

# CITY OF WISCONSIN DELLS MEETING AGENDA-REVISED

**MEETING DESCRIPTION:** LEGISLATIVE COMMITTEE

**DATE:** MONDAY, APRIL 10, 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	
1	CALL TO ORDER AND ATTENDANCE NOTED
2	APPROVAL OF THE MARCH 13, 2017 MEETING MINUTES
3	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY CHEESE CAKE HEAVEN, INC, NANCY KIMPS, AGENT, FOR CHEESE CAKE HEAVEN RESTAURANT, 231 BROADWAY, FOR THE LICENSING PERIOD OF APRIL 19, 2017 THRU JUNE 30, 2017
4	DISCUSSION/DECISION ON ORIGINAL APPLICATION FOR A CLASS B BEER & CLASS C WINE LICENSE SUBMITTED BY MNEG CONCESSIONS LLC, MONTE MATTEI AGENT, FOR THREE STANDS AT 1881 WIS DELLS PARKWAY (MT OLYMPUS) FOR THE LICENSING PERIOD OF APRIL 19, 2017 THRU JUNE 30, 2017 (Tabled at March 13, 2017 meeting for additional information.)
5	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF FIREWORK SALES LICENSES RECEIVED FROM RICHARD CHRISTENSEN (4 LOCATIONS), BRIAN HOLZEM (2 LOCATIONS) , AND MAUER'S MARKET FOR THE LICENSING PERIOD OF MAY 1, 2017 THROUGH APRIL 30, 2018.
6	DISCUSSION/DECISION ON APPLICATION FOR RENEWAL OF RIDING STABLE/HORSES FOR HIRE LICENSE RECEIVED FROM DELLS ADVENTURE DEVELOPMENT FOR BEAVER SPRINGS RIDING STABLES FOR THE LICENSING PERIOD OF MAY 1, 2017 THROUGH APRIL 30, 2018
7	DISCUSSION/DECISION ON REQUEST FROM FAMILYLAND ENTERPRISES (MACS) TO AMEND THE PREMISES DESCRIPTION ON THEIR CLASS B BEER & CLASS C WINE LICENSE TO INCLUDE THE OUTDOOR CAFÉ ZONES
8	DISCUSSION/DECISION ON REQUEST TO CHANGE TRADE NAME AND AGENT ON LICENSE HELD BY TRAVEL MART INC FOR 452 BROADWAY
9	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO CREATE CODE SEC. 10.30 AUTHORIZING THE CHIEF OF POLICE TO PROHIBIT PEOPLE FROM RIDING IN CARGO AREAS OF MOTOR VEHICLES DURING TIME OF HIGH TRAFFIC VOLUME AND ACTIVITY ASSOCIATED WITH SPECIAL EVENTS AND FESTIVALS
10	NEXT MEETING DATE AND TIME (Monday, May 8 <sup>th</sup> at 6:45pm if needed)
11	ADJOURN
	ALD. MIKE FREEL <span style="float: right;">POSTED: 04/07/2017</span>
	<p><b>Open Meetings Notice:</b> If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning April 19 20 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)

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-000553940-04</u>	<u>39-1848772</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>16.66</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>16.66</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>47.32</u></b>

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

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

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

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

Title	Name	Home Address	Post Office & Zip Code
President	<u>Nancy A. Kimps</u>	<u>2673 BAYPORT LN</u>	<u>Green Bay, WIS</u>
Vice President	<u>TAYD L. Kimps</u>	<u>2673 BAYPORT LN</u>	<u>Green Bay, WIS</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>NANCY A. Kimps</u>		
Directors/Managers			

3. Trade Name Cheese Cake Heaven Business Phone Number 608-253-9394  
 4. Address of Premises 231 Broadway St. Post Office & Zip Code Wis Dells 53965

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

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 231 Broadway St. served & stored in retail area

10. Legal description (omit if street address is given above): 1500 sq feet of retail space
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

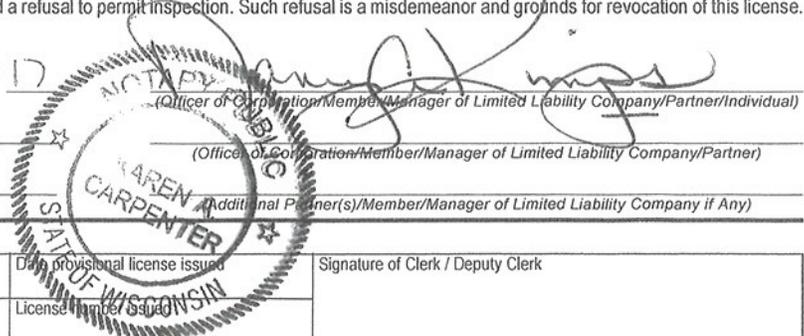
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 729 day of March, 20 17

Karen A Carpenter  
(Clerk/Notary Public)

My commission expires 3/22/19



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-31-2017</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Kings		NANCY		Ann	
Home Address (street/route)		Post Office	City	State	Zip Code
2673 Bayport Ln		Green Bay	Green Bay	WI	54313
Home Phone Number		Age	Date of Birth	Place of Birth	
920-562-8370		63	01/24/1954	Brown County	

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.
  - Officer of Cheese Cake Heaven, 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. (a) How long have you continuously resided in Wisconsin prior to this date? 63 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 Cheese Cake Heaven 2015 S. Oneida St. Green Bay, WI, class B Beer Class B Liqueur  
(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 29 day of March, 2017  
Karen A. Carpenter  
(Clerk/Notary Public)



Nancy Kings  
(Signature of Named Individual)

My commission expires 3/22/18

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
KIMPS		TAYO		LEIGH	
Home Address (street/route)		Post Office	City	State	Zip Code
2673 Bay Port Ln			Green Bay	WI	54313
Home Phone Number		Age	Date of Birth	Place of Birth	
920-360-4282		62	3.21.55	Brown	

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.
- Officer/Agent** of **Cheese Cake Heaven, 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. (a) How long have you continuously resided in Wisconsin prior to this date? 62 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 Cheese Cake Heaven 20755 Oneida St Green Bay, WI class B Beer class B Liquor  
(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)

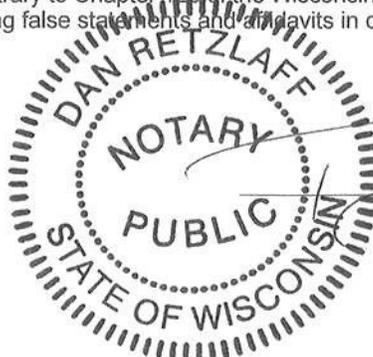
READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition 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 28<sup>th</sup> day of March, 2017  
D. Retzlaff  
(Clerk/Notary Public)

My commission expires 10-8-19



[Signature]  
(Signature of Named Individual)

R# 58813

ITEM 4

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

April 19

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 Monte Matteri, Gay Matteri, Eugene Morse, Noel 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

(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.) 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

Signature of Clerk/Notary Public: Elizabeth A. Boese

My commission expires 2/1/30

Signatures of Mone Matteri and Eugene Morse with notary seal.

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.

### 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 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 Home

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

MNEG Concessions LLC





Ice Cream • dippin' dots • Ice Cream

\$5.39 PLUS TAX

dippin' dots

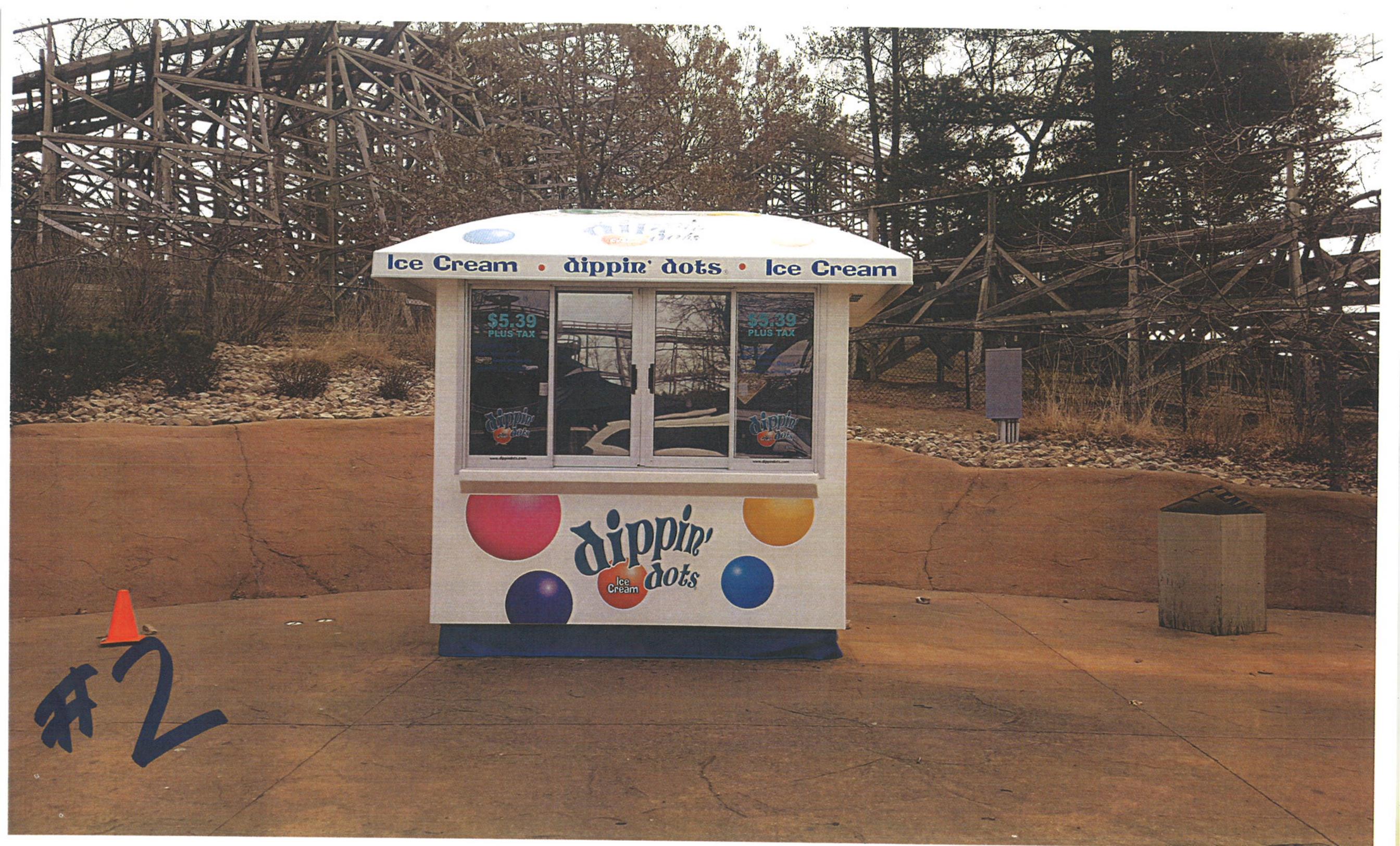
dippin' dots

\$5.39 PLUS TAX

dippin' dots

dippin' dots Ice Cream

#2





12

3

# City of Wisconsin Dells

Application for:  
FIREWORK SALES

ITEM 5

Date Submitted: 4-13-17 Fee: \$275 for First Site, \$60.00 for Add'l Sites 455<sup>00</sup> Receipt No. 59025

Name of Applicant: Richard Christensen

Address of Applicant: 646 Gillette Dr Wisconsin Dells WI 53965

Daytime Telephone Number: (608) 393-6081

Driver's License Number: C623-7486-8350-08 State: WI

Business Name(s) and Address(s) of where Fireworks are to be sold:

Lower Dells Travel Mart - 710 Trout Rd  
Broadway Travel Mart - 802 Broadway  
Shell Travel Mart - 2415 Wis. Dells Parkway  
Rt6 Travel Mart - 611 Frontage Rd

Name and Address of property owner if different than above: \_\_\_\_\_

Itemization of Fireworks to be sold: \_\_\_\_\_

- Cone fountains not exceeding 75 grams in weight, designed to sit on the ground, emits sparks & smoke. Caps containing not more than ¼ grain of explosive mixture. Toy snakes containing no mercury. Sparklers not exceeding 36" in length & not containing magnesium, chlorate or perchlorate. Devices that spray out paper confetti or streamers & contain less than ¼ grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flame and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding 75" designed to sit on the ground. \_\_\_\_\_

Richard Christensen

Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from May 1, 2017 through April 30, 2018

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. 01/07

CITY OF WISCONSIN DELLS  
APPLICATION FOR LICENSE  
FIREWORK SALES

Date Submitted: 03/17/2017 Fee: \$275.00 1st Site, \$60.00 add'l Sites \$335.00 Receipt No. 59076

Name of Applicant: Brian K. Holzem

Address of Applicant: 505 Bowman Road, Wisconsin Dells, WI 53965

Daytime Telephone Number: (608) 254-4101

Driver's License Number: H425-0715-6138-08 State: WI

Business Name(s) and Address(es) of where Fireworks are to be sold:

Native Sun - 302 Broadway, WI Dells

38 Broadway - 38 Broadway, WI Dells

Name and Address of property owner if different than above:

Itemization of Fireworks to be sold: Cone fountains not exceeding 75 grams in weight designed to sit on the ground; emits sparks and smoke. Caps containing not more than 1/4 grain of explosive mixture. Toy snakes containing no mercury. Sparklers not exceeding 36 inches in length and do not contain magnesium, chlorate, or per chlorate. Devices that spray-out paper confetti or streamers and contain less than 1/4 grain of explosive mixture. Devices that produce an audible sound but don't explode, spark, move, or emit an external flame after ignition and does not exceed 3 grams in weight. Devices that emit smoke with no external flames and do not leave the ground. Cylindrical fountains not exceeding 100 grams in weight with a diameter not exceeding .75 inches, designed to sit on the ground.



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

\_\_\_ Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

\_\_\_ Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from May 1, 2017, through April 30, 2018

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. 01/07

COPY

# City of Wisconsin Dells

## Application for: FIREWORK SALES

Date Submitted: 4-5-17 Fee: \$275 for First Site, \$60.00 for Add'l Sites 275.00 Receipt No. 59334

Name of Applicant: Maurer's Market

Address of Applicant: 216 Washington Ave. Wisconsin Dells

Daytime Telephone Number: (608) 254-8313

Driver's License Number: M 660-4355-7321-03 State: WI

Business Name(s) and Address(s) of where Fireworks are to be sold:

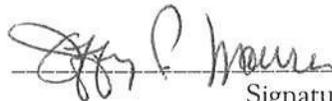
Maurer's Market  
216 Washington Ave.

Name and Address of property owner if different than above:

Jeff Maurer 53330 Fox Hill Rd. Baraboo, WI 53913

Itemization of Fireworks to be sold:

Sparklers - Firecrackers - Bottle Rockets, etc.



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.20

Date Approved: \_\_\_\_\_ Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

\* License valid from May 1, 2017 through April 30, 2018

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. 01/07

# City of Wisconsin Dells

ITEM 6

## Application for: RIDING STABLE/HORSES FOR HIRE

Date Submitted: 3/28/17 Fee \$200 Plus \$25 per horse \$575 Receipt No. 59242

Name of Applicant: Dells Adventure Dubont Inc Date of Birth: \_\_\_\_\_

Address of Applicant: 600 Trout RD - Wis Dells

Daytime Telephone Number: (608) 254-2735 Email Address: \_\_\_\_\_

Applicant's Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Name and Address of Business: Beaver Springs Riding Stable

Number of Horses: 15

Proposed hours of Operation: 9am - 7pm

Description of Route: (Attach map) on file (same as previous years)

\*Attach written permission from property owners if applicable.



Description of the manner and location in which the horses will be feed, sheltered, stabled or transported within the City:

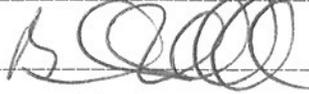
on file, same as previous years

Safety and Sanitation Methods: Same as last year

Printed Name of Applicant:

Dells Adventure Dubont Inc - Pres.

Brent Tollakson



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.01

Date Approved: \_\_\_\_\_ License Valid from \_\_\_\_\_, 20\_\_\_\_ through April 30, 20\_\_\_\_

Conditions (if any): \_\_\_\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_

Nancy Holzem

ITEM 7

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**Subject:** FW: Familyland Enterprises (MACS) Beer and wine

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**From:** Nicolas Morse [<mailto:nicolas.morse@gmail.com>]

**Sent:** Friday, April 07, 2017 7:29 AM

**To:** Nancy Holzem

**Subject:** Familyland Enterprises (MACS) Beer and wine

Nancy,

I would like to amend the premises description on the Class B Beer & Class C Wine license that is held by Familyland Enterprises LLC (for MACS Macaroni & Cheese Shop at 208 Broadway) to include the outdoor cafe zone area.

Thank you.

Nick Morse

Quota Plus H19-16

R# 55192

ITEM 8

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017

TO THE GOVERNING BODY of the: WISCONSIN DELLS

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (1.00), Class C wine, Class A liquor, Class A liquor (cider only) (N/A), Class B liquor (5.00), Reserve Class B liquor, Class B (wine only) winery, Publication fee (14), TOTAL FEE (614).

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company TRAVEL MART INC Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 53965

Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Rows include Gary Gussel, David Gussel, Joseph Gussel, Beernard E Gussel Jr, Richard Christensen.

C. 1. Trade Name TASTE OF NEW ORLEANS Business Phone Number 2. Address of Premises 452 BROADWAY Post Office & Zip Code 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. Restaurant, storage, outdoor patio, plaza
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses...
6. b. Are charges for any offenses presently pending...
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?
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?
9. Does the applicant understand they must hold a Wisconsin Seller's Permit?
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?

MARGARET CUSPUNKO Notary Public State of Wisconsin 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.

SUBSCRIBED AND SWORN TO BEFORE ME this 9th day of May, 2016 Margaret Cuspunko (Clerk/Notary Public) My commission expires 9-7-18

Signature of Gary Gussel (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) Signature of Joseph B. Dunsen (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 Table with columns: Date received and filed with municipal clerk, Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

ORDINANCE NO. \_\_\_\_\_

(Riding in Cargo Areas of Motor Vehicles)

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

SECTION I: PURPOSE

This ordinance authorizes the Chief of Police to prohibit persons riding in cargo areas of motor vehicles during periods of high traffic volume and activity associated with special events and festivals. The Chief must notify the Mayor and Common Council twenty-one (21) days in advance and provide adequate public notice of the temporary restriction. Operators of vehicles will be issued a warning before a citation is issued for a subsequent stop.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 10.30 is created.

SECTION III: PROVISION AS CREATED:

**10.30 Riding in Cargo Areas**

- (1) The Chief of Police is authorized to prohibit the following activity during periods of high traffic volume and activity associated with special events and festivals:

The operation upon a street or highway of a motor truck when any person is in the open cargo area of the motor truck.

- (2) The Chief of Police shall notify the Mayor and Common Council, in writing, at least 21 days in advance of the exercise of this authority; and the Mayor and Common Council may object and enjoin the exercise of authority.
- (3) The Chief shall post and erect such signs and notices as needed to provide reasonable warning of this temporary restriction.
- (4) No person shall be issued a citation for an offense until they have first been issued a warning.
- (5) The penalty shall be the following: \_\_\_\_\_

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 10.

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Brian L. Landers, Mayor

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Nancy R. Holzem, Clerk