

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE

DATE: MONDAY, MARCH 13, 2017 **TIME:** 6:45PM **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET, WISCONSIN DELLS, WI 53965

COMMITTEE MEMBERS			
	Ald. Mike Freel, Chair	Ald. Ed Wojnicz	
	Mayor Brian Landers	Ald. Ed Fox	

AGENDA ITEMS	
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1	CALL TO ORDER AND ATTENDANCE NOTED
2	APPROVAL OF THE JANUARY 9, 2017 MEETING MINUTES
3	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF TAXICAB SERVICE LICENSES FOR THE LICENSING PERIOD OF APRIL 1, 2017 THROUGH MARCH 31, 2018
4	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY MAMA Z'S GRILL, LLC, CHRIS LECHNIR AGENT, FOR MAMA Z'S GRILL, 1101 BROADWAY, FOR THE LICENSING PERIOD OF MARCH 21, 2017 THRU JUNE 30, 2017
5	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS A LIQUOR LICENSE SUBMITTED BY CARR VALLEY CHEESE COMPANY, INC, SHANALEE CARDEN AGENT, FOR CARR VALLEY CHEESE, 420 BROADWAY, FOR THE LICENSING PERIOD OF MARCH 21, 2017 THRU JUNE 30, 2017
6	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY MNEG CONCESSIONS LLC, MONTE MATTIE AGENT, FOR CONCESSION STANDS AT 1881 WIS DELLS PARKWAY (MT OLYMPUS) FOR THE LICENSING PERIOD OF MARCH 21, 2017 THRU JUNE 30, 2017
7	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY YOLO CAFÉ LLC, SHINKA SMILYANOVA AGENT, FOR THE YOLO CAFÉ, 404 ½ BROADWAY, FOR THE LICENSING PERIOD OF MARCH 21, 2017 THRU JUNE 30, 2017
8	DISCUSSION/DECISION ON REQUEST FROM HIGH ROCK INC, TO AMEND THE PREMISES DESCRIPTION ON THEIR CLASS B BEER & CLASS B LIQUOR LICENSE TO INCLUDE THE BUILDING NEXT DOOR - 737 OAK ST.
9	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO CREATE CODE SEC. 16.35 TOURIST ROOMING HOUSE
10	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND LAND USE GROUP ACCOMMODATION CODE SEC. 19.111(5.3) FROM "GROUP LODGING FACILITY" TO "SEASONAL WORKFORCE HOUSING"; AND TO AMEND 19.111(5.5) OVERNIGHT LODGING TO INCLUDE TOURIST ROOMING HOUSES.
11	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND CODE SEC. 16.06 - LODGING FACILITIES
12	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND CODE SEC. 6.05 -SIDEWALK LITTER & DEBRIS
13	NEXT MEETING DATE AND TIME: Monday, April 10 TH at 6:45pm
14	ADJOURN

ALD. MIKE FREEL	POSTED: 03/10/2017
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Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

ITEM 3

Fee: \$100

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New

Renewal

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

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

Address of Applicant: 177 FOREST DR #915, WISC. DELLS, WI, 53965

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

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

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

Business Address: 177 FOREST DR #915, WISCONSIN DELLS, WI, 53965

Proposed hours of Operation: 7am - 3am

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

Proposed Rate Schedule: \$2.50 person day/night

8am - midnight \$1.92/mile

midnight - 3am \$2.96/mile

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]
Signature of Applicant Calin Bobeanu

02.23.17
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. _____
- License Approved: _____ License Valid from _____, 20____ through March 31, 20____
Conditions (if any): _____
- Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

COPY

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

Date Submitted: 2/22/17 Amount Paid: \$ 250.00 Receipt No. 58715 (9th)

Name of Applicant (Last, First, MI): Volkey, Larry K

Address of Applicant: 918 Capital St Wisc. Dells WI 53965

Date of Birth: 9-10-63 Daytime Telephone Number: (608)434-3166

Applicant's Drivers License Number: V420-5316-3330-04 State: WI

Business Name: Dells Cab Telephone No. (608)434-3166

Business Address: 918 Capital St. Wisc Dells, WI 53965

Proposed hours of Operation: 2 AM - 3 AM - Extended hours as needed

Name of Auto Insurance Carrier: (Attach Proof of Coverage): American Country Ins Co - Accord

Proposed Rate Schedule: Dells to Dells \$5 1st person \$2 each additional persons. Delton to Delton & Delton to Dells \$10 1st person \$2 each additional passenger. Out of City/Village limits \$2 per person + \$2 per mile with an \$8 min. charge.

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

[Signature]
Signature of Applicant

02/22/17
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. _____

License Approved: _____ License Valid from _____, 20____ through March 31, 20____
Conditions (if any): _____

Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

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

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

Address of Applicant: P.O. Box 829, Lake Delton, WI 53940

Date of Birth: 2-27-83 Daytime Telephone Number: 608-432-8307

Applicant's Drivers License Number: RS23-4378-3067-09 State: WI.

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

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

Proposed hours of Operation: 7Am - 2:40 A.m (Sun - Thur)

7Am - 3:30 A.m (Fri - Sat) / International Students: \$7 up to 7/then \$1 Per Person

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

Proposed Rate Schedule: 7Am - midnight: \$2 per mile / \$2 Per Person

No Student Discount Fri/Sat evening After 8pm

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.


Signature of Applicant

2-23-17
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

- Background check completed. _____
- License Approved: _____ License Valid from _____, 20____ through March 31, 20____
Conditions (if any): _____
- Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 01/14

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

COPY

Fee: \$150

(Plus \$50 for first vehicle, \$25 each additional vehicle)

New Renewal

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

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

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

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

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

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

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

Proposed hours of Operation: 24/7

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

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

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Michael R. Coleman

Signature of Applicant

1/23/17

Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

Background check completed. 2/1/17 AS

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

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

CITY OF WISCONSIN DELLS
LICENSE APPLICATION FOR:
TAXICAB SERVICE LICENSE

COPY

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

New Renewal

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

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

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

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

Applicant's Drivers License Number: _____ State: _____

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

Business Address: PO BOX 752; Wis. Dells, WI 53965

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

365 DAYS/YR

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

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

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

\$10 MIN CHARGE

I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Wisconsin Dells Taxicab Ordinance 16.21 and am familiar with all appropriate laws and ordinances pertaining to vehicles for hire. I understand that the Police Department will conduct a criminal history and driving record check and those results may be considered in the licensing process.

Keshia Gregerson
Signature of Applicant

2/27/17
Date

License subject to compliance with Wisconsin Dells Code Section 16.21.

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

License Approved: _____ License Valid from _____, 20____ through March 31, 20____

Conditions (if any): _____

Date Denied: _____ Reason(s): _____

R# 58765

ITEM 4

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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

TO THE GOVERNING BODY of the: [] Town of [] Village of [] City of } WISCONSIN DELLS

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

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

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

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

MAMA Z'S GRILL LLC

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include DAMON ZUMWALT, CHRIS LECHNIR, and Chris Lechner.

- 3. Trade Name MAMA Z'S GRILL Business Phone Number
4. Address of Premises 1101 BROADWAY WISCONSIN DELLS, WI Post Office & Zip Code 53965

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
8. (a) Corporate/limited liability company applicants only: Insert state CA and date 11/07/16 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
(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?

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 1101 BROADWAY outdoor patio

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?
(b) If yes, under what name was license issued? MITZI'S
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business?
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?.

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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of February, 2017

Nancy R. Holzem (Clerk/Notary Public)

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

My commission expires 10-18-2019

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

TO BE COMPLETED BY CLERK

Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Lechner</u>		(first name) <u>Christopher</u>		(middle name) <u>William</u>	
Home Address (street/route) <u>1401 Valley Dr</u>		Post Office	City <u>W. Dells</u>	State <u>WI</u>	Zip Code <u>53965</u>
Home Phone Number <u>608 432 3400</u>		Age <u>59</u>	Date of Birth <u>1-8-58</u>	Place of Birth <u>Howa W.</u>	

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

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

which is making application for an alcohol beverage license.

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

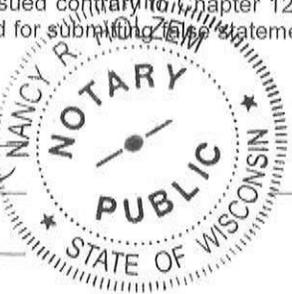
- How long have you continuously resided in Wisconsin prior to this date? 59 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Woodside LLC
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name <u>Woodside Sports</u>	Employer's Address <u>1770 W. Hwy 13</u>	Employed From <u>May '15</u>	To <u>Present</u>
Employer's Name <u>W. Dells School District</u>	Employer's Address	Employed From <u>June 05</u>	To <u>July '12</u>

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

Subscribed and sworn to before me

this 27th day of February, 2017
Nancy R. Johnson
(Notary Public)



Chris W. Lechner
(Signature of Named Individual)

My commission expires 10-18-2019



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of MAMA Z'S GRILL LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as MAMA Z'S GRILL
(trade name)

located at 1101 BROADWAY WISCONSIN DELLS, WI 53965

appoints CHRIS LECHNIR
(name of appointed agent)

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

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

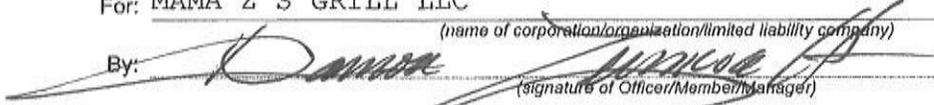
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

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

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

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

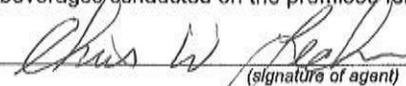
By: 
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

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

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

 2-27-17 Agent's age 59
(signature of agent) (date)

1401 VALLEY DR WISCONSIN DELLS, WI 53965 Date of birth 1-8-58
(home address of agent)

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

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

Approved on 3/2/17 by  Title CHIEF of POLICE
(date) (signature of proper local official) (town chair, village president, police chief)

3-1-17 (FCH) (LL)

456-0000-196890-04

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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

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

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): CARR VALLEY CHEESE CO., INC.

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

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

3. Trade Name CARR VALLEY CHEESE CO., INC. Business Phone Number 608 986-2781
4. Address of Premises 420 BROADWAY ST Post Office & Zip Code WISCONSIN DELL 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 09/01/86 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

10. Legal description (omit if street address is given above): SOUTH SIDE OF BROADWAY ST TO THE EAST OF DOWNTOWN
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued?

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 23rd day of February, 20 17

Patricia A. Koenig
(Clerk/Notary Public)

My commission expires 3/15/19

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-1-17</u>	Date reported to council/board <u>3-20-17</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk <u>N. Holzen</u>
Date license granted	Date license issued	License number issued	

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

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

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent of Carr Valley Cheese Co., Inc.

(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 52 yrs.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 3rd day of March, 20 17
Patticia A. Kooyig
(Clerk/Notary Public)

My commission expires 3/15/19

Shanalee L. Carden
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of CARR VALLEY CHEESE CO., INCCARR VALLE
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as CARR VALLEY CHEESE
(trade name)

located at 420 BROADWAY STREET

appoints SHANALEE CARDEN
(name of appointed agent)

823 E WOODLAND TRAIL PRAIRIE DU SAC, WI 53578
(home address of appointed agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 52 YEARS

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

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

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

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

ACCEPTANCE BY AGENT

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

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

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

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

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

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

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

R# 58813

ITEM 6

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning March 21 20 17 ; ending June 30 20 17

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)

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [X] 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): MNEG-Concessions 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.

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member Monte Matteri, Vice President/Member Gary Matteri, Secretary/Member Eugene Morse, Treasurer/Member Noel Matteri, and Agent Monte Matteri.

- 3. Trade Name MNEG-Concessions LLC Business Phone Number 608-385-5230
4. Address of Premises 1881 Wisconsin Dells Parkway Post Office & Zip Code PO Box 33 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 [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date '08 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [] Yes [X] 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 [X] No

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.) Mt. Olympus property - Wis. Dells

- 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 [X] 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? [X] Yes [] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes [] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] 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.

SUBSCRIBED AND SWORN TO BEFORE ME this 28th day of February, 20 17. Cheryl A. Boese (Clerk/Notary Public) My commission expires 2/1/20

Signatures of Mom Matteri and Gus Matteri, Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual. Includes Notary Seal for Cheryl A. Boese.

TO BE COMPLETED BY CLERK

Table with columns: Date received and filed with municipal clerk (3-1-17), Date reported to council/board (3-20-17), Date provisional license issued, Date license granted, Date license issued, License number issued, Signature of Clerk / Deputy Clerk (N. Johnson).

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Mattei		Monte		Edward	
Home Address (street/route)	Post Office	City	State	Zip Code	
346 Church St.	Wis. Dells	Wis. Dells	WI	53965	
Home Phone Number	Age	Date of Birth	Place of Birth		
608-254-6257	61	6-21-55	Baraboo, WI		

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

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

which is making application for an alcohol beverage license.

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

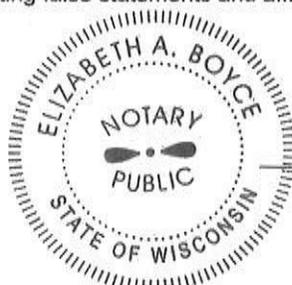
1. (a) How long have you continuously resided in Wisconsin prior to this date? 61 years
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Lake Delton, WI license
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.)
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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

Subscribed and sworn to before me

this 28th day of February, 2017
Elizabeth A. Boyce
(Clerk/Notary Public)



Monte Mattei
(Signature of Named Individual)

My commission expires 2/1/2020

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Mt. Olympus (MNEG Concessions, LLC)
(trade name)

located at Hwy 12 Wis. Dells

appoints Monte Mattei
(name of appointed agent)

346 Church St. Wis. Dells, WI 53965
(home address of appointed agent)

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

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).
MNEG Concessions, Lake Delton, WI on Mt. Olympus/Hotel Rome

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 61 yrs.

Place of residence last year 346 Church St. Wis. Dells,

For: MNEG Concessions LLC
(name of corporation/organization/limited liability company)

By: Monte Mattei
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

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

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

Monte Mattei 3-1-17 Agent's age 61
(signature of agent) (date)

346 Church St. Wis. Dells, WI 53965 Date of birth 6-21-55
(home address of agent)

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

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

Approved on 3/3/17 by _____ Title Chief of Police
(date) (signature of proper local official) (town chair, village president, police chief)

Monte E. Mattei - 3/2/17

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 03/21 20 17
ending ~~03/21~~ June 30 20 17

TO THE GOVERNING BODY of the: Town of }
Village of } WISCONSIN DELLS
✓ City of }

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): ► YOLO CAFE LLC

ITEM 7

Applicant's WI Seller's Permit No. FEIN Number	
156-1028859693-02	47-4332151
LICENSE REQUESTED ►	
TYPE	FEE
Class A beer	\$
✓ Class B beer	\$ 25.00
✓ Class C wine	\$ 25.00
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	\$ 64.00

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	NIHAT ALMAS	720 W 50TH ST MIAMI BEACH, FL	33140
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ► MANAGER	SHINKA SMILYANOVA	115 FOREST DR APT 1002 WIS DELLS, WI	53965
Directors/Managers			

3 Trade Name ► Yolo Cafe Business Phone Number 608 432 9400

4 Address of Premises ► 404 1/2 BROADWAY WIS DELLS, WI Post Office & Zip Code ► 53965

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes ✓ No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes ✓ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes ✓ No
8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 06/22/15 of registration. Yes ✓ No
- (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.) INSIDE STORE AND OUTSIDE BALCONY SIDE
10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes ✓ No
- (b) If yes, under what name was license issued?
12. Does the applicant understand they must 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

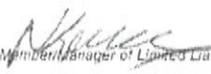
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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.

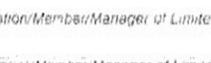
SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of March, 20 17



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	3-3-17	Date reported to council board	3-20-17	Date provisional license issued		Signature of Clerk / Deputy Clerk	
Date license granted		Date license issued		License number issued			

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
SMILYANOVA		SHINKA			
Home Address (street/route)		Post Office	City	State	Zip Code
115 FOREST DR APT 1002			WISCONSIN DELLS	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
608 432 9400		26	09/19/1991	BULGARIA	

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

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

of
(Officer/Director/Member/Manager/Agent)
(Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

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

1. (a) How long have you continuously resided in Wisconsin prior to this date? 5 YEARS
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify) (Name of Wholesale Licensee or Permittee) (Address by City and County)

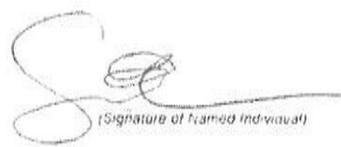
READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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

Subscribed and sworn to before me

this 3 day of March 2017


(Clerk/Notary Public)
MARCELO JURADO
 MY COMMISSION # FF 105669
 EXPIRES: March 24, 2018
 Bonded Thru Budget Notary Services


(Signature of Tramed Individual)

My commission expires

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)	
		ALMAS	NIHAT		
Home Address (street/route)		Post Office	City	State	Zip Code
36 FOREST DR APT 613			WISCONSIN DELLS	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
608 432 9400		28	01/05/1989	TURKEY	

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

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

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

- (a) How long have you continuously resided in Wisconsin prior to this date? 3 YEARS
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 (If yes, identify.) _____
(Name of Wholesale Licensee or Permittee) (Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employe or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

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

Subscribed and sworn to before me

this 3 day of March, 2017

(Clerk/Notary Public)



MARCELO JURADO
 MY COMMISSION # FF 105669
 EXPIRES: March 24, 2018
 Bonded thru Budget Notary Services

(Signature)

(Signature of Named Individual)

My commission expires

AT-103a (P. 8-11)

Wisconsin Department of Revenue



ITEM 8

To whom it may concern:

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

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

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

Sincerely,

Justin Draper and Wade Bernander
Owners/Operators
High Rock Café

High Rock Café

232 Broadway - Wisconsin Dells, WI 53965 - www.highrockcafe.com

Email: info@highrockcafe.com - Phone: 608-254-5677

Existing Application R# 54741

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.:	FEIN Number:
456-102287354	0230-0709616
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 614

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

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

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 ▶ High Rock Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 232 Broadway, 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	<u>Wade L. Bernander</u>	<u>696 Gulch Ave. Wis. Dells</u>	<u>53965</u>
Vice President/Member	<u>Justin B. Dasper</u>	<u>1111 Capital St Wis Dells</u>	<u>53965</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Wade L. Bernander</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ High Rock Cafe 1737 Oak Street Business Phone Number 608 254 5677
 2. Address of Premises ▶ 232 Broadway Wis Dells WI Post Office & Zip Code ▶ Wis Dells WI 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Upstairs, 5th-6th level, basement, season/deck
5. Legal description (omit if street address is given above): 232 Broadway and 791 Oak St (same business)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. 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 15 day of April 2016

(Clerk/Deputy Public



Wade L. Bernander
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Justin B. Dasper
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK	Date received and filed with municipal clerk <u>4-11-2016</u>	Date reported to council/board <u>6-20-2016</u>	Date license granted <u>6-21-2016</u>
License number issued <u>417-16</u>	Date license issued <u>6-21-2016</u>	Signature of Clerk / Deputy Clerk <u>TJS</u>	

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City of Wisconsin Dells

ORDINANCE NO. _____

(Tourist Rooming House)

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

SECTION I: PURPOSE

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

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 16.35 is created.

SECTION III: PROVISION AS CREATED:

16.35 TOURIST ROOMING HOUSE

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

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- (c) **Corporate Entity:** A corporation, partnership, limited liability company, or sole proprietorship licensed to conduct business in this state.
- (d) **Dwelling Unit:** One (1) or more rooms with provisions for living, cooking, sanitary, and sleeping facilities and a bathroom arranged for exclusive use by one (1) person or one (1) family. Dwelling Units include residential, tourist rooming house, seasonal employee housing and dormitory units.
- (e) **License.** The Property Management License issued under 16.35(4).
- (f) **Owner .** The owner of a tourist rooming house.
- (g) **Permit.** An individual tourist rooming house permit issued under sub. sec. (4).
- (h) **Person.** Shall include a corporation, firm, partnership, association, organization and any other group acting as a unit as well as individuals, including a personal representative, receiver or other representative appointed according to law. Whenever the word person is used in any section of this section prescribing a penalty or fine, as to partnerships or associations, the word shall include the partners or members, and as to corporations, shall include the officers, agents or members who are responsible for any violation of this section.
- (i) **Resident Agent.** Any person appointed by the owner of a tourist rooming house to act as agent on behalf of the owner.
- (j) **Property Manager.** Any person providing property management services to a least five (5) tourist rooming houses.
- (k) **Short Term Rental.** The rental of a dwelling unit for a period of less than 29 consecutive days.
- (l) **State.** The State of Wisconsin Department of Health, or its designee.
- (m) **Tourist Rooming House.** Any lodging place or tourist cabin or cottage where sleeping accommodations are offered for pay to tourists or transients. Houses, cabins, and/or condominium units operated by a hotel, motel or resort are not tourist rooming houses under this section.

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- (n) **Tourist Rooming House Complex.** A condominium with eight (8) or more units operating as tourist rooming houses.
- (3) **Operation of Tourist Rooming Houses.**
- (a) Tourist Room Houses are a form of overnight lodging (Code Sec. 1911.5.5) conditionally permitted in the following districts: C-1, C-2, C-3, C-4 and M-1)
 - (b) No person may operate a tourist rooming house without a tourist rooming house permit. Every tourist rooming house shall be operated by a Resident Agent or licensed Property Manager.
 - (c) Each tourist rooming house is required to have the following licenses and permits:
 - 1. State of Wisconsin Department of Health Service License
 - 2. Seller's permit issued by the Wisconsin Department of Revenue;
 - 3. Conditional Use Permit;
 - 4. Wisconsin Department of Revenue Premier Resort Tax number;
 - 5. Room Tax Permit; and
 - 6. Permit or license issued pursuant to the provisions of this Section.
 - (d) Exemptions. The following activities are exempt from complying with the requirements of this section:
 - 1. Private boarding or rooming house, ordinarily conducted as such, not accommodating tourists or transients.
 - 2. Hotel, motel or resort license issued by the State of Wisconsin Department of Health Services, pursuant to Wis. Stats. sec.254.64.
 - 3. Bed and breakfast establishments.
- (4) **Tourist Rooming House Permit; Property Manager License.**
- (a) The Clerk shall issue an original tourist rooming house permit to all applicants following the approval of an application by the Common Council and the filing of all documents and records required under this Section.

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- (b) The Clerk shall issue a property manager license to all applicants following the approval of the application by the Common Council and the filing of all documents and records required under this Section.
 - (c) No person may act as a property manager of a tourist rooming house without a property manager license issued in accordance with the provisions of this Section. The property manager license shall apply to all tourist rooming houses for which the property manager has exclusive rights for the rental of the property. The property manager must certify to the City that each tourist rooming house operating under the property manager license complies with the standards of this Section.
 - (d) All Property Managers shall carry casualty and liability insurance issued by an insurance company authorized to do business in this state by the Wisconsin Office of the Commissioner of Insurance, with liability limits of not less than \$300,000 per individual and \$1,000,000 aggregate.
 - (e) Certification of compliance. As a condition of issuance of a license under this Chapter, the Property Manager shall certify that each managed property is in compliance with the terms and conditions of the license and this Section.
- (5) **Resident Agent; Property Manager.**
- (a) All tourist rooming houses are required to appoint a Resident Agent for the receipt of service of notice of violation of this Section's provisions and for service of process pursuant to this Section. Such a designation shall be made by the owner and shall accompany each application form. The applicant shall immediately notify the Clerk of any change in residence or information regarding the Resident Agent.
 - (b) To qualify as a Resident Agent the person must meet the following requirements:
 1. Be a natural person residing in or within twenty-five (25) miles of the City of Wisconsin Dells; or a corporate entity with offices located within twenty-five (25) miles of the City of Wisconsin Dells.

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2. The applicant does not have pending any criminal charge and has not been convicted of a felony or misdemeanor of any offense involving dishonesty, fraud, deceit, robbery, the use or threatened use of force or violence upon the person of another, or sexual immorality under Wis. Stat. Chap. 944, as amended.
 3. The applicant is authorized by owner to accept service of process for all City communications, citations and orders.
- (c) Resident Agent Permit. Application for a Resident Agent permit, and payment of the application fee, shall be filed with the Clerk, who shall issue the permit to all qualified applicants. Each Resident Agent permit shall be for a period of one (1) year commencing on July 1, or the date of issuance, and shall expire on June 30 of each year. No fee is required for the owner of a tourist rooming house residing within twenty-five (25) miles of the City of Wisconsin Dells who is serving as Resident Agent.
- (d) Property Manager License. No person may act as a property manager for a tourist rooming house without a property manager license issued in accordance with the provisions of this Section. The property manager license shall apply to all tourist rooming houses for which the property manager has exclusive rights for the rental the property. The property manager shall serve as the Resident Agent for the property owner. The property manager must certify to the City that each tourist rooming house operating under the license complies with the standards of this Section.
- (e) Property Manager qualifications. To qualify as a Property Manager the applicant must meet the following requirements:
1. Comply with the qualifications for a Resident Agent as set forth in 5(b).
 2. Shall be managing not less than five (5) tourist rooming houses operating in the City of Wisconsin Dells.
 3. Shall hold the following licenses and permits in its name:
 - a. Seller's Permit issued by the Wisconsin Department of Revenue;
 - b. Room Tax Permit issued by the City of Wisconsin Dells;

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- c. Employer identification number issued by the Internal Revenue Service;
 - d. Wisconsin Department of Revenue Premier Resort Tax number.
- (f) Each Resident Agent and Property Manager shall be authorized by the property owner to act as the agent for the owner for the receipt of service of notice of violation of this Section's provisions and for service of process pursuant to this Section and shall be authorized by the owner to allow City employees, officers and their designees, to enter the owner's property for purposes of inspection and enforcement of this Chapter and/or the City Code.
- (6) **Procedure.**
- (a) All applications for a tourist rooming house permit shall be filed with the Clerk on forms provided. Applications must be filed by the property owner or on the owner's behalf by the licensed Property Manager. Each applicant shall certify that the tourist rooming house included in the permit is in compliance with the provisions of this Section. No permit shall be issued unless the completed application form is accompanied by payment of the required fee.
 - (b) Each application shall include the following information and documentation for each tourist rooming house unit:
 - 1. Conditional Use Permit (or application).
 - 2. State of Wisconsin Department of Health Services License for a tourist rooming house license issued under Wis. Stats. sec. 254.64
 - 3. Copy of a completed State Lodging Establishment Inspection form dated within one (1) year of the date of issuance or renewal.
 - 4. Wisconsin Department of Revenue Premier Resort Sales Tax Number.
 - 5. Proof of Insurance.
 - 6. Seller's Permit from the Department
 - 7. Floor plan and requested maximum occupancy
 - 8. Site plan including available onsite parking.
 - 9. Property Management Agreement (if applicable)
 - 10. Designation of the Resident Agent.

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11. Certification from the owner or licensee that the property meets the requirements of (12) below.
 12. Applications for renewal permits filed by Property Managers are not required to include the documentation for each individual unit for items listed in subparagraph 4, 5, 6, 7, 8, 9, 10, unless the information on the renewal application has changed.
- (c) Terms and Filing date. Each permit and license shall run from July 1 through June 30 of the following year. All applications must be filed on or before May 1. The filing fee shall be paid upon filing of the application. The Clerk may conditionally accept untimely filed applications, subject to payment of a penalty filing fee. Any application which does not include all of the information and documentation shall not be considered as complete.
- (d) Application/Renewal Review Procedure.
1. Initial applications for a Tourist Rooming House (TRH) site shall be accompanied by a Conditional Use Permit (CUP) application. The CUP and TRH applications shall proceed simultaneously.
 2. TRH applications and annual renewals shall be accepted and reviewed by the Building Inspector/Planning & Zoning Administration who shall prepare and submit a report and recommendation to the appropriate Common Council Committee. The Committee shall make a recommendation to the Common Council which shall approve or deny the application.
 3. Approvals may include conditions and restrictions. Denials shall be based upon specified reasons; and non-renewal denials shall be subject to due process standards of notice and opportunity to be heard.
- (e) The City shall issue a permit for each tourist rooming house approved by the Common Council . The permit shall include the following information:
1. Identify the Property Owner;

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2. Identify the Resident Agent/Property Manager with contact information;
 3. The maximum occupancy for the premises;
 4. The permit term;
 5. State lodging license number; and
 6. Contact information for the City.
- (f) No permit or license shall be issued or renewed unless there is filed with the Building Inspector a completed Fire Inspection Report dated not more than one (1) year before the date of issuance or renewal.
- (g) No permit or license shall be issued or renewed, if the applicant or property has outstanding fees, taxes or forfeitures owed to the City, unless arrangements for payment have been approved by the Common Council.
- (h) **Electronic Filing.** Applications, reports and supporting documentation filed under this section may be filed electronically in the manner and form prescribed by the City Clerk.
- (7) **Renewal.**
- (a) Each application for a renewal of a permit shall include updated information for the documentation on file with the City and payment of the applicable fee. The Building Inspector/Zoning Administrator shall verify that the information provided on the renewal application is complete and in accordance with the requirements of this Section. The Building Inspector/Zoning Administrator shall request reports from the Police Department and the Zoning Administrator regarding any complaints received, calls for service or actions taken regarding the permitted properties. The Building Inspector/Zoning Administrator shall issue renewal permits within ten (10) days of the filing of the application unless the information provided is incomplete or otherwise not in compliance with the requirements of this Section and/or the reports from the Police Department and the Zoning Administrator indicate that there are complaints or actions involving the property.
 - (b) If the Building Inspector/Zoning Administrator finds that the license or permit should not be renewed, or that the application should be considered by the designated Common Council/Committee, the Building Inspector/Zoning Administrator shall forward the application to the

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

- (c) No permit shall be issued or renewed unless there is filed with the Building Inspector/Zoning Administrator a completed Fire Inspection Report by the City fire inspector dated within one (1) year of the issue date.
- (d) No permit or license shall be renewed if the applicant or property has outstanding fees, taxes or forfeitures owed to the City, or is under an order issued by the Building Inspector, or designee, to bring the premises into compliance with City ordinances, unless arrangements for payment have been approved by the Common Council.

(8) Room Tax.

- (a) Each tourist rooming house shall comply with the room tax reporting requirements of the City Code.
- (b) Each Property Manager Licensee shall file consolidated room tax returns for the managed tourist rooming houses.
- (c) All tax returns and supporting documentation filed with the Clerk are confidential and subject to the protections provided under the City Code and Wis. Stat. secs. 66.0 615(3) and 77.61.

(9) Inspections.

- (a) Each separate unit which is offered for rental as a tourist rooming house is required to be inspected annually by the State and the City Fire Inspector. If the State fails to inspect the tourist rooming house, the applicant may request that the building inspector conduct the inspection.
- (b) If the Building Inspector conducts the inspection, the holder of a permit or license shall be responsible for payment of the inspection fees.

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- (c) If the Building Inspector or Fire Inspector at any time is unable to conduct an inspection due to denial of access, the tourist rooming house shall not operate until it has passed the inspection.
- (10) **Display of Permit.** Each permit shall be displayed on the inside of the main entrance door of each tourist rooming house.
- (11) **Standards for Tourist Rooming Houses.** Each tourist rooming house shall comply with the requirements of this Section and any other applicable City ordinance; and failure to do so constitutes a nuisance. Each tourist rooming house shall comply with the following minimum standards:
 - (a) not less than one (1) bathroom for every six (6) occupants.
 - (b) not less one hundred fifty (150) square feet of floor space for the first occupant thereof and at least an additional one hundred (100) square feet of floor space for every additional occupant thereof; the floor space shall be calculated on the basis of total habitable room area. Floor space is determined using interior measurements of each room. Floor space does not include kitchens, bathrooms, closets, garages, or rooms not meeting Uniform Dwelling Code requirements for occupancy. The maximum occupancy for any premises without a separate enclosed bedroom is two (2) people.
 - (c) each tourist rooming house complex shall have a designated manager residing on the premises.
 - (d) not less than one and one quarter (1 ¼) onsite off-street parking spaces for every four (4) occupants based upon maximum occupancy.
 - (e) a safe, unobstructed means of egress leading to safe, open space at ground level.
 - (f) shall have functional smoke detectors and carbon monoxide detectors in accordance with the requirements of Wis. Admin. Code Chap SPS 362.
 - (g) shall not have an accessible wood burning fireplace unless the owner provides a certificate from a licensed commercial building inspector, dated not more than thirty (30) days prior to submission, certifying that

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the fireplace and chimney have been inspected and are in compliance with National Fire Prevention Association Fire Code Chapter 211 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances.

- (h) shall not have a hibachi, gas-fired grill, charcoal grill, or other similar devices used for cooking, heating, or any other purpose on any balcony, deck or under any overhanging structure or within ten (10) feet of any structure.
- (12) **Fees.** The City may establish by resolution fees related to TRH regulation, including, without limitation, application, inspection and renewal.
- (13) **Enforcement.**
 - (a) The provisions of this ordinance shall be enforced by the Fire Chief, Chief of Police, Building Inspector, Zoning Administrator, Code Compliance Officer, or their designees or agents.
 - (b) Owners and others shall be subject to fines or forfeitures for failure to abide by the terms of this ordinance or other relevant city or state codes or regulations; including, without limitation, the provisions of Code Sec. 17.10 "Chronic Nuisance Premises"; and, for failure to observe or implement license conditions. The penalty provisions of Code Sec. 30.04 shall apply. Each day a violation continues shall constitute a separate offense.
 - (c) Repeated and unabated violations of this cost may also subject the permit to non-renewal, suspension or revocation proceedings. Such proceedings shall include written notice to the permit holder, a hearing and decision by the Common Council.
 - (d) If a license is non-renewed, suspended or revoked, the City shall take those actions necessary to protect the interests of effected occupants.

SECTION IV: VALIDITY

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

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SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

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

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____

PUBLISHED: _____

PASSED: _____

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5.0 GROUP ACCOMMODATIONS

- 5.1 Campground A place and/or building, or portion thereof, used or is intended for public camping where people can camp, secure tents or cabins, or park trailers, camping trailers, pickup campers, automobiles, and recreational vehicles for camping and sleeping purposes. The term includes accessory buildings such as a laundromat and retail sales for the convenience of campground guests.
- 5.2 Group camp A place and/or building, or portion thereof, or tents or other structures maintained as living quarters that are used or is intended to be used by a group of individuals for recreational or educational purposes. The term includes youth camps and church camps.
- 5.3 Group lodging facility **Seasonal Work force Housing** A single unit or a multi-unit building in which 5 or more unrelated persons reside. By way of example, a group lodging facility may be a converted hotel or motel, a dormitory or a residence shared by 5 or more unrelated persons. The term does not include a bed and breakfast; a hotel, motel, or other facility regulated under chapter HRS 195, Wis. Admin. Code; an apartment building in which the individual units have complete kitchen and bathroom facilities; and residential facilities for senior citizens or disabled persons licensed by the State.
- 5.4 Managed condominium project A building or buildings having a type of land ownership whereby individual dwelling units are sold and owned separately (i.e., condominium) but that are rented and occupied on a periodic basis by persons other than the owner. The project may include commercial amenities and activities commonly associated with hotels and clubs.
- 5.5 Overnight lodging A building, or portion thereof, **where sleeping accommodations are provided for pay to tourists or transients; and all related rooms, buildings, and areas.** ~~that has individual guest rooms with private bathrooms and may include recreational/fitness rooms for the exclusive use of guests.~~ The term includes hotels and motels **and tourist rooming houses. It does not include bed and breakfast establishments.**
- 5.6 Resort A place with lodging facilities and on-site amenities primarily intended for the use of overnight guests. Guest rooms may be located in one or more buildings and may include kitchen facilities. In addition to lodging facilities and recreational amenities such as golf, horseback riding, or lake/beach access, a resort may include a lodge or other gathering place for guests, dining facilities, administrative facilities, and maintenance and storage facilities.
- 5.7 Timeshare Project A building or buildings having a type of land ownership whereby individual dwelling units are used as time-share units pursuant to Chapter 707, Wis. Stats and any related sales activities, check-in and out services, member service centers, exchange services, and recreational or activities centers.

CHAPTER 16
LICENSING AND REGULATION OF TRADES

SEC.

- 16.01 Saddle Horses
- 16.015 Horse-Drawn Vehicles for Hire
- 16.02 Livestock and Poultry
- 16.03 Mobile Homes and Mobile Home Parks
- 16.04 Campgrounds and Camping Resorts
- 16.05 (Reserved for Future Use)
- 16.06 **Lodging Seasonal Workforce Housing Facilities**
- 16.07 Carnivals, Circuses and Theatrical Performances
- 16.08 Portable Amusement Rides
- 16.09 Peddlers, Canvassers and Transient Merchants
- 16.10 Busking
- 16.11 Junk Dealers
- 16.12 Intoxicating Liquor and Fermented Malt Beverages
- 16.125 Alcohol Beverage License – Revocation, Suspension & Non-renewal
- 16.13 Improper Exhibitions
- 16.135 Picnic Licenses
- 16.14 Massage Therapists and Body Workers
- 16.15 Cigarette Sales
- 16.155 Restrictions on Sale or Gift of Cigarettes or Tobacco Products
- 16.157 Prohibited Use of Cigarettes and Tobacco Products
- 16.16 Outstanding Indebtedness: Licenses
- 16.17 Handbill Distribution Regulation
- 16.18 Adult Oriented Establishments
- 16.19 Aircraft and Parachute Landing
- 16.20 Fireworks Regulations
- 16.21 Taxicabs
- 16.22 WoZhaWa
- 16.23 Regulation of Pawnbrokers, Secondhand Article and Jewelry Dealers
- 16.24 Rental of Certain Motorized Devices
- 16.25 Reserved
- 16.26 Commercial District
- 16.27 Reserved
- 16.28 Commercial Animal Sales
- 16.29 Reserved
- 16.30 Outdoor Displays

16.06 SEASONAL WORKFORCE HOUSING FACILITIES

- (1) Definition. In this section, “Seasonal Workforce Housing Facility” means:
 - (a) A single family dwelling unit occupied by more than four unrelated persons.
 - (b) A building or buildings formerly operated and occupied as a hotel or motel, now occupied for limited term residential purposes; i.e., more than thirty (30) days in a sixty (60) day period.
 - (c) A dormitory; i.e., a building or buildings with private or semi-private rooms and sleeping areas for residents along with common bathroom facilities, cooking/eating areas, and recreation areas.

- (2) Exclusions. The following are not Workforce Housing Facilities:
 - (a) Hotel, motel or other facilities regulated under DHS 195; 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 Workforce Housing Facility in the City without a Workforce Housing Facility License issued by the City.
 - (b) The license term shall be one (1) year; subject to designated use and occupancy periods.

(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 provide each occupant with a lockable storage closet or cabinet of not less than twelve inches (12") x twelve inches (12") x eighteen inches (18").
- (k) Licensed premises shall provide free Wi-Fi service in common areas to its occupants.
- (l) Licensed premises shall provide each occupant with a separate bed.
- (m) All occupants of a room in a licensed premise must be of the same gender unless all occupants of the bedroom consent to mixed-gender occupancy.

- (n) Licensed premises shall be equipped with operating smoke and carbon monoxide detectors consistent with applicable standards and City conditions.
- (o) Electrical equipment, wiring and appliances shall be properly installed and maintained.
- (p) Exterior windows shall be operable and shall be equipped with adequate screens.
- (q) Licensed premises shall be kept free from nuisances or nuisance creating conditions.
- (r) The City may prescribe such additional site specific facility requirements as it deems necessary for each licensed premises.

(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.

ORDINANCE NO. _____
(Sidewalk Litter & Debris)

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

SECTION I: PURPOSE

This ordinance expands the defined sidewalk area, including café zones, to be kept clean by persons owning or occupying places of business in the city.

SECTION II: PROVISION RECREATED

Wisconsin Dells Code sec. 6.05 is recreated.

SECTION III: PROVISION AS RECREATED

6.05 SIDEWALK LITTER AND DEBRIS

- (1) Merchants Duty to Keep Sidewalk and Other Areas Orderly and Free of Litter. Persons owning or occupying places of business within the city shall keep all pedestrian walkways (both public and private) and any other area between the business place and the roadway/curb, clean and free of any litter, debris or garbage. This is to include keeping clean and in an orderly state, any city approved table, chair, bench or other part of those areas. Merchants shall report to the Public Works or Police Department, any missing, stolen or damaged property in front of their business as soon as possible.
- (2) Café Zones. Any portion of the established “Cafe Zones” along Broadway in the C-2 Commercial Downtown Zoning District that are permitted to a downtown business, as approved by the City Council, shall be maintained as above at all times by the permitted business. Garbage generated by these permitted businesses shall not be placed in the garbage receptacles placed downtown by the city.
- (3) Sweeping Litter Into Gutter Prohibited and Sidewalk Cleanliness. No person shall sweep into or deposit in any gutter, street or other public place within the city the accumulation of litter from any building or lot, or from any public or private sidewalk or driveway.
- (4) Penalty. Persons who violate this section shall first receive a warning. Thereafter, the following fines, plus cost of prosecution shall be imposed:
Second offense: \$100; Third offense: \$200; Subsequent offenses: \$300

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one

or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 6.

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk/Coordinator

First Reading Passed:
Second Reading Passed:
Publication: