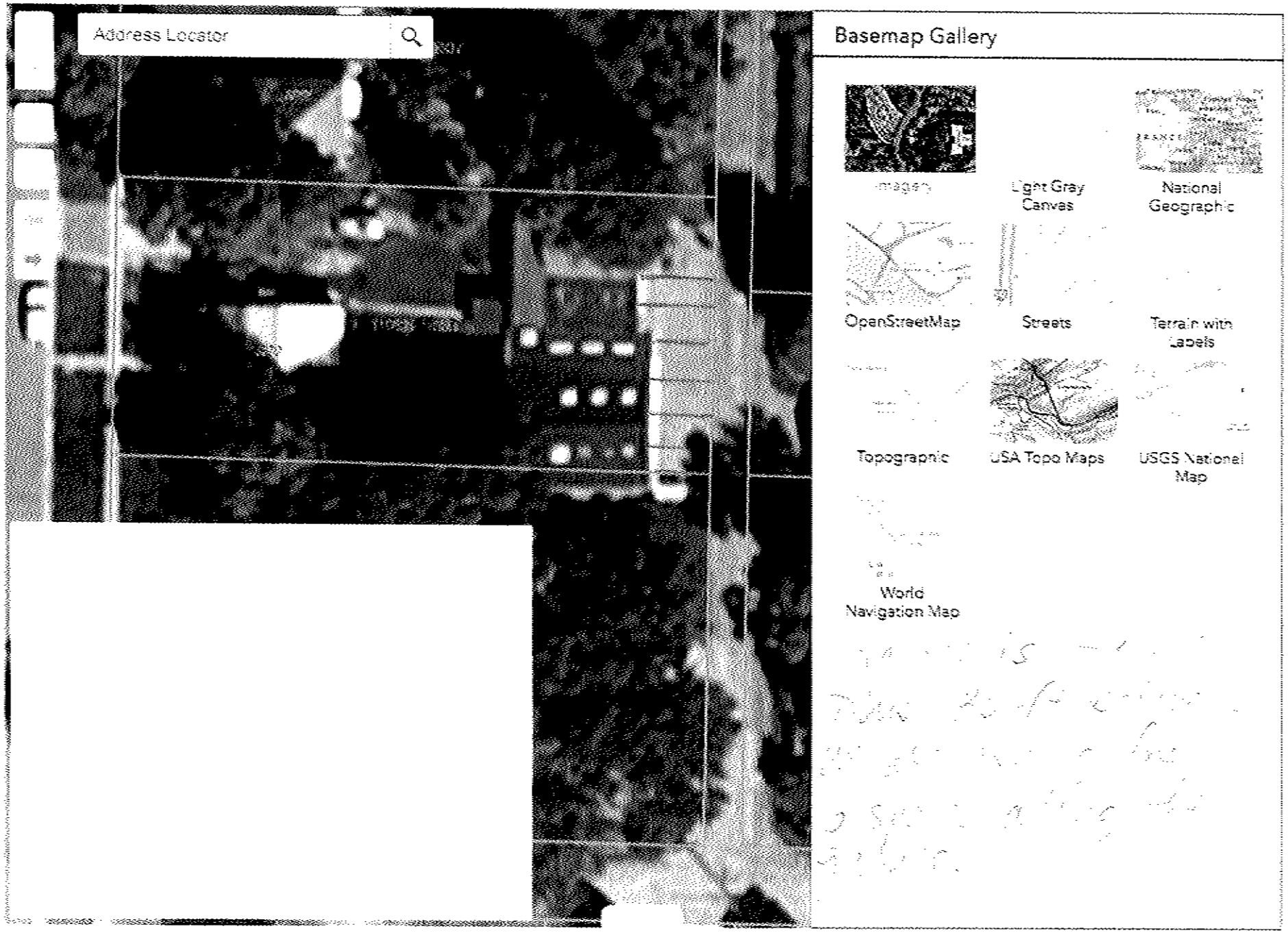
f. Effects of the proposed use on the normal and orderly development and improvement of the surrounding property for uses permitted in the district

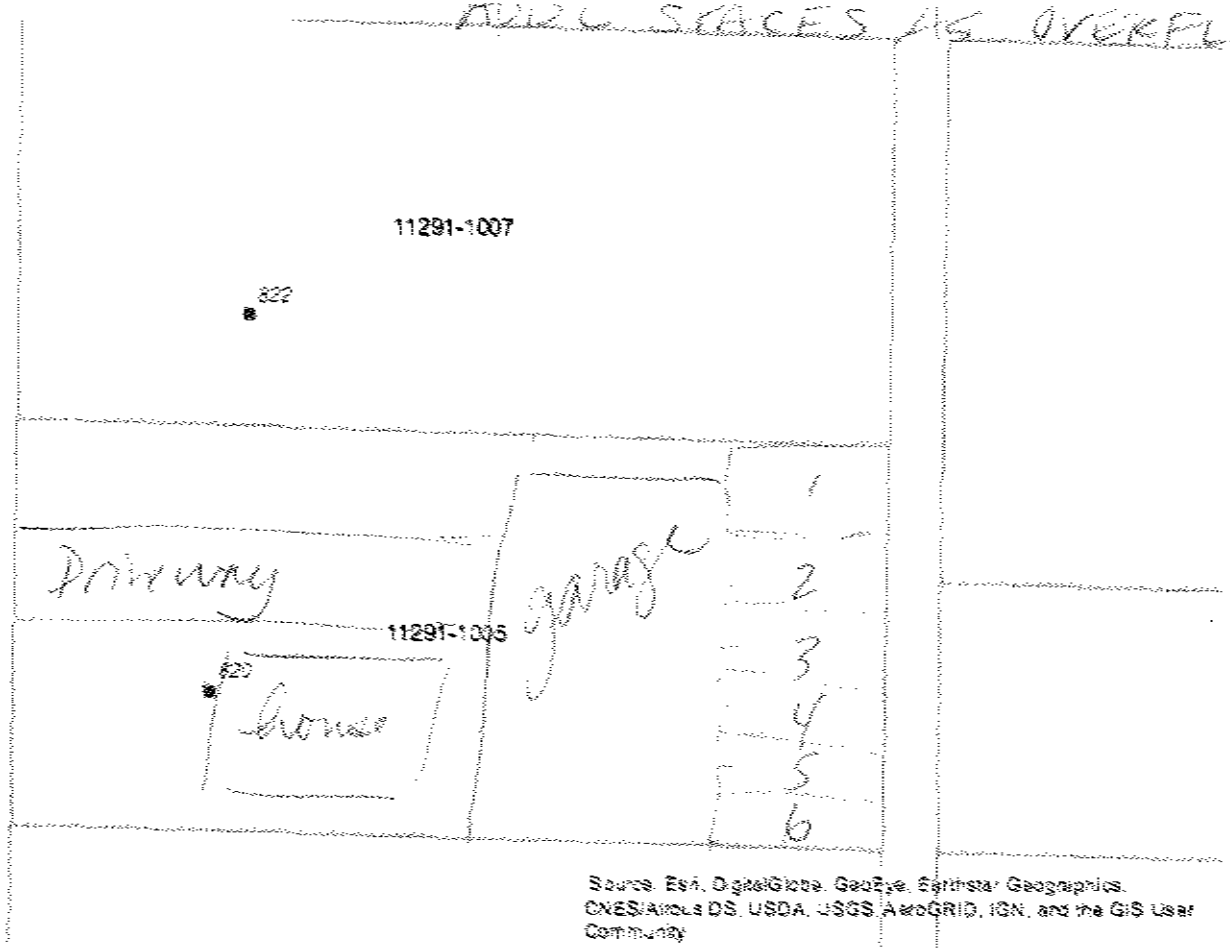
None

g. Effects of the proposed use on the city's financial ability to provide public services None

Property Map App

City Website ArcGIS Online Home





We are requesting 6 spaces along alley & client parking if necessary.

April 30th, 2017

To:

City of Wisconsin Dells
Parking Commission

From:

Waterman Investments, LLC. (Land owner)
WD CEF, LLC. dba Cutting Edge Fitness (Tenant)

Re:

Conditional Use Permit to operate a fitness facility and allow for 6 parking stalls

Members of the Committee:

Please find our attached application for a conditional use permit for the use of the garage, currently occupied by Dennis Electric, as a fitness facility.
Thank you for your consideration and please do not hesitate to contact Holly Waterman, or Cory Waterman may you need any additional information or have any further questions.

Holly Waterman 608.844.0456

Cory Waterman 6098.963.0336

ITEM 36

RESOLUTION NO. _____

BE IT HEREBY RESOLVED by the City of Wisconsin Dells, Columbia, Sauk, Adams and Juneau Counties, Wisconsin, that based upon the recommendation of the CITY PLAN COMMISSION from their June 14, 2017 meeting;

IT APPROVES the Certified Survey Map requested by Olson Boat Company, Paul Olson.

_____
Brian L. Landers, Mayor

_____
Nancy R. Holzem, City Clerk

Vote: ___ ayes; ____ nays ____ abstention
Date Introduced: June 19, 2017
Date Passed:
Date Published:

CSM
Mark Carlson for Paul Olson
Sauk Co Parcel 291-0089-10000

The City has received a CSM to split that portion of Sauk Co tax parcel 291-0089-10000 that lies between South Frontage Rd and STH 13. There are no apparent issues with this land division. However, this parcel also contains a strip of land that wraps around the West, south, and east side of the Wei's Chinese restaurant property. Before this land division can occur, the rest of this parcel must be addressed.

The owner of the property, Paul Olson, has stated that the parcel surrounding the restaurant would be combined with the restaurant parcel (29-0089-10000), which would be the ideal situation.

The City can approve this CSM with the condition that the southern portion of the property be addressed. This office will hold this CSM unsigned until there is verification that the southern property concern has been resolved. This office can than release the CSM to be signed by the City and recorded at the County to complete this action.

Approval of this CSM should be contingent on the portion parcel 291-0089-10000 south of South Frontage Road being combined with parcel 291-0089-30000.

Chris Tollaksen
City of Wisconsin Dells
Planning & Zoning

SAUK COUNTY CERTIFIED SURVEY MAP No. _____

Located in Lot 2, CSM No. 1655, NW1/4-NW1/4, Section 9, T13N, R6E, City of Wisconsin Dells, Sauk County, Wisconsin.

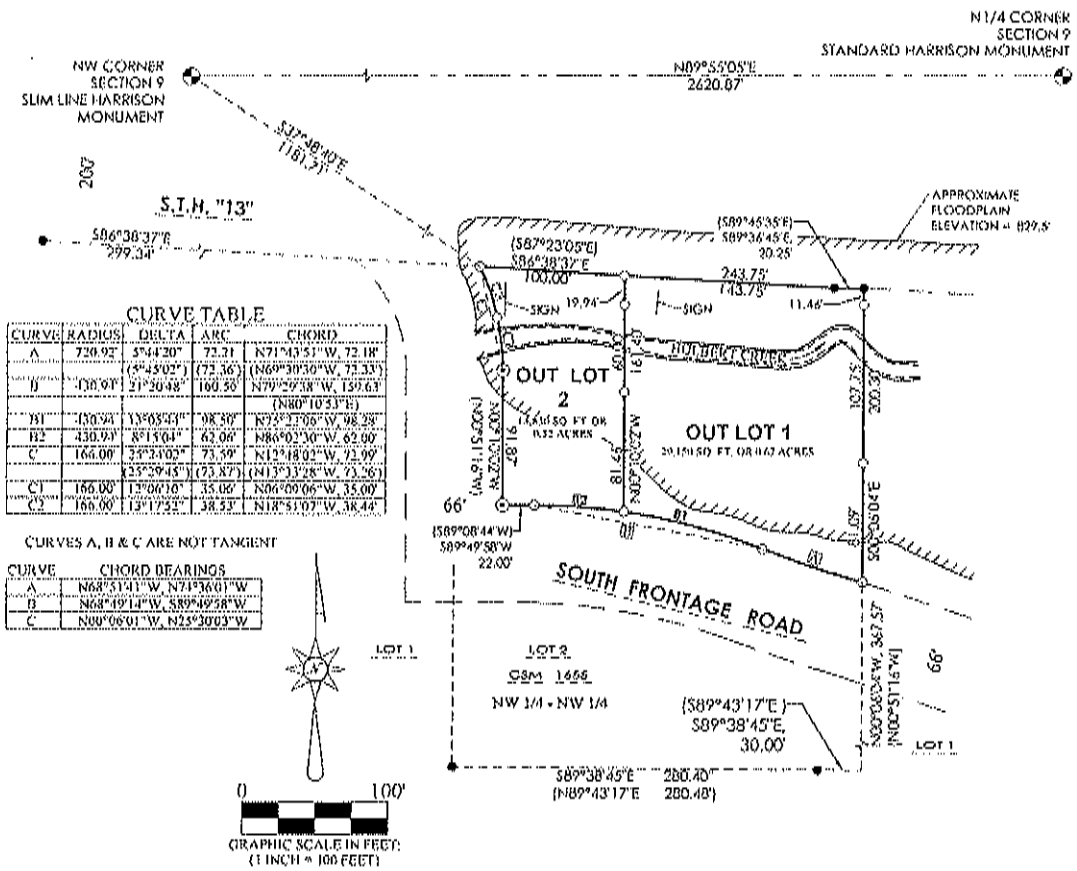
Client and Owner: Olson Boat Company, c/o Paul Olson, PO Box 128, Breckenridge, CO 80424

Carlson Surveying, Div. of General Engineering, P O Box 340, Portage, WI, 53901 Phone (608) 742.2169

Bearings are referenced to north line of NW1/4 of Section 9 which bears N89°55'05"E, Grid north, Sauk County Coordinate System, NAD 83(97).

WISCONSIN
MARK C CARLSON
S-2021
Baraboo, WI
LAND SURVEYOR
Mark C Carlson
6-8-17

- ⊕ = Found 1 1/4" iron pipe
- • = Found ¾" round iron rod
- ◐ = Found government corner (as shown)
  All ties were found and verified
- ○ = Set ¾" x 24" round iron road weighing 1.5#/lin. ft.
- ( ) = Recorded as
- //// = Approximate edge of Floodplain & Wetland area



CURVE TABLE

CURVE	RADIUS	DELTA	ARC	CHORD
A	720.92'	5°44'20"	72.21	N71°43'51"W, 72.18'
		(5°45'02")	(72.36')	(N69°39'30"W, 72.33')
B	438.93'	21°30'48"	160.38'	N79°29'38"W, 159.63'
				(N80°10'53"E)
B1	430.93'	13°05'44"	98.50'	N73°22'06"W, 98.28'
B2	430.93'	8°15'04"	62.06'	N86°02'30"W, 62.00'
C	166.00'	25°23'02"	73.59'	N13°18'02"W, 72.99'
		(25°29'45")	(73.87')	(N13°33'28"W, 73.26')
C1	166.00'	12°06'16"	35.06'	N06°09'06"W, 35.00'
C2	166.00'	13°17'52"	38.53'	N18°51'07"W, 38.44'

CURVES A, B & C ARE NOT TANGENT

CURVE	CHORD BEARINGS
A	N68°51'41"W, N71°36'01"W
B	N68°19'14"W, S89°49'58"W
C	N00°06'01"W, N25°30'03"W

ITEM 37

16.06 SEASONAL WORKFORCE HOUSING FACILITIES

(1) Definition. In this section, "Workforce Housing Facility" means:

(a) A single family dwelling unit occupied by more than four unrelated persons.

(b) A building or buildings ~~formerly~~ *originally* operated and occupied as a hotel or motel, ~~now occupied for~~ *with any* limited term residential purposes *occupants*; i.e., *staying at the facility* for more than thirty (30) days in a sixty (60) day period.

(c) A dormitory; i.e., a building or buildings with private or semi-private rooms and sleeping areas for residents along with common bathroom facilities, cooking/eating areas, and recreation areas.

(2) Exclusions. The following are not Workforce Housing Facilities:

(a) Hotel, motel or other facilities regulated under DHS 195 *with all occupants in the facility for less than thirty-one (31) days in a sixty (60) day period*; or, a single family dwelling on the premises of a hotel, motel or other facility regulated under DHS 195, used as living quarters for the operators or managers.

(b) Bed and breakfast established regulated under DHS 197.

(c) Apartment building in which the individual units meet the minimum standards of a multi-family facility including each units having a minimum of 300 sq. ft. and complete kitchen and bathroom facilities.

(d) Residential facilities for senior citizens or disabled persons licensed by the state.

(e) Single family residence (with full kitchen and bathroom facilities and minimum 850 sq. ft.), separate from the workforce housing units, occupied as a permanent dwelling for the on-site manager of a workforce housing facility.

(3) License Required; Term and Inspections.

(a) No person may maintain or operate a *Seasonal* Workforce Housing Facility in the City without a *Seasonal* Workforce Housing Facility License issued by the City.

(b) The licens*ing* ~~term~~ *period* shall be one (1) year; ~~subject to designated use and occupancy periods~~ *May 1st through April 30th*.

(c) ~~If a facility will be occupied during the months of November through March, the City may conduct a supplemental inspection of the premises~~. *The premises shall be inspected at the time of the initial application and annually in connection with a renewal; and at such other times as deemed necessary to assure occupant safety and code compliance.*

(4) Exclusive Use. A facility licensed under this section may not be operated as a business licensed under DHS 195 or 197.

(5) Application. Applicants for a *Seasonal* Workforce Housing Facility License shall make written application on forms provided by the City not later than sixty (60) days prior to the anticipated occupancy date of the facility. The application shall include the following:

(a) Site plan of the facility showing the location of units, common areas, laundry facilities, parking and waste disposal areas.

(b) Contact information for the owner/operator of the facility and for the on-site management and maintenance personnel.

(c) Narrative summary of facility supervision and maintenance plans and procedures.

(d) Plan to separate and screen the facility from any adjacent residence district premises.

(e) Facility rules.

(f) Proof of insurance with carrier and agent contact information.

(g) Title report or evidence.

(6) *Initial and Renewal Application Procedures.*

(a) Initial Application.

1. Initial application for a Seasonal Workforce Housing Facility (SWHF) license shall be accompanied by a Conditional Use Permit (CUP) application. The CUP and SWHF applications may proceed simulationously.

2. Initial SWHF license applications shall be accepted and reviewed by the Planning & Zoning Administrator, who shall prepare and submit a staff report and make recommendation to the appropriate committee(s). The committee(s) shall make a recommendation ot the Common Council which shall approve or deny the license.

3. Approvals may include contingenicies, conditions and restrictions. Denials shall be based upon specific reasons.

(b) Renewal Applications.

1. Each application for license renewal shall include updated information and payment of applicable fee. The Zoning Administrator shall verify that the information provided on the license renewal application is complete and in accordance with the requirements of this Section. The Zoning Administrator shall forward the application to the Police

Department for their recommendation regarding any complaints received, calls for service or any actions taken regarding the licensed property.

2. *The Zoning Administrator shall forward the renewal application to the Legislative Committee along with written recommendation(s) from the facility inspector. A Non-renewal shall be subject to due process standards of notice and opportunity to be heard.*

3. *No license shall be issued or renewed unless there is filed with the Zoning Administrator a completed Fire Inspection Report by the city's Fire Inspector dated within sixty (60) days of the issue date.*

(7) Fees. Pursuant to Code Sec. 2.05, the City shall establish fees for facilities licensed under this section, including inspections. The fee shall be paid in connection with the filing of an application. An application may not be processed or an inspection(s) conducted unless the fee is paid.

(8) Minimum Management Requirements.

(a) Except for onsite managers, or designated employees, no person shall reside in a regulated unit at a licensed facility for more than six (6) months in a twelve (12) month period.

(b) Each facility shall keep and maintain on the premises a complete and current roster of occupants organized alphabetically and by units, with move-in and move-out dates; which roster shall be available for inspection by the City upon request.

(c) Each facility shall have a set of rules for the premises acknowledged in writing by each occupant. Without limitation, the rules shall contain the minimum rules mandated by the City; and, the move-in and move-out dates for the individual occupant.

(d) Each facility shall be subject to inspections during the term of a license to assess compliance with this code and license conditions. The City shall provide twenty-four (24) hours notice of inspection to owners, operator, managers or occupants except when immediate entry is necessary due to health, safety or emergency. If a request for inspection or entry is denied, the City may seek a special inspection warrant from the municipal court.

(e) Each facility shall have, implement and maintain a process and procedure to document and correct occupant and city concerns within twenty-four (24) hours of receipt of notice.

(f) The following contact information shall be conspicuously posted in each unit of the licensed premises:

(i) Owner
(ii) Operator
(iii) Manager

(iv) City Building Inspector
(v) City Police Department
(vi) City Fire Department

(g) The following safety information shall be conspicuously posted in each unit of the licensed premises:

(i) Emergency egress and exits.
(ii) Care, maintenance and tampering with fire, carbon monoxide and other safety devices.
(iii) Proper use of electric devices, including extension cords.

(9) Minimum Facility Requirements.

(a) Each room in which occupants regularly sleep shall have fifty (50) square feet of space per person and a minimum ceiling height of seven (7) feet.

(b) Occupants shall have immediate access to a flush water closet, a lavatory basin and a bathtub or shower; all in good working condition, and properly connected to hot and cold water lines, and to an approved water and sewer system. The flush water closet and bathtub or shower shall be contained within a separate room.

(c) The interior common and occupied areas of each licensed premises shall be kept safe, clean and sanitary.

(d) The exterior, including parking areas, shall be well kept and maintained including lawns, trees, vegetation and snow removal.

(e) All solid waste shall be disposed of in a safe and sanitary manner. The City may establish disposal area screening requirements.

(f) Animals, except service animals, may not be kept on the licensed premises.

(g) Each licensed premises shall be equipped with adequate and operating heating, ventilating and cooling systems.

(h) Kitchens and other areas with food preparation appliances shall have dry wall or similar fire resistant wall covering.

(i) Occupied areas shall have safe, unobstructed egress to open space at ground level. Below grade space shall not be occupied without two (2) or more exits. Areas above ground level shall have adequate emergency exits.

(j) Licensed premises shall be equipped with operating smoke and carbon monoxide detectors consistent with applicable standards and City conditions.

(k) Electrical equipment, wiring and appliances shall be properly installed and maintained.

(l) Exterior windows shall be operable and shall be equipped with adequate screens.

(m) Licensed premises shall be kept free from nuisances or nuisance creating conditions.

(n) The City may prescribe such additional site specific facility requirements as it deems necessary for each licensed premises.

(o) Licensed premises shall provide each occupant with a lockable storage closet or cabinet of not less than twelve inches (12") by twelve inches (12") by eighteen inches (18").

(p) Licensed premises shall provide free internet/wifi service in common areas to its occupants.

(q) Licenses premises shall provide each occupant with a separate bed.

(r) All occupants of a room in a license premises must be of the same gender unless all occupants of the bedroom consent to mixed-gender occupancy.

(10) Enforcement.

(a) License holders shall be subject to fines or forfeitures for failure to abide by the terms of this ordinance or other relevant city or state codes or regulations; including, without limitation, the provisions of Code Sec. 17. 10 "Chronic Nuisance Premises"; and, for failure to observe or implement license conditions. The penalty provisions of Code Sec. 30.04 shall apply. Each day a violation continues shall constitute a separate offense.

(b) Repeated and unabated violations of this code may also subject the license to non-renewal, suspension or revocation proceedings. Such proceedings shall include written notice to the license holder, hearing before and recommendation by the Plan Commission, and decision by the Common Council.

(c) If a license is non-renewed, suspended or revoked, the City shall take those actions necessary to protect the interests of effected occupants.