

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE
DATE: MONDAY, JUNE 12, 2017 **TIME:** 5:00PM **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. Ben Anderson
AGENDA ITEMS	
1	CALL TO ORDER AND ATTENDANCE NOTED
2	APPROVAL OF THE APRIL 10, 2017 MEETING MINUTES
3	APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY TIME FANTASY PRODUCTIONS LLC, WILLIAM NEHRING AGENT, FOR THE HIDEAWAY, 2255 WISCONSIN DELLS PARKWAY FOR THE LICENSING PERIOD OF JULY 1, 2017 THROUGH JUNE 30, 2018 (License was previously under Jesse Nehring)
4	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF THE FOLLOWING LICENSES FOR THE LICENSING PERIOD OF JULY 1, 2017 THROUGH JUNE 30, 2018: <ul style="list-style-type: none"> a. CLASS A BEER LICENSE b. CLASS A LIQUOR LICENSE c. CLASS A BEER & CLASS A LIQUOR LICENSES d. CLASS B BEER LICENSES e. CLASS B BEER & CLASS C WINE LICENSES f. CLASS B BEER & CLASS B LIQUOR LICENSES g. CLASS B BEER & CLASS B (QUOTA PLUS) LIQUOR LICENSES
5	DISCUSSION/DECISION ON APPLICATIONS FOR SALE OF CIGARETTE AND TOBACCO PRODUCTS
6	DISCUSSION/DECISION ON APPLICATIONS FOR RENEWAL OF MOBILE HOME PARK LICENSES
7	DISCUSSION/DECISION ON APPLICATION FOR RENEWAL OF LIVESTOCK/POULTRY LICENSE
8	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO AMEND CODE SEC. 16.06 - LICENSING OF SEASONAL WORKFORCE HOUSING
9	ITEMS FOR REFERRAL TO SUBSEQUENT MEETING
10	ADJOURNMENT
	ALD. MIKE FREEL
	DISTRIBUTED & POSTED: 06/09/2017
	<p>Open Meetings Notice: If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>

R# 596 ITEM # 3

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

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

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

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

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

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

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

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>OWNER WILLIAM NEHRING</u>	<u>819 ELMST,</u>	<u>WIS DELLS 53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>William Nehring</u>	<u>819 Elm Street</u>	<u>Wis Dells WI 53965</u>
Directors/Managers			

3. Trade Name Hideaway Business Phone Number 608-254-4548
4. Address of Premises 2355 WIS DELLS PARKWAY Post Office & Zip Code WIS DELLS WI 53965

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

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

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

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? JESSES HIDEAWAY
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 27th day of July 2017
[Signature]
Clerk/Notary Public

[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>4-27-17</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

R# 59621 ITEM 4a

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. 456000051185104	FEIN Number: 39-1882088
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For the license period beginning: 07 01 2017 ending: 06 30 2018
(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

LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<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	\$ 14
TOTAL FEE	\$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:

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

▶ MARTIN RANDY LEE W5064 HWY B RIO WI 53960

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

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

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

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

- C. 1. Trade Name ▶ DBA: LOON LAKE CIGAR CO. Business Phone Number (608) 254-8598
2. Address of Premises ▶ 721 SUPERIOR STREET Post Office & Zip Code ▶ WIS DELLS WI 53965
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 721 SUPERIOR STREET WIS DELLS WI
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

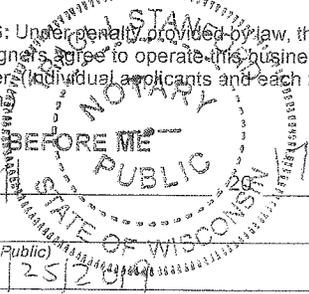
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual 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 28 day of April

[Signature]
(Clerk/Notary Public)

My commission expires 10/25/2019



[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>4-28-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59876 ITEM 4b

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456000019689004</u>		FEIN Number: <u>39-1558709</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	500	
<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	\$	14	
TOTAL FEE	\$	514	

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CARR VALLEY CHEESE CO INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

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

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

Directors/Managers

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

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

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

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

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

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

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

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

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

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

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

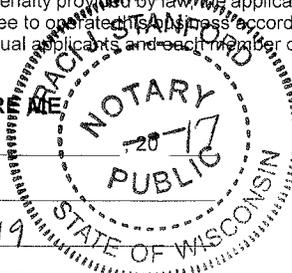
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18th day of May

(Clerk/Notary Public)
 My commission expires 10/25/2019



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

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

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

TO BE COMPLETED BY CLERK

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

R# 591679 456-1029167959 **ITEM 4c**

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 MAURER, JEFFREY PATRICK 53330 Fox Hill Rd Batawbau, WI 53913

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JEFFREY P. MAURER	53330 Fox Hill Rd, Batawbau, WI	53913
Vice President/Member	KRISTINA M. MAURER	9 OXFORD PLACE Maple Bluff WI	53704
Secretary/Member	Nancy C MAURER	53330 Fox Hill Rd, Batawbau, WI	53913
Treasurer/Member			
Agent	Kristina Maurer		
Directors/Managers	KEVIN L. PEDERSON		

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April
 Darlene E Berry (Clerk/Notary Public)
 My commission expires 06/02/2021
 (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 (Official of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

R# 59562

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

TO THE GOVERNING BODY of the: Town of Village of City of } WISCONSIN DELLS
County of COLUMBIA Aldermanic Dist. No. (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Travel Mart Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 120 Wisconsin Dells WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Gary Gussek 25 Siskiwit Cr Madison WI 53719
Vice President/Member David Gussek N897 1st Rd Bridgeville WI 53920
Secretary/Member Joseph Gussek 421 Church St Wisconsin Dells WI 53965
Treasurer/Member Bernard Gussek Jr 505 Coar St Wisconsin Dells WI 53965
Agent ▶ Beverly Meier 383 Fox Lane Oxford WI 53952
Directors/Managers

C. 1. Trade Name ▶ Broadway Travel Mart Business Phone Number 608-253-2091
2. Address of Premises ▶ 802 Broadway Post Office & Zip Code ▶ WI Dells WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 24th day of April MARGARET CZUPRYNKO Notary Public State of Wisconsin
Margarita Czuprynko (Clerk/Notary Public)
My commission expires 4-7-2018
Beverly Meier (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Beverly Meier (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No.: 436000057815604		FEIN Number: 39-1540227	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer	\$	100	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	500	
<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	\$	14	
TOTAL FEE	\$	614	

R# 59563

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

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

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: Title Name (Inc. Middle Name) Home Address Post Office & Zip Code President/Member Gary Gussel 25 SISKIWIIT CR Madison WI 53719 Vice President/Member David Gussel N997 15 RD Briggsville WI 52920 Secretary/Member Joseph Gussel 421 Church St Wisconsin Dells WI 53965 Treasurer/Member Bernard B. Gussel Jr. 505 Cedar St Wisconsin Dells WI 53965 Agent Darcy Cooper WIS 26 Trout Rd Wisconsin Dells, WI 53965

C. 1. Trade Name: LOWER DELLS Travel Mart Business Phone Number: 608-254-7097 2. Address of Premises: 710 TROUT RD Post Office & Zip Code: WIS DELLS WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME MARGARET CZUPRYNKO Notary Public State of Wisconsin (Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) this 24th day of April Margaret Czuprynko (Clerk/Notary Public) My commission expires 9-7-18

TO BE COMPLETED BY CLERK
Table with 3 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.

LICENSE REQUESTED table with columns TYPE and FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Travel Mart Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 120 WIS DELLS WI 539
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	25 SISKI WIT CR	Madison WI 53719
Vice President/Member	David Gussel	N 897 1st RD	Bridgesville, WI 53920
Secretary/Member	Joselyn Gussel	421 Church St.	Wisconsin Dells, WI 53965
Treasurer/Member	Bernard E. Gussel Jr.	505 Cedar St.	Wisconsin Dells, WI 53965
Agent	JOSHUA STEVENS	W10445 STATE #33	Portage, WI 53910

C. 1. Trade Name B + G Travel Mart Business Phone Number 608-254-5077
 2. Address of Premises W11 N Frontage Rd #2 Post Office & Zip Code Wis Dells WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME MARGARET CZUPRYNKO
 Notary Public
 State of Wisconsin
 this 24th day of April
Margaret Czuprynko (Clerk/Notary Public)
 My commission expires 9-7-18
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

R# 59561

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: TRAVEL MART INC Address of Corporation/Limited Liability Company (if different from licensed premises): PO BOX 120 WIS DELLS WIS SAUK All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Gussel	75 SISKI WILT CR	MADISON, WI 53719
Vice President/Member	David Gussel	NR 97 1ST RD	BRIDGESVILLE, WI 53920
Secretary/Member	Josiah Gussel	421 Church St	WISCONSIN DELLS, WI 53965
Treasurer/Member	Bernard E. Gussel JR.	505 Cedar St	WISCONSIN DELLS, WI 53965
Agent	Darcy Cooper	W 526 Trout Rd	WISCONSIN DELLS, WI 53965

C. 1. Trade Name: TRAVEL MART SHELL Business Phone Number: 708-254-4488 2. Address of Premises: 2415 WIS DELLS PARKWAY Post Office & Zip Code: WIS DELLS WI 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME MARGARET CZUPRYNKO Notary Public State of Wisconsin (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual) this 24th day of April Margaret Czuprynko (Clerk/Notary Public) My commission expires 9-27-18 (Official of Corporation/Member/Manager of Limited Liability Company /Partner) (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-25-17		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual 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 Walgreen Co.

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member _____
 Vice President/Member _____
 Secretary/Member Amelia Legutki 130 Homewood Ave. Libertyville, IL 60048
 Treasurer/Member _____
 Agent Dana Weiland, Store Manager
 Directors/Managers _____

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

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

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of April, 20 17

(Clerk/Notary Public)

My commission expires _____

Amelia Legutki
 Assistant Secretary

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

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

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

TO BE COMPLETED BY CLERK

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

R# 59423

Applicant's WI Seller's Permit No.: <u>456-0000455404-05</u>		FEIN Number: <u>36-1924025</u>
LICENSE REQUESTED		
TYPE	FEE	
<input checked="" type="checkbox"/> Class A beer	\$	100.00
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input checked="" type="checkbox"/> Class A liquor	\$	500.00
<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	\$	14.00
TOTAL FEE	\$	614.00

OFFICIAL SEAL
 ERIC J. SAUER
 Notary Public
 State of Wisconsin
 My Commission Expires 12/31/2018

ITEM 4d

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BRIDGEVIEW CORPORATION Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 513 WISCONSIN DELLS, WI All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

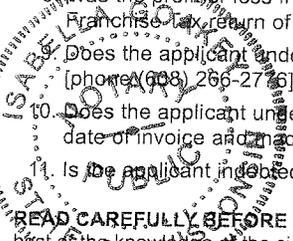
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MR. ANDREW W WATERMAN	441 ALCAN DR.	BARABOO, WI 53913
Vice President/Member	MR. ANDREW J WATERMAN	411 ALCAN DR.	BARABOO, WI 53913
Secretary/Member	MR. JOHN D WATERMAN	1011 WEBER DR.	WI DELLS, WI 53965
Treasurer/Member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

C. 1. Trade Name TIMBER FALLS ADVENTURE PARK Business Phone Number 608-963-1441 2. Address of Premises 1000 STAND ROCK RD Post Office & Zip Code PO BOX 513 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes [] No 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SKY SCRAPER BOOTH, GOLF BUILDING, 5. Legal description (omit if street address is given above): LOASTER BUILDING, GOLF COURSE

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [X] No b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [X] No 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. BETTER DESCRIPTION OF PREMISES [X] Yes [] No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [X] Yes [] No 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2766) [X] Yes [] No 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [X] Yes [] No 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] No



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

SUBSCRIBED AND SWORN TO BEFORE ME this 17th day of April, 2017. Isabella Kurland (Clerk/Notary Public) My commission expires 09/27/2020

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

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

R# 59754

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
456 102859263702		46 5567296	
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 type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	114	

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Rick Mueller Home Address 213 Windy Hill Post Office & Zip Code Wisc Delles, 53965 *Lat Fee \$50*

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Cheesey Tomato LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Ricky J Mueller 213 Windy Hill Rd Wisconsin Delles
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Rick Mueller
 Directors/Managers _____

C. 1. Trade Name ▶ The Cheesey Tomato Business Phone Number 608-393-6352
 2. Address of Premises ▶ 27 Broadway Post Office & Zip Code ▶ Delles, 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 14th day of May
 My commission expires 10/25/2019
 (Clerk/Notary Public)

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-4-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59575

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member
Vice President/Member
Secretary/Member
Treasurer/Member
Agent ▶ EDYTKA KAPUSTA 3901 RIVER ROAD, WISCONSIN DELLS WI 53965
Directors/Managers

C. 1. Trade Name ▶ EDYTKA'S POLISH RESTAURANT Business Phone Number 608-253-4558

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

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

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

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

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

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

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

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

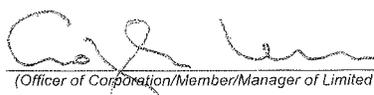
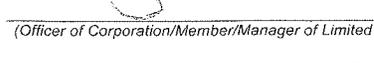
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

11. Is the applicant indebted to any wholesaler by more than 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 20th day of April 2017
(Clerk/Notary Public)
My commission expires 10/25/2019


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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-20-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 609 Wis Ave

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Gary Thompson	5108 Old Highway 12	Wis Dells 53965
Vice President/Member			
Secretary/Member	Henry Lukaszewicz	370 Wis Dells Hwy	Wis Dells 53965
Treasurer/Member	Ed Lukaszewicz	N 8445 Fox Run Rd	Wis Dells 53965
Agent	Gary Thompson		
Directors/Managers			

C. 1. Trade Name ▶ Region Post 187 Business Phone Number 608-253-5302

2. Address of Premises ▶ 609 Wis Ave Post Office & Zip Code ▶ Wis Dells 53965

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

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

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual 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 10th day of April 2019
 (Clerk/Notary Public)
 My commission expires 10/25/2019

Harold B Lankin
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Gary Thompson
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-10-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59370

Applicant's WI Seller's Permit No.: FEIN Number: 456 000 390116-02 39-0148750	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2017 ending: 6-30-2018
(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
 ▶ Medrano Juan C 324 1/2 Broadway Wis Dells WI 53961

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Juan C Medrano</u>	<u>324 1/2 Broadway</u>	<u>Wis Dells WI 53961</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Colatlan Mexican Restaurant Business Phone Number 608-254-8708
 2. Address of Premises ▶ 324 Broadway Post Office & Zip Code ▶ Wisconsin Dells 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Cement Block Building 28'x120'

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

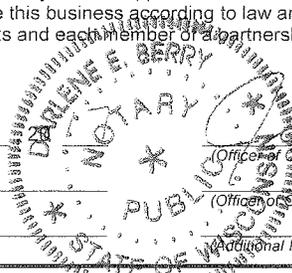
this 28th day of April
Darlene E. Berry (Clerk/Notary Public)
Juan C Medrano (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 My commission expires 06/02/2021
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

R# 59040

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-102702319303</u> <u>27-01571405</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14</u>
TOTAL FEE	\$ <u>114.00</u>



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Sherwood Forest Delles LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises)

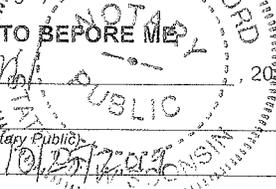
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member BRADLEY LEONARD GUSSEL 124 STANROCK RD WIS DELLS WI 53965
 Vice President/Member
 Secretary/Member
 Treasurer/Member
 Agent BRADLEY LEONARD GUSSEL
 Directors/Managers

C. 1. Trade Name SHERWOOD FOREST CAMPING & RV PARK Business Phone Number 608-254-7080
 2. Address of Premises 2852 WIS DELLS PKWY Post Office & Zip Code WIS DELLS 53965

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual 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 28th day of April, 2017

 (Clerk/Notary Public)


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

TO BE COMPLETED BY CLERK

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

E# 59639

Applicant's WI Seller's Permit No. / FEIN Number: <u>46-102311 2549-02 46-2435629</u>	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

R# 59624

Applicant's WI Seller's Permit No. FEIN Number:	
4561028 01463302 46-5056112	
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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Stromberg Wei LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 3235 Dons Rd Reedsburg, WI 53959
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Michael Edwin Stromberg	3235 Dons Rd	Reedsburg, WI 53959
Vice President/Member	Lisa Stromberg Wei	"	"
Secretary/Member			
Treasurer/Member			
Agent ▶	Michael E Stromberg	3235 Dons Rd	Reedsburg WI 53959
Directors/Managers			

C. 1. Trade Name ▶ Weichinese Restaurant Business Phone Number 608-844-3534
2. Address of Premises ▶ 630 S Fremont Rd Wis Dells Post Office & Zip Code ▶ 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 25th day of April, 2019
Cheryl A. Schmitt
(Clerk/Notary Public)
My commission expires March 3, 2019

Michael Stromberg
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Lisa Stromberg Wei
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Exempt RA# 59670+ 5967

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:	FEIN Number:
	72 1583644
LICENSE REQUESTED ▶	
TYPE	FEE
<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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 14
TOTAL FEE	\$ 114

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code #50 late fee
 Wisconsin Delles Home Talent Baseball - Rivermen

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Kevin M Donnelly 3629 State Rd 13 Wisc Delles WI 53965
 Vice President/Member Zach A. Zamzow 527 Race St. Apt. 7 Wisc Delles, WI 53965
 Secretary/Member Aaron Van Schuyler 714 Superior St Wisc Delles, WI 53965
 Treasurer/Member David M Donnelly 1880 Co. Rd N Wisc Delles, WI 53965
 Agent ▶ Kevin M Donnelly
 Directors/Managers

- C. 1. Trade Name ▶ Wisconsin Delles Rivermen Business Phone Number
 2. Address of Premises ▶ 510 Veterans Memorial Drive Post Office & Zip Code ▶ Wisc Delles 53965
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Concession Stand - Veterans Park
 5. Legal description (omit if street address is given above):
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Non Profit Tax Exempt - Below Inc. Lim Yes No
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 1st day of May
 Terri K. Donnelly (Clerk/Notary Public)
 My commission expires 8/27/2017
 Kevin M Donnelly (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if any)

TO BE COMPLETED BY CLERK

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

Ref 59345

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. <u>456 1027352045-03</u>		FEIN Number <u>90-0640113</u>	
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 type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	14	
TOTAL FEE	\$	114	

For the license period beginning: 07 01 2017 ending: 06 30 2019
(MM DD YYYY) (MM DD YYYY)

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

County of ADAMS 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

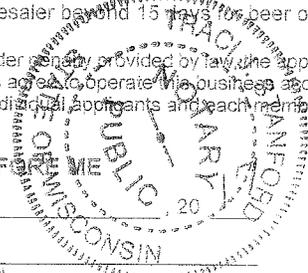
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ WOODSIDE SPORTS COMPLEX OPERATIONS LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W4217 50TH ST MAUSTON, WI
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member DAMON R ZUWALT 555 W GRAND BLVD ORMAND BEACH, FL 32174
Vice President/Member CHRIS LECHNIR 1401 VALLEY DR WISCONSIN DELLS, WI 53965
Secretary/Member _____
Treasurer/Member _____
Agent ▶ CHRIS LECHNIR
Directors/Managers _____

C. 1. Trade Name ▶ WOODSIDE SPORTS COMPLEX Business Phone Number 800-517-8360
2. Address of Premises ▶ 1770 S HWY 13 WISCONSIN DELLS, WI Post Office & Zip Code ▶ 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BLDGS & GROUNDS @ 1770 S HWY 13
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? if yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? if yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin income or Franchise Tax return of the licensee? if not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776) Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME this 10th day of April 2017
[Signature]
(Clerk/Notary Public)
My commission expires 10/25/2019



[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>4-6-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL

ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1, 2017 ending June 30, 2018

TO THE GOVERNING BODY of the: Wisconsin Dells

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

- 1. The named [] INDIVIDUAL [] PARTNERSHIP [] LIMITED LIABILITY COMPANY [X] 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.

President/Member Nancy A Kimps Vice President TAYLOR L. Kimps Secretary/Member Treasurer/Member Agent Nancy A. Kimps Directors/Managers

- 3. Trade Name Cheese Cake Heaven Business Phone Number 608-253-9394

- 4. Address of Premises 231 Broadway St. Wis. Dells Post Office & Zip Code Wis. Dell 53965

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [] Yes [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 and date 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? [X] 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 [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 29 day of March, 2017

Karen A Carpenter (Clerk/Notary Public)

My commission expires 3/22/19

NOTARY PUBLIC KAREN A CARPENTER (Official of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date original license issued, Signature of Clerk / Deputy Clerk

ITEM 4e R# 59349
Applicant's WI Seller's Permit No. / FEIN Number: 456-000533946-0439-1848772
LICENSE REQUESTED
TYPE FEE
[] Class A beer \$
[X] Class B beer \$ 100.00
[X] Class C wine \$ 100.00
[] Class A liquor \$
[] Class A liquor (cider only) \$ N/A
[] Class B liquor \$
[] Reserve Class B liquor \$
[] Class B (wine only) winery \$
Publication fee \$ 14.00
TOTAL FEE \$ 214.00

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company FAMILYLAND ENTERPRISES INC (807 Vine St. WDWI)

Address of Corporation/Limited Liability Company (if different from licensed premises) 208 BROADWAY

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member NICOLAS MORSE 924 CAPITAL WISCONSIN DELLS, WI 53965

Vice President/Member JACKIE MORSE 924 CAPITAL WISCONSIN DELLS, WI 53965

Secretary/Member _____

Treasurer/Member _____

Agent NICOLAS MORSE 924 CAPITAL WISCONSIN DELLS, WI 53965

Directors/Managers _____

C. 1. Trade Name THE MACARONI AND CHEESE SHOP Business Phone Number 608 678 2300

2. Address of Premises 208 BROADWAY Post Office & Zip Code WISC DELLS, 53965

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

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

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

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

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

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

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

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

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

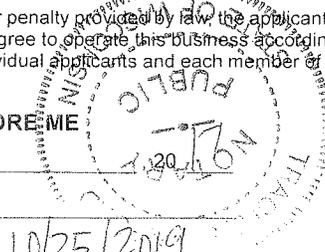
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April 2017

(Clerk/Notary Public)



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

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

My commission expires 10/25/2019
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

2# 59651

Applicant's WI Seller's Permit No. 45102816127102	FEIN Number 46-1889784
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ 14
TOTAL FEE	\$ 214

R # 59244

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 436-102813380-02		FEIN Number: 45-3779-6764	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input checked="" type="checkbox"/> Class C wine	\$	100	
<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	\$		14
TOTAL FEE	\$		214

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Randy D. Giescke Home Address 910 River Rd Wis Delles, WI 53965 Post Office & Zip Code 53965
Hidalgo Capital

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Hidalgo Capital LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Luisa Hidalgo 930 River Rd Wis Delles WI 53965
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Randy Giescke
 Directors/Managers Luisa Hidalgo

C. 1. Trade Name ▶ White Rose Tavern Business Phone Number (608) 253-1999
 2. Address of Premises ▶ 910 River Rd Wis Delles, WI Post Office & Zip Code ▶ 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 3rd day of April
Sammy R Miller
 (Clerk/Notary Public)
 My commission expires 4-14-18

NOTARY PUBLIC
 STATE OF WISCONSIN
Randy D Giescke
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
Randy D Giescke
 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>4-3-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59635

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company: Hubbert Creek Lodge & Suites, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises): PO Box 45

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (inc. Middle Name) Home Address Post Office & Zip Code
President/Member MIKE PODRICK KAMINSKI 995 South Grand Ave WIS DELLS, WI 53965
Vice President/Member ANN MARIE KAMINSKI 995 South Grand Ave WIS DELLS, WI 53965
Secretary/Member JOSEPH MICHAEL KAMINSKI 1803 Hillside Ct WIS DELLS, WI 53965
Treasurer/Member
Agent MIKE KAMINSKI
Directors/Managers

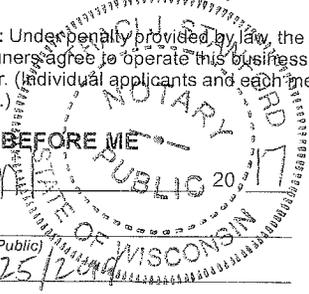
C. 1. Trade Name: AMERICINN LODGE & SUITES Business Phone Number: 608 254 1700
2. Address of Premises: 550 State Hwy 13 Post Office & Zip Code: WIS DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building and Grounds at 550 Hwy 13 and all contiguous land
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (808) 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

Applicant's WI Seller's Permit No.:	FEIN Number:
00008333 94-03	13-423 3514
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ 14
TOTAL FEE	\$ 214

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 28th day of April 2017
My commission expires 10/25/2017
(Clerk/Notary Public)



(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(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 MAMA Z'S GRILL LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1101 BROADWAY WI DELLS, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

C. 1. Trade Name MAMA Z'S COUNTRY GRILL Business Phone Number _____
 2. Address of Premises 1101 BROADWAY WISC DELLS, WI Post Office & Zip Code 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April

Nancy R. Holzem
(Clerk/Notary Public)

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

My commission expires 10-18-2019

[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>4-28-17</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59742

Applicant's WI Seller's Permit No./FEIN Number <u>450102934406802 81-4352784</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ <u>114</u>

R# 59354

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 231 Superior St

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member MIROSLAV T. KAROV 1023 RALE ST, WISCONSIN DELLS, WI 53965
Vice President/Member ZDRAVKO VIZABEL, 225 WINE ST, WISC DELLS, WI 53965
Secretary/Member
Treasurer/Member
Agent ▶ MIROSLAV KAROV
Directors/Managers

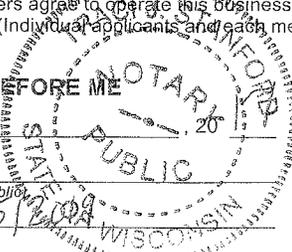
C. 1. Trade Name ▶ PIZZA VILLA Business Phone Number 608-254-8334

2. Address of Premises ▶ 231 Superior St Post Office & Zip Code ▶ WI, 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st floor, basement
- 5. Legal description (omit if street address is given above):
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 7th day of April 2017
[Signature]
Clerk/Notary Public
My commission expires 10/25/2019



[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 4-7-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: 456-1025057846247 FEIN Number: 2327647

LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<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	\$ 14
TOTAL FEE	\$ 214

Rt 59647

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/01/2017 ending: 6/30/2018
(MM DD YYYY) (MM DD YYYY)

Applicant's WI Seller's Permit No. / FEIN Number: <u>156-102886/19-02 47-4796164</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</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</u>
TOTAL FEE	\$ <u>214.00</u>

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

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

CHECK ONE Individual 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 ▶ PIZZA LAB LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 332 State Hwy 13, Wisc Delles, WI 53916
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member Owners - Burak Akbeg 33A Grand Canyon Dr Baraboo, WI
Vice President/Member Trisha Akbeg #212 53913
Secretary/Member _____
Treasurer/Member _____
Agent ▶ Burak Akbeg
Directors/Managers _____

C. 1. Trade Name ▶ Dells Pizza Lab Business Phone Number 608-253-0305
2. Address of Premises ▶ 332 State Hwy 13 Wisc Delles, WI Post Office & Zip Code ▶ 53965

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual 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 28th day of April, 2017
[Signature]
Clerk/Notary Public
My commission expires 10/25/2019

[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)

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 06 30 2018
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Rib Kings Of America INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Leon Agami	429 Broadway Wisconsin Dells WI	53965
Vice President/Member	Shlomi Fedida	429 Broadway Wisconsin Dells WI	53965
Secretary/Member			
Treasurer/Member			
Agent	ERIK OVERLAND 209 BROOKS ST PORTAGE WI 53901		
Directors/Managers	<u>Leon Agami</u>	<u>429 Broadway Wisconsin Dells WI</u>	<u>53965</u>

C. 1. Trade Name Famous Dave's BBQ Business Phone Number (608) 253-6683
 2. Address of Premises 435 Broadway Wisconsin Dells Post Office & Zip Code 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire Restaurant @ 435 Broadway
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

R# 59290 452-

Applicant's Wisconsin Seller's Permit Number: <u>00010000041345</u>	04
Federal Employer Identification Number (FEIN): <u>41-1913876</u>	
LICENSE REQUESTED	
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 14
TOTAL FEE	\$ 214

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of March
Darlene E. Berry
(Clerk/Notary Public)
 My commission expires 06/12/2017

Erik Overland
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Leon Agami
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Shlomi Fedida
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-4-2017</u>	State of <u>WI</u>	Date reported to clerk <u>3/1/2017</u>	Date license granted <u>MINI DAD LEON AGAMI - ONLY</u>
License number issued _____	Subscribed and sworn before me on <u>3/1/2017</u>	Date license issued _____	Signature of Clerk / Deputy Clerk _____

R# 59449

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 45-61026198331-02		FEIN Number: 45-3462656	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	100	
<input checked="" type="checkbox"/> Class C wine	\$	100	
<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	\$	14	
TOTAL FEE	\$	214	

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Martinez Luis A Home Address 415 6th Ave Baraboo WI 53913 Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ San Antonio Mexican Restaurant LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Luis A Martinez</u>	<u>415 6th Ave Baraboo WI 53913</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Luis A. Martinez</u>		
Directors/Managers			

C. 1. Trade Name ▶ San Antonio Mexican Restaurant Business Phone Number (608) 254-5798
2. Address of Premises ▶ 742 Eddy St Wisconsin Dells Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The place has a storage room w/key.
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If **yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If **yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If **yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler by more than 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 14th day of April 2017
[Signature]
Clerk/Notary Public
STATE OF WISCONSIN
My commission expires 10/25/2017

[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>4-17-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual 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 Apple Hospitality Group, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 Pewaukee Rd, #200, Waukesha 53188

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Mark Louis Dillon	34737 Elm Street, Oconomowoc, WI	53066
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Edward Richard Volkema	2829 Brewery Road, Cross Plains, WI	53528
Directors/Managers			

C. 1. Trade Name Applebee's Neighborhood Grill & Bar Business Phone Number 608-254-6900
 2. Address of Premises 340 Hwy 13 Post Office & Zip Code Wisconsin Dells 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5,127-sf of mall space with locked liquor cabinet and outdoor patio
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 5th day of April, 2017

My commission expires _____

Apple Hospitality Group, LLC

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

BY Mark Dillon, President

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-17-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ITEM 4F
59447 4-17-2017

Applicant's WI Seller's Permit No.:	FEIN Number:
456-102042096002	39-1928009
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

2# 59632

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-0000568508-04</u>		FEIN Number: <u>39-0842365</u>	
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	

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CHULA VISTA, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ P.O. Box 30 2501 River Rd.

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MIKE FREDRICK KAMINSKI</u>	<u>9915 South Grouse Ln.</u>	<u>Wis delles, WI 53965</u>
Vice President/Member	<u>ANN MARIE KAMINSKI</u>	<u>995 South Grouse Ln.</u>	<u>Wis delles, WI 53965</u>
Secretary/Member	<u>JEFF MICHAEL KAMINSKI</u>	<u>1003 Hillside Court</u>	<u>Wis delles, WI 53965</u>
Treasurer/Member	<u>JEFF MICHAEL KAMINSKI</u>		
Agent ▶	<u>MIKE KAMINSKI</u>		
Directors/Managers			

C. 1. Trade Name ▶ CHULA VISTA RESORT & CONFERENCE CENTER Business Phone Number 608 254 8366

2. Address of Premises ▶ 2501 River Road P.O. Box 30 Post Office & Zip Code ▶ 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building and Grounds @ 2501 River road

5. Legal description (omit if street address is given above): ? 1000 Chula Vista Parkway ? Golf Course ? All contiguous land.

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 28th day of April
[Signature]
My commission expires 4/25/19

[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>4-28-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59565
456-0000543518-01 47-0863736

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

County of COLUMBIA Aldermanic Dist. No. 1 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE	FEE		
<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	

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
~~DeFosse, Jesse, Raymond 502 Washington Ave, Wis Dells WI 53765~~

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 92 Wis Dells WI 53765

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Jesse Raymond DeFosse	502 Washington Ave Wis Dells, WI	53765
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Jesse DeFosse		
Directors/Managers			

C. 1. Trade Name ▶ Shootout Saloon, Toss Kitchen, McMor's Bar Business Phone Number 608-253-2628

2. Address of Premises ▶ 27 30x26 Broadway St + 731 2nd St Post Office & Zip Code ▶ Wis Dells, WI 53765

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

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

5. Legal description (omit if street address is given above): Including outdoor sand area

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 15th day of April 2017
 (Clerk/Notary Public)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-25-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59460

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018

TO THE GOVERNING BODY of the: WISCONSIN DELLS

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

CHECK ONE [X] 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 Address of Corporation/Limited Liability Company (if different from licensed premises) All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

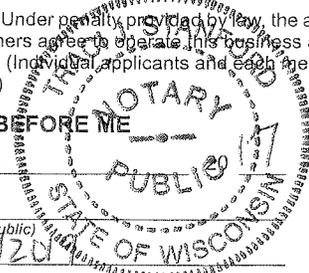
C. 1. Trade Name FISHER'S TAVERN Business Phone Number 253-7049 2. Address of Premises 719 SUPERIOR ST. Post Office & Zip Code WISCONSIN DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR + BASEMENT AT 719 SUPERIOR ST.
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [X] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [X] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [] Yes [X] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [X] Yes [] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [X] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [X] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [X] No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April 2017 My commission expires 10/25/2017



Signature of Douglas E. Fisher (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

TO BE COMPLETED BY CLERK

Table with 3 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

R# 59666 R# 59666
 \$50.00 Lak Fe

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual 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 Helland Food Group LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. Box 626 Wis. Dells, WI 53965

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Eric Cross Helland 205 Windy Hill Rd Wisconsin Dells WI 53965

Vice President/Member Mary Joan Helland 205 Windy Hill Rd Wisconsin Dells WI 53965

Secretary/Member _____

Treasurer/Member _____

Agent Eric C. Helland

Directors/Managers _____

C. 1. Trade Name Mexicali Rose Waterside Grill Business Phone Number 608 254-6036

2. Address of Premises 2370-2390 WIS. DELLS PKWY Post Office & Zip Code WIS DELLS 53965

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

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

5. Legal description (omit if street address is given above): including outside service areas

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of May, 2017

Patricia Holten
 (Clerk/Notary Public)

My commission expires May 19, 2017

[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>5-1-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(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
 ▶ N/A

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 660, WIS DELLS, WI 53965

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>THOMAS E HELLER</u>	<u>1201 ELM ST, WIS DELLS, WI</u>	<u>53965</u>
Vice President/Member			
Secretary/Member	<u>JANE M HELLER</u>	<u>1201 ELM ST, WIS DELLS, WI</u>	<u>53965</u>
Treasurer/Member			
Agent	▶ <u>THOMAS E HELLER</u>		
Directors/Managers	N/A		

C. 1. Trade Name ▶ MONKS BAR & GRILL

Business Phone Number 608-254-8386

2. Address of Premises ▶ 220 BROADWAY

Post Office & Zip Code ▶ WIS DELLS, WI 53965

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

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

5. Legal description (omit if street address is given above): BASEMENT & 3 SERVING LEVELS)

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME, County of Columbia
 this 4 day of April, 2017

My commission expires 5-17-18

Jane Heller
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Thomas E Heller
 (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>4-6-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59348

Applicant's WI Seller's Permit No. 45600000639704	FEIN Number: 39-1407875
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

R# 59537

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company High Back Inc.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Wade L Bernander	696 walden Ave	Wis Dells 53965
Vice President/Member	Justin B Drogan	1111 Capital St.	Wis Dells 53965
Secretary/Member			
Treasurer/Member			
Agent	Wade Bernander		

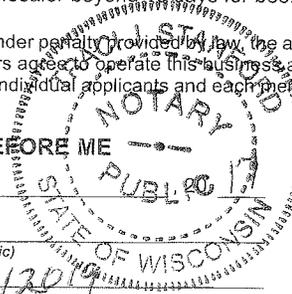
C. 1. Trade Name High Back Cafe Business Phone Number 608 254 5677
2. Address of Premises 232 Broadway Post Office & Zip Code Wis Dells 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 232 Broadway, 741 oak st, 739 oak st
- 5. Legal description (omit if street address is given above): 2nd floor, street level, and basement, Also outdoor
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April 2017
[Signature]
[Signature]
My commission expires 10/25/2019



[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 4-24-17	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ JAM FOOD & FUN, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 68, LAKE DELTON, WI 53940
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>JEFFREY MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Vice President/Member	<u>MARCI MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Secretary/Member	<u>MARCI MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Treasurer/Member	<u>JEFFREY MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>
Agent	<u>JEFFREY MORRIS</u>	<u>204 SARRINGTON ROAD WI DELLS WI</u>	<u>53965</u>

Directors/Managers

C. 1. Trade Name ▶ DELLS DISTILLERY Business Phone Number 608-254-8100
 2. Address of Premises ▶ 206 BROADWAY Post Office & Zip Code ▶ 53965

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, 1ST FLOOR, 2ND FLOOR, DECK
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 1st day of February, 2017

Susan D...
(Clerk/Notary Public)

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

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

My commission expires 1/21/2018
State of Wisconsin

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>2-17-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 58673 2/17/2017

Applicant's WI Seller's Permit No.: 456102791169803	FEIN Number: 46-2087797
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 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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(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 Nig's Bar Connors Properties
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 94 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>Penelope M Connors</u>	<u>858 S Grouse Ct. Wis Dells</u>	<u>53965</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Penelope M Connors</u>	<u>858 S Grouse Wis Dells WI</u>	<u>53965</u>
Directors/Managers			

C. 1. Trade Name Nig's Bar Business Phone Number 608-237-6811
 2. Address of Premises 281 Broadway Wis Dells Post Office & Zip Code Wis Dells 53965

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

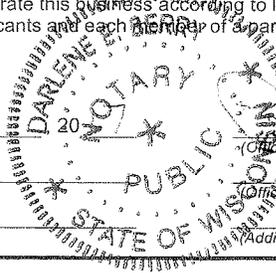
R# 59618

Applicant's WI Seller's Permit No.: <u>456-000-42666-94</u>	FEIN Number: <u>39-1845103</u>
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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26th day of April 2021
Darlene E Berry
(Clerk/Notary Public)
 My commission expires 06/30/2021
Penelope M Connors
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Penelope M Connors
(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>4-28-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
POLYNESIAN AQUISITION PARTNERS, LLC

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MBR: PAP HOLDING, LLC	1331 4th AVE N.	# 102 MYRTLE BEACH, SC 29577
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>ROBERT ROGNRUD</u>	<u>857 N. FRONTAGE RD. WISCONSIN DELLS, WI 53965</u>	<u>Joshua Klug 13391 Flynn Drive, Montello WI 53949</u>
Directors/Managers	MGR: SHF MANAGER, LLC	1331 4th AVE N, # 102	MYRTLE BEACH, SC 29577

C. 1. Trade Name POLYNESIAN WATER PARK RESORT

Business Phone Number 608-254-2883

2. Address of Premises 857 N. FRONTAGE RD

Post Office & Zip Code 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of April, 2017

[Signature]
 (Clerk/Notary Public)

My commission expires 10/25/2017

[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>4-27-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59596

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-1028659361-02</u> <u>46-5424152</u>	
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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RRAD DEVELOPMENT LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	RICHARD MAKOWSKI	400 COUNTR HWY A, WIS. DELLS, WI 53965	
Vice-President/Member	ADAM MAKOWSKI	106 SWEET BRIAR DR., WIS DELLS, WI 53965	
Secretary/Member	RICH V MAKOWSKI	1124 CLARA AVE. WIS DELLS, WI 53965	
Treasurer/Member	DAVID MAKOWSKI	111 SWEET BRIAR DR. WIS. DELLS, WI 53965	
Agent ▶	RICH V. MAKOWSKI	1124 CLARA AVENUE, WIS DELLS, WI 53965	

C. 1. Trade Name ▶ RIVER INN RESORT Business Phone Number 608-253-1231
 2. Address of Premises ▶ 1015 RIVER ROAD Post Office & Zip Code ▶ WISCONSIN DELLS, WI 53965

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5 STORY BUILDING, ALL FLOORS
- Legal description (omit if street address is given above): RIVER INN COMPLEX ON BOTH SIDES OF RIVER ROAD
- 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
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. TRADE NAME CHANGE TO RIVER INN RESORT Yes No
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12 day of April, 2017
 Michelle S. Szymanski
 (Clerk/Notary Public)
 My commission expires 3-22-2018

Richard Makowski
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 Richard V. Makowski
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
4-12-2017		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 Hanson Gary Lee 4124 River Road Wisconsin Dells 53968

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
 Address of Corporation/Limited Liability Company (if different from licensed premises)
 Silver Spruce Resort LLC

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Gary Lee Hanson 4124 River Road Wisconsin Dells 53968
 Vice President/Member
 Secretary/Member
 Treasurer/Member
 Agent Gary Lee Hanson
 Directors/Managers

C. 1. Trade Name Rubb's Steakhouse Business Phone Number 608-253-1818
 2. Address of Premises 4124 River Road Post Office & Zip Code Wisconsin Dells 53968

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar, Restaurant, Walk in cooler, Living Room,
- 5. Legal description (omit if street address is given above): 1500 sq ft, office, kitchen, grounds, rooms, poolside bar, bar room, basement walk in cooler
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 24th day of April 2018
 (Clerk/Notary Public)
 My commission expires 10/25/2018

Gary Lee Hanson
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-24-2018	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R# 59536
 456-1027347065-02
 Applicant's WI Seller's Permit No.: FEIN Number:
 456-1027347 39-2015305
LICENSE REQUESTED 02

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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Six K's Keg Inc

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

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

Title	Name (inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Keith Glen Koehler</u>	<u>237 Capital St</u>	<u>Wisc Dells 53965</u>
Vice President/Member			
Secretary/Member	<u>Roberta Lee Koehler</u>	<u>1144 Gale Ave</u>	<u>Wisc Dells 53965</u>
Treasurer/Member			
Agent	<u>Keith Glen Koehler</u>	<u>237 Capital St</u>	<u>Wisc Dells 53965</u>
Directors/Managers			

C. 1. Trade Name The Keg Business Phone Number 608-254-7475

2. Address of Premises 732 Oak St Post Office & Zip Code Wisc Dells 53965

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

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

5. Legal description (omit if street address is given above): 716 Oak st

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

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

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Adding 716 Oak st Yes No

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10th day of April, 2017

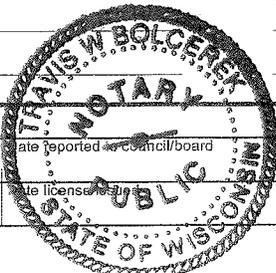
[Signature]
(Clerk/Notary Public)

My commission expires 1-14-18

[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>4-25-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RH 59552

Applicant's WI Seller's Permit No. <u>456-0000321844</u> FEIN Number: <u>39-1808415</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input 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 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

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

02 R#59733 + 5973

Applicant's WI Seller's Permit No. FEIN Number: 450-10092268047 81-4440717	
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	\$ 1214

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code B 50 Lake
_____ _____ _____
_____ _____ _____

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

Address of Corporation/Limited Liability Company (if different from licensed premises) SKY BOX, LLC
1608 CLIFFVIEW ONALASKA WI 54650

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>ANTONIO ANGELINI</u>	<u>1608 Cliffview Ave</u>	<u>Onalaska, WI 54650</u>
Vice President/Member	<u>JOHN MATOJSEK</u>	<u>N5338 Campen Ct</u>	<u>Black River Falls 54615</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>ANTONIO ANGELINI</u>	<u>1608 Cliffview Ave</u>	<u>Onalaska WI 54650</u>
Directors/Managers			

C. 1. Trade Name SKYBOX SPORTS BAR + GRILL Business Phone Number 608-678-3333

2. Address of Premises 701 BROADWAY ST Post Office & Zip Code WI DELLS, WI 53965

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 3rd day of May, 2017
April C. Amundson
(Clerk/Notary Public)
 My commission expires 5/8/17

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[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>5-8-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

R#59444 4-17-17

1199-02

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. 456 1029236		FEEL Number: 31-3056634	
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	

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
▶ Brown Mark C N540 County N WI Delles 53965

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	MARK C BROWN	N540 County N	53965
Vice President/Member	SARAH L BROWN	N540 County N	53965
Secretary/Member			
Treasurer/Member			
Agent ▶	Mark Brown		

C. 1. Trade Name ▶ Chalet Lanes + Lounge Business Phone Number 608 254 8727

2. Address of Premises ▶ 740 Elm St Wis Delles Post Office & Zip Code ▶ 53965 (PO BOX 17)

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Chalet Lanes located @ 740 Elm St.

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

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

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

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

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

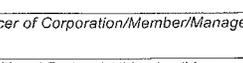
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 17th day of April 2017
(Clerk/Notary Public)
My commission expires 10/25/2017


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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-17-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual 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 ▶ TIMBER FALLS FOOD, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 951 STAND ROCK RD

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member MARK C. SCHMITZ 140 WHITLOCK WIS DELLS, 53965

Vice President/Member PHILLIP JUDE SCHMITZ 370 ALCAN BARABOO, WI 53913

Secretary/Member ANDREW W. WATERMAN 441 ALCAN BARABOO, WI 53913

Treasurer/Member ANDREW J. WATERMAN 411 ALCAN BARABOO, WI 53913

Agent ▶ ANDREW W. WATERMAN 441 ALCAN BARABOO, WI 53913

Directors/Managers JOHN D. WATERMAN 1011 WEBER AVE. WIS DELLS, 53965

C. 1. Trade Name ▶ KICKERRS Business Phone Number 608-253-0900

2. Address of Premises ▶ 951 Stand Rock Road Post Office & Zip Code ▶ WIS DELLS 53965

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

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

5. Legal description (omit if street address is given above): SERVED IN RESTAURANT & OUTDOOR PATIO

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of April, 2017

Kathleen P. Gorman
(Clerk/Notary Public)

KATHLEEN P. GORMAN
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 2-17-20

[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>4-23-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

#59630

Applicant's WI Seller's Permit No. / FEIN Number. 456-1028939328 / 47-4293643	
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

R# 59644

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018

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

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

CHECK ONE [] Individual [] Partnership [] Limited Liability Company [x] 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 T.R. NELSON, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) P.O. BOX 590, WIS DELLS, WI

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member TODD R. NELSON, 835 HWY H, LOT 100 WISCONSIN DELLS, WI 53965
Vice President/Member SHARI L. NELSON, 835 HWY H, LOT 100 WISCONSIN DELLS, WI 53965
Secretary/Member STEVEN M PINE, 407 CLARA AVE #104 WISCONSIN DELLS, WI 53965
Treasurer/Member MARY BONTE SPATH, W8497 NORTH 2ND CT OXFORD WI 53952
Agent PATRICK STEFFES, 833 HWY H, UNIT 13, WISCONSIN DELLS, WI 53965
Directors/Managers

C. 1. Trade Name TRAPPERS TURN GOLF CLUB Business Phone Number 608 253-7000
2. Address of Premises 2955 WISCONSIN DELLS PARKWAY Post Office & Zip Code WI DELLS, WI 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CLH, MOBILE & STATIONARY BEV CARTS
5. Legal description (omit if street address is given above): OUTDOOR DECKS, 27 HOLE GOLF COURSE & CART PATHS
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side [] Yes [x] No
b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side [] Yes [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. [] Yes [x] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. [x] Yes [] No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [x] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [x] No

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

SUBSCRIBED AND SWORN TO BEFORE ME

ms 25th day of April, 2017

Mary Bonte Spath (Clerk/Notary Public)

My commission expires 9/4/2020

NOTARY PUBLIC STATE OF WISCONSIN
Signature of Todd R. Nelson
Signature of Mary Bonte Spath
Signature of Patrick Steffes

TO BE COMPLETED BY CLERK

Table with 3 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

R# 59547

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
~~Farmer William Brian 10857 Fox Run Rd Wisc Delles WI 53965~~
~~Molina Joseph E 25 Sweetbriar Wisc Delles WI 53965~~

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Uptown Sand Bar Corp.
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 130 Washington Ave Wisc Delles WI 53965

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
President/Member William B. Farmer 10857 Fox Run Rd Wisc Delles WI 53965
Vice President/Member Joseph E. Molina 25 Sweetbriar Wisc Delles WI 53965
Secretary/Member William Farmer
Treasurer/Member Joseph Molina
Agent ▶ William Farmer
Directors/Managers Joseph Molina Po Box 598

C. 1. Trade Name ▶ Uptown Sand Bar (Sand Bar-) Business Phone Number 608 253-3073
2. Address of Premises ▶ 130 Washington Ave Post Office & Zip Code ▶ 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 27th day of April 2017
[Signature]
[Signature]
My commission expires 10/25/2017

[Signature] William B. Farmer
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] Joseph Molina
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if any)

Date received and filed with municipal clerk 4-27-2017	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"POPULATION RESERVE"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
4561026710888-03		26-3382390	
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	

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ ~~Leonhardt, Dennis J.~~ 20 Rivers Edge Rd. Wisconsin Dells, WI 53765

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Knot 2 LLC, DBA Riverwalk Pub + Rest

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 20 Rivers Edge Rd, WI Dells, WI 53765

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Dennis J. Leonhardt Jr. 20 Rivers Edge Rd. WI Dells, WI 53765
 Vice President/Member Donne Leonhardt 20 Rivers Edge Rd. WI Dells, WI 53765
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Dennis J. Leonhardt, 20 Rivers Edge Rd, WI 53765
 Directors/Managers _____

C. 1. Trade Name ▶ Knot 2 LLC, DBA Riverwalk Pub + Restaurant Business Phone Number ▶ 608 254 8215

2. Address of Premises ▶ 711 River Road Post Office & Zip Code ▶ Wisconsin Dells, WI 53765

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 40'x60' Log wood-2 levels - outside beer garden, deck + patios
- 5. Legal description (omit if street address is given above): _____
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 13 day of April, 20 17

 (Clerk/Notary Public)
 My commission expires 02.21.20



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

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

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

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

"Quota Plus"

ITEM 49
R# 59249

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 06 30 2018

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Publication fee, and TOTAL FEE.

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 505 Broadway LLC

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

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

Table with columns: Title, Name (Inc. Middle Name), Home Address, Post Office & Zip Code. Includes entries for President/Member, Secretary/Member, Treasurer/Member, and Agent.

C.1. Trade Name Carvelli's Pizza and Pasta House Business Phone Number (608) 254-6156

2. Address of Premises 505 Broadway Wisconsin Dells Post Office & Zip Code 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. Entire Restaurant @ 505 Broadway

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

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

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

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

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

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 30 day of MARCH, 20 17

Kellie M. Begley (Clerk/Notary Public)

Kellie M. Begley Notary Public State of Florida

(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)

My commission expires

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk, Date reported to Commission No. FF 90372, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

"QUOTA PLUS"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company AMERICAN WORLD, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 2040 WIS DELLS PKWY, WIS DELLS, WI 53965
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>RICHARD MAKOWSKI</u>	<u>400 COUNTY HWY A, WIS DELLS, WI 53965</u>	<u>53965</u>
Vice President/Member	<u>GRACE MAKOWSKI</u>	<u>400 COUNTY HWY A, WIS DELLS, WI 53965</u>	<u>53965</u>
Secretary/Member	<u>GRACE MAKOWSKI</u>	<u>400 COUNTY HWY A, WIS DELLS, WI 53965</u>	<u>53965</u>
Treasurer/Member	<u>DAVID MAKOWSKI</u>	<u>111 SWEET BIRIAR DR., WIS DELLS, WI 53965</u>	<u>53965</u>
Agent	<u>DAVID MAKOWSKI</u>	<u>111 SWEET BIRIAR DR., WIS DELLS, WI 53965</u>	<u>53965</u>
Directors/Managers	<u>RICHARD MAKOWSKI</u>	<u>400 COUNTY HWY A, WIS DELLS, WI 53965</u>	<u>53965</u>

C. 1. Trade Name AMERICAN WORLD COMPLEX Business Phone Number 608-253-4451
 2. Address of Premises 400 COUNTY HWY A 2040 WIS DELLS PKWY Post Office & Zip Code WIS DELLS, WI 53965

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

R# 59414

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>45600000464</u>	<u>39-1162123</u>
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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 12 day of April, 2017
Michelle S. Sauer
(Clerk/Notary Public)
 My commission expires 3-22-21

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/coord	Date license granted
<u>4-12-2017</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"Devota Plus"

R# 59380

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018

TO THE GOVERNING BODY of the: [] Town of [] Village of [x] City of Wisconsin Dells

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

CHECK ONE [] Individual [] Partnership [x] Limited Liability Company [] Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Table with columns: Applicant's WI Seller's Permit No., FEIN Number, LICENSE REQUESTED, TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Arturo Contreras LLC Address of Corporation/Limited Liability Company 1260 E Hiawatha Dr Wisconsin Dells, WI 53965-0974

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code President/Member Sole Member Arturo Contreras Lopez 1260 E Hiawatha Dr Wisconsin Dells, WI 53965-0974

C. 1. Trade Name Fiesta Cancun Mexican Restaurant & Cantina WI Dells Business Phone Number 608-678-2333 2. Address of Premises 655 N Frontage Rd Post Office & Zip Code Wisconsin Dells, WI 53965-8355

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

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

SUBSCRIBED AND SWORN TO BEFORE ME this 11th day of April 2017 [Signature] (Clerk/Notary Public) My commission expires 10/25/2019

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

TO BE COMPLETED BY CLERK 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

R# 59352

"QUOTA PLUS"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Logging Camp Inc
Address of Corporation/Limited Liability Company (if different from licensed premises) 411 Hwy 13 Wis Dells, WI 53965
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mary C Hickey</u>	<u>19946 Kover Rd, Wis Dells, WI</u>	<u>53965</u>
Vice President/Member	<u>Trevor A Hickey</u>	<u>19946 Kover Rd, Wis Dells, WI</u>	<u>53965</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Trevor A Hickey</u>		
Directors/Managers	<u>Trevor A & Mary C Hickey</u>	<u>Lumberjack shop</u>	

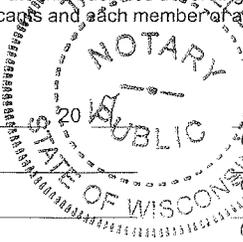
C. 1. Trade Name Paul Bunyan's Restaurant, Dells Lumberjack shop Business Phone Number 608 254 8717
2. Address of Premises 411 State Hwy 13 Post Office & Zip Code Wis Dells 53965

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 7th day of April
Sammy L Miller (Clerk/Notary Public)
My commission expires 4-14-18
Mary C Hickey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Trevor A Hickey (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-7-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"QUOTA PLUS"

RH 59331

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

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

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Myrt and Lucys Chat & Chew LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Member Marijo Jean Zietlow</u>	<u>1017 Race St</u>	<u>WI Delles 53965</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Marijo Zietlow</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Myrt and Lucys Chat & Chew Business Phone Number 608 253 0888

2. Address of Premises 414 Broadway St Post Office & Zip Code Wisconsin Delles WI 53965

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 414 Broadway St walk in cooler, office, Bar

5. Legal description (omit if street address is given above): Restaurant, Patio & Plaza

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

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

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

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

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

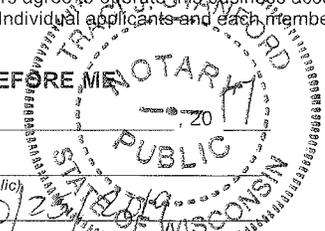
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 15th day of April

(Clerk/Notary Public)
 My commission expires 10/23/19



Marijo Zietlow
(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 <u>4-5-2017</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

"QUOTA PLUS"

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2018
(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 ▶ TRAVEL MART INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 120 WIS DELLS WI 53965
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GARY GUSSEL</u>	<u>25 SISKIYOU CIR</u>	<u>MADISON, WI 53719</u>
Vice President/Member	<u>DAVID GUSSEL</u>	<u>1597 1ST RD</u>	<u>BRIDGESVILLE, WI 53920</u>
Secretary/Member	<u>JOSEPH GUSSEL</u>	<u>421 CEDAR ST</u>	<u>WIS DELLS, WI 53965</u>
Treasurer/Member	<u>BERNARD E GUSSEL</u>	<u>505 CEDAR ST</u>	<u>WIS DELLS WI 53965</u>
Agent ▶	<u>RICHARD CHRISTENSEN</u>	<u>646 GILLETTE DR</u>	<u>WIS DELLS, WI 53965</u>

C. 1. Trade Name ▶ EL ASADOR Business Phone Number (708) 228-0073
 2. Address of Premises ▶ 432 BROADWAY Post Office & Zip Code ▶ WIS DELLS, WI 53965

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

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

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

this 27th day of April

Margaret Czuprynko (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 My commission expires 9-7-18
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

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

R# 59560

Applicant's WI Seller's Permit No. <u>45600005781560439</u>	FEIN Number: <u>1546227</u>
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

"Quota Plus"

R# 59346

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2017 ending: 06 30 2013

Table with columns: License Requested Type, Fee. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

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

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

CHECK ONE [] Individual [] Partnership [x] 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: WOODSIDE SPORTS COMPLEX OPERATIONS LLC. Address: W4217 50TH ST MAUSTON, WI. Officers: DAMON R ZUWALT, CHRIS LECHNIR.

C.1. Trade Name: WOODSIDE SPORTS COMPLEX Business Phone Number: 800-517-3360

2. Address of Premises: 2100 RIVER RD WISC DELLS, WI Post Office & Zip Code: 53965

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [] No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. BLDGS & GROUNDS @ 2100 RIVER RD
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee... [x] No
6. b. Are charges for any offenses presently pending... [x] No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? [x] No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? [x] Yes [] No
9. Does the applicant understand they must hold a Wisconsin Seiler's Permit? [x] Yes [] No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? [x] Yes [] No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? [] Yes [x] No

READ CAREFULLY BEFORE SIGNING: Under penalty of perjury, 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 17th day of April 2017. Notary Public Seal for Traci A. Stanfield.

Signature of Damon R. Zuwalt, Officer of Corporation/Member/Manager of Limited Liability Company (Partner/Individual).

Table with 3 columns: Date received and filed with municipal clerk (4-16-2017), Date reported to council/board, Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk.

RE 59413 MUNICIPAL USE ONLY \$100

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000446486-04
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) AMERICAN WORLD, INC.			Federal Employer Identification No. (FEIN) 39-1162123		
Trade or Business Name (if different than Legal Name) AMERICAN WORLD BP			Telephone Number (608) 432-7244		
Business Address (License Location) 2040 WIS DELLS PARKWAY		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 753-3700	
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		County SAUK
Mailing Address (if different than Business Address)			City	State	ZIP Code

Organization (check one)

- Sole Proprietor
- Wisconsin Corporation – Enter date incorporated: 1972
- Partnership
- Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME _____ Office of Corporation/Member/Manager of Limited Liability Company/Partner/Individual

this 12th day of Jan
2018
(Clerk/ Notary Public)

My commission expires 1/25/19



Application for Cigarette and Tobacco Products Retail License

R# 59636 MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000568508-04

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHULA VISTA, INC.			Federal Employer Identification No. (FEIN) 39-0842365		
Trade or Business Name (if different than Legal Name) CHULA VISTA RESORT & CONFERENCE CENTER			Telephone Number (608) 254 9366		
Business Address (License Location) 2501 River Rd. P.O. Box 30 1000 Chula Vista Pkwy			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) P.O. Box 30			City WISCONSIN DELLS	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 1951
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

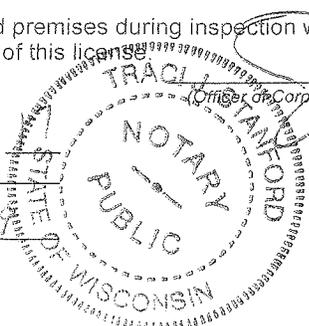
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 23rd day of April, 2017
[Signature]
(Clerk / Notary Public)

My commission expires 10/25/2019



R# 59620

MUNICIPAL USE ONLY \$100

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029167959-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>KRISTIE'S FOODS DELLS LLC</u>			Federal Employer Identification No. (FEIN) <u>81-4161056</u>	
Trade or Business Name (if different than Legal Name) <u>MAURER'S MARKET</u>			Telephone Number <u>(608) 254-8313</u>	
Business Address (License Location) <u>216 WASHINGTON</u>		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone <u>(608) 254-8313</u>
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	of: <u>WISCONSIN DELLS</u> County <u>COLUMBIA</u>	
Mailing Address (if different than Business Address)		City	State	ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 10/13/2016
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) LLC

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

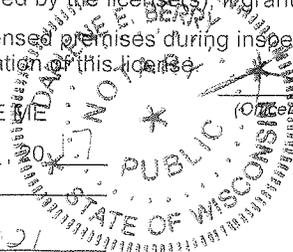
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s) granted, cannot be assigned to another.

Any lack of access to any portion of a licensee's 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 _____ (Official Capacity/Member/Manager of Limited Liability Company/Partner/Individual)

this 28th day of April
Maureen E. Berry
(Clerk / Notary Public)

My commission expires 06/02/2021



Application for Cigarette and Tobacco Products Retail License

\$100⁰⁰ *R# 59622*
MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000511851-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) RANDY L MARTIN			Federal Employer Identification No. (FEIN) 39-1882088		
Trade or Business Name (if different than Legal Name) DBA: LOON LAKE CIGAR CO.			Telephone Number (608) 254-8598		
Business Address (License Location) 721 SUPERIOR STREET			Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53960	of: WISCONSIN DELLS		Business Telephone (608) 254-8598
Mailing Address (if different than Business Address) W5064 HWY B			City RIO	State WI	ZIP Code 53960
			County COLUMBIA		

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dis/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

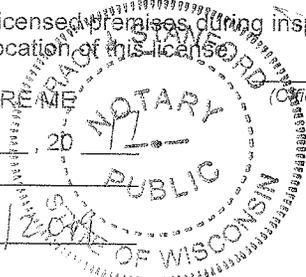
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME _____ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 28th day of April, 2017

(Clerk / Notary Public)



My commission expires 10/25/2018

Application for Cigarette and Tobacco Products Retail License

R# 59638
MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-102415549-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>SHERWOOD FOREST DELLS, LLC</u>			Federal Employer Identification No. (FEIN) <u>46-2435629</u>		
Trade or Business Name (if different than Legal Name) <u>SHERWOOD FOREST CAMPING & RV PARK</u>			Telephone Number ()		
Business Address (License Location) <u>2852 WISCONSIN DELLS PKWY</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	of: <u>WISCONSIN DELLS</u>		
Mailing Address (if different than Business Address)			City	State	ZIP Code
			Business Telephone <u>(608) 257-7080</u>		
			County <u>SAUK</u>		

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 04-13
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME _____ (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 28th day of April 2018

(Clerk/Notary Public)

My commission expires 10/24/2019

Application for Cigarette and Tobacco Products Retail License

R# 59445 MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1029236499-02

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Stage III LLC			Federal Employer Identification No. (FEIN) 81-3056634		
Trade or Business Name (if different than Legal Name) Chalet Lanes			Telephone Number (608) 254-8727		
Business Address (License Location) 740 Elm St		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone () 608-408-4322	
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		County Columbia
Mailing Address (if different than Business Address) PO BOX 17			City Wisconsin Delles	State WI	ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
this 17th day of April 2018
[Signature]
Clerk / Notary Public

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

My commission expires 10/25/2019

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number	R#19645
Period Covered	7/01/2017 6/30/2018
Date of Issuance	8/00

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000455693-04
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) T.R. NELSON, INC		Federal Employer Identification No. (FEIN) 39-1475671
Trade or Business Name (if different than Legal Name) TRAPPERS TURN GOLF CLUB		Telephone Number (608) 253-7000
Business Address (License Location) 2955 WISCONSIN DELLS PARKWAY	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Business Telephone (608) 253-7000
City WISCONSIN DELLS	State WI	ZIP Code 53965
Mailing Address (if different than Business Address) P.O. BOX 590		County SAUK
City WISCONSIN DELLS		State WI
		ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
 YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 YES NO 6. Does the applicant understand that they may not sell single cigarettes?
 YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

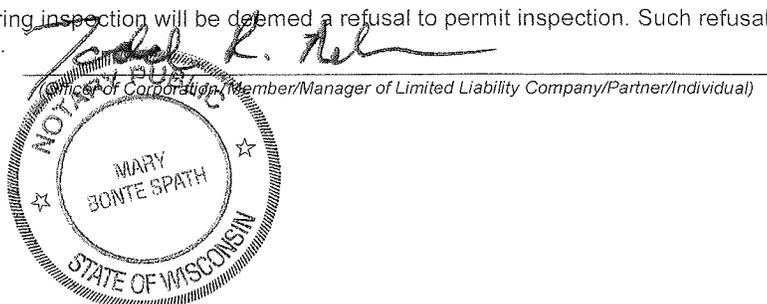
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

This 25th day of April, 2017
Mary Bonte Spath
 (Clerk / Notary Public)
 My commission expires 9/4/2020



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
496 000057815604

← This must be issued in the same Legal Name of the licensee below.

R# 59557

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>		
Trade or Business Name (if different than Legal Name) <u>Broadway Travel Mart</u>			Telephone Number <u>(608) 253-2091</u>		
Business Address (License Location) <u>802 Broadway</u>			Business Telephone ()		
Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town			City <u>Wisconsin Dells</u>		
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	County <u>Columbia</u>		
Mailing Address (if different than Business Address) <u>PO Box 120</u>			City <u>Wisconsin Dells</u>	State <u>WI</u>	ZIP Code <u>53965</u>

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 3/1/1980
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 24th day of April, 20 17
Margaret Czuprynska
 (Clerk / Notary Public)
 My commission expires 7-7-18

Ray [Signature]
 (Officer / Member / Manager of Limited Liability Company / Partner / Individual)



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000057815604

R# 59557

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>Travel Mart Inc.</u>			Federal Employer Identification No. (FEIN) <u>39-1546227</u>	
Trade or Business Name (if different than Legal Name) <u>LOWER DELLS Travel Mart</u>			Telephone Number <u>608 254-7097</u>	
Business Address (License Location) <u>7107 Trout Rd</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
City <u>WISCONSIN DELLS</u>	State <u>WI</u>	ZIP Code <u>53965</u>	of: <u>WISCONSIN DELLS</u>	
Mailing Address (if different than Business Address) <u>PO BOX 120</u>			City <u>Wisconsin Dells</u>	State <u>WI</u>
			ZIP Code <u>53965</u>	Business Telephone ()
			County <u>Sauk</u>	

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/01/1986
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

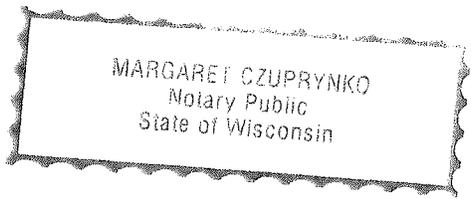
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 24th day of April, 2017
Margaret Czuprynski
 (Clerk / Notary Public)

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

My commission expires 9-7-18



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY **\$100**

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000057815604

← This must be issued in the same Legal Name of the licensee below.

R# 59557

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc		Federal Employer Identification No. (FEIN) 39-1546227
Trade or Business Name (if different than Legal Name) B+G Travel Mart		Telephone Number (608) 254-5077
Business Address (License Location) W N. Frontage Rd.		Business Telephone ()
City WISCONSIN DELLS	State WI	ZIP Code 53965
Mailing Address (if different than Business Address) PO BOX 120		County Sauk
City Wisconsin Dells		State WI
		ZIP Code 53965

Organization (check one)

- Sole Proprietor
 Wisconsin Corporation – Enter date incorporated: **03/01/1986**
 Partnership
 Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
 YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
 YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
 YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 YES NO 6. Does the applicant understand that they may not sell single cigarettes?
 YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

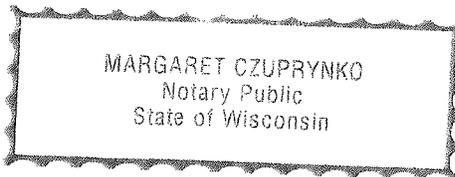
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

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

this 24th day of Apr., 2017
[Signature]
(Clerk / Notary Public)

My commission expires 9-7-18



Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000057815004

RU 59557
← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Travel Mart Inc			Federal Employer Identification No. (FEIN) 39-1546227		
Trade or Business Name (if different than Legal Name) Travel Mart Shell			Telephone Number (608) 254-4488		
Business Address (License Location) 2415 Wisconsin Dells Parkway			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City WISCONSIN DELLS	State WI	ZIP Code 53965	of: WISCONSIN DELLS		
Mailing Address (if different than Business Address) PO BOX 120			City Wisconsin Dells	State WI	ZIP Code 53965

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/01/1980

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO

Other (describe)

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME _____
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

this 24th day of April, 2017
Margaret Czuprynsko
(Clerk / Notary Public)

My commission expires 9-7-18



Application for Cigarette and Tobacco Products Retail License

R# 59598
MUNICIPAL USE ONLY \$100

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0003194655-03

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 7/1/2017-6/30/2018
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Uptown Sand Bar			Federal Employer Identification No. (FEIN)	
Trade or Business Name (if different than Legal Name) Sand Bar			Telephone Number (608) 253-3073	
Business Address (License Location) 130 Washington Ave		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 253-3073
City WISCONSIN DELLS	State WI	ZIP Code 53965	County Columbia	
Mailing Address (if different than Business Address) P.O. Box 598		City Wisconsin Dells	State	ZIP Code 53965

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 5/07
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
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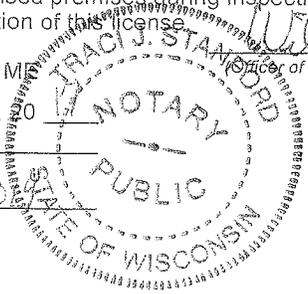
Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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SUBSCRIBED AND SWORN TO BEFORE ME _____, _____
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

this 21st day of April, 2018
(Clerk / Notary Public)



My commission expires 10/25/20

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

R# 59422
\$100

License Number
Period Covered 07/01/17-06/30/18
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-0000455404-05
--

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Walgreen Co.			Federal Employer Identification No. (FEIN) 36-1924025	
Trade or Business Name (if different than Legal Name) Walgreens #06885			Telephone Number (847) 527-4897	
Business Address (License Location) 300 Hwy 13		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 254-5760
City Wisconsin Dells	State WI	ZIP Code 53965	County Sauk	
Mailing Address (if different than Business Address) PO Box 901		City Deerfield	State IL	ZIP Code 60015

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
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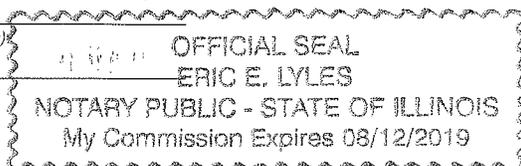
SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April, 20 17

(Clerk / Notary Public)

My commission expires _____

Amelia Legutki
Amelia Legutki
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Editorial Assistant/Secretary)



City of Wisconsin Dells

ITEM 6

Application for:

Mobile Home Park License

Date Submitted: 4-15-17 Fee: \$350.00 First 25 Sites or less 350
\$ 25.00 Each Additional Site 175 Receipt No. 59521
\$525

Name of Applicant: TUE mhp llc Dan Gillette

Address of Applicant: PO BOX 74 SANABRO

Daytime Telephone Number: () 608-772-0234

Evening Telephone Number: ()

Driver's License Number: Same State: WI

Legal Description/Address of the Park: Illinois + Plum ST.

On-Site Manager's Name: Same Mark Cobb

On-Site Manager's Address & Lot Number: 1044 Illinois

On-Site Manager's Telephone Number: 963-9062

*A complete site plan must be attached to the application. on file

[Signature]
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: _____ Conditions (if any): _____

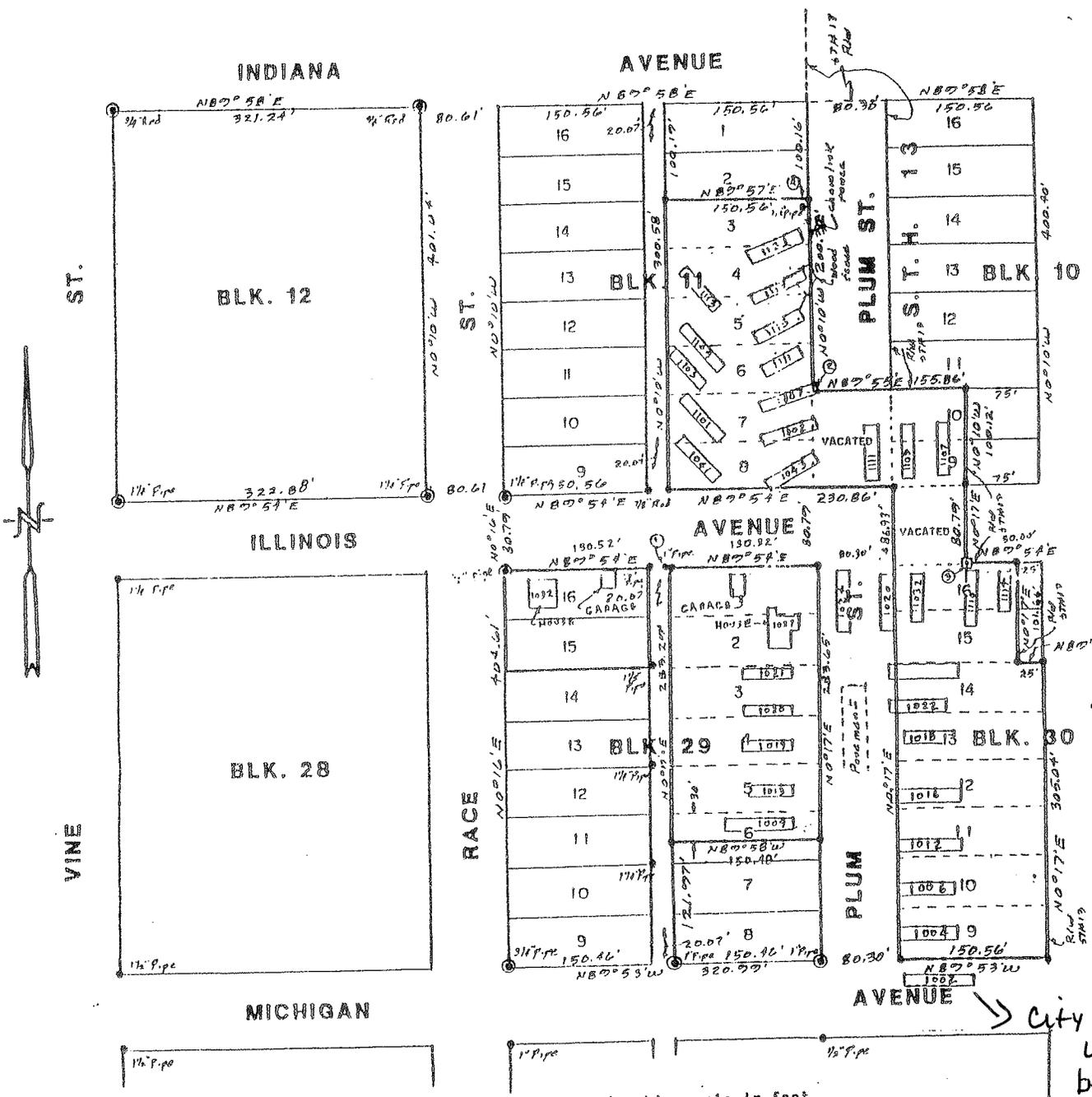
Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

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

TOWER VIEW MOBILE COURT

WISCONSIN DELLS WISCONSIN



[1167] = trailer home & address

* = Found pipe or rod as shown. © = Found pipe or rod as shown and used in this survey. Balance of pipes and rods found were because of various dimensional differences with those shown. ○ = Set 3/4"x24" round iron rod weighing 1.5#/lineal foot. Bearings are referenced to the pipes found at the block corners on the east line of Block 12 and assumed to bear N0°10'W. Near

all bearings of found and used pipes and rods are made to fit the commonly used multiplier of 1.0037 times the plotted dis

CITY OF WISCONSIN DELLS

NANCY R. HOLZEM
CITY CLERK / ADMINISTRATIVE COORDINATOR

300 LaCrosse Street
Wisconsin Dells, WI 53965

June 29, 2015

COPY

TVE MHP LLC
Dan Gillette
PO Box 74
Baraboo, WI 53913

RE: Towerview Estates Mobile Home Park License

Please be advised that the Wisconsin Dells Common Council approved your application for a Mobile Home Park License contingent upon at timeline begin established to remove/relocate the three units that are located in city's right of way (platted street).

- The unit located in right-of-way on Michigan Avenue needs to be moved/relocated no later than December 31, 2016.
- The two units located in the right-of-way on Plum Street need to be moved/relocated no later than December 31, 2017.

> City now owns.

If any city project warrants the removal sooner, you will be given no less than 90 days notice to have the affected unit(s) moved.

Respectfully,
CITY OF WISCONSIN DELLS



Nancy R. Holzem
City Clerk/Coordinator

City of Wisconsin Dells

Application for: Mobile Home Park License

Date Submitted: 3/16/17 Fee: \$350.00 First 25 Sites or less \$725⁰⁰ Receipt No. 59656
\$ 25.00 Each Additional Site

Name of Applicant: Fairway Mobile Home Park

Address of Applicant: PO Box 265 Mauston, WI 53948

Daytime Telephone Number: (608) 847-1000

Evening Telephone Number: (608) 408-9705

Driver's License Number: IS21-2616-2346-02 State: WI

Legal Description/Address of the Park: 610 Commercial Ave Wisconsin Dells, WI 53965

On-Site Manager's Name: Korey Pohl

On-Site Manager's Address & Lot Number: 610 Commercial Lot 619

On-Site Manager's Telephone Number: 715-397-7661

*A complete site plan must be attached to the application.



Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

Date Approved: _____ Conditions (if any): _____

Date Denied: _____ Reason(s): _____

* License valid from _____, 20__ through _____, 20__

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

Fairway Mobil & Home Park

Hwy 12/16

640	639	620	619*
638	637	618	617
636	635	616	615
634*	633	614	613
632	631*	612	611
630*	629*	610*	609
628	627*	608	607*
626	625	606	605
624	623	604	603
622	621*	602	601

* = Vacant, different prices see reverse side for them

610 Commercial Ave

WISC. DELLS

City of Wisconsin Dells

Application for: Mobile Home Park License

Date Submitted: 3/27/2011 Fee: \$350.00 First 25 Sites or less \$ 350.00 Receipt No. 59157
\$ 25.00 Each Additional Site

Name of Applicant: Stonecliff, LLC
Address of Applicant: PO Box 410 Wisconsin Dells, WI 53965
Daytime Telephone Number: (608) 254-7500
Evening Telephone Number: (608) 254-7500 State: _____
Driver's License Number: _____

Legal Description/Address of the Park: 300 Pioneer Drive; 04-13N-06E, S04-13-06 PRT
FR Lot 4 in SWSE being N. 386.64' of E 337.99'S of Pioneer Drive, 3.00A

On-Site Manager's Name: Al Rice / c/o Stonecliff, LLC
On-Site Manager's Address & Lot Number: Trailer North of Greenhouse
On-Site Manager's Telephone Number: 608-254-8336

*A complete site plan must be attached to the application.

A/C 8768000509 - \$175.00
A/C 0821010501 - \$175.00
\$ 350.00

Dominic J. H. Manager
Signature of Applicant

License subject to compliance with Wisconsin Dells Code Section 16.03

- Date Approved: _____ Conditions (if any): _____
 Date Denied: _____ Reason(s): _____

* License valid from _____, 20____ through _____, 20____

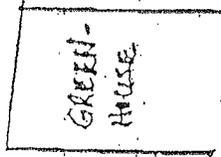
Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.

TO HIGHWAY 12
←

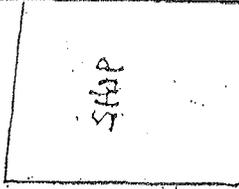
PIONEER DRIVE

ENTRANCE

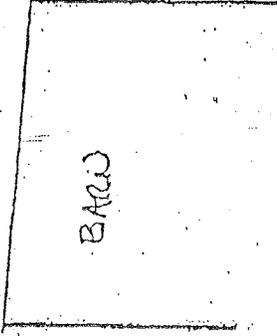
TRAILER
↓



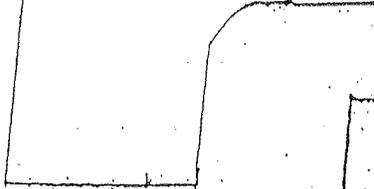
SHOP



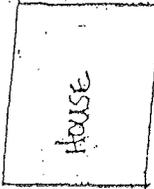
BAR



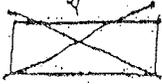
ENTRANCE
DRIVE



HOUSE



ENTRANCE
←



TO STARD ROCK
ROAD
→



City of Wisconsin Dells

ITEM 7

Application for: LIVESTOCK/POULTRY LICENSE

Date: 4-27-17

FEE \$3.00 per animal

Receipt No. 59745

Name of Applicant: BRIDGEVIEW CORP.

Address of Applicant: PO Box 513, Wisconsin Dells WI 53965

Name of Business: TIMBER FALLS ADVENTURE PARK

Address of Business: 1000 STAND ROCK ROAD

Daytime Telephone Number: (608) 254-8414 Cell Phone: 608-963-0941

Number and type of livestock or poultry to be kept: 1 DONKEY

2 SHEEP

11 GOATS

Information on where livestock/poultry will be kept and maintained: IN THE FENCED AREA
(PETTING ZOO) AT TIMBER FALLS MINI GOLF

KEVIN GRUBER

Printed Name of Applicant

Kevin Gruber

Signature of Applicant

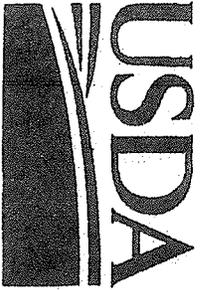
Subject to compliance with Wisconsin Dells Municipal Code sec. 16.02

Licensing period runs July 1st through June 30th of each year.

Date Approved: _____ day of _____ 20__

Date Denied: _____ Reason(s): _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 06/13



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: JULY 22, 2017

This is to certify that

BRIDGEVIEW CORP

is a licensed
under the

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No.

35-C-0383

Customer No.

330388

Deputy Administrator



United States
Department of
Agriculture

Marketing &
Regulatory
Programs Business
Services

Animal and
Plant Health
Inspection
Service

Animal Care

920 Main Campus
Drive, Suite 200
Raleigh, NC
27606-5213
Tel. 919-855-7100
Fax: 919-855-7123

RE: NEW LICENSE APPROVAL
Certificate Number: 35-C-0383
Renewal Date: 07/22/2017

July 22, 2016
Customer ID Number: 330388

Kevin Gruber
Bridgeview Corp
Po Box 513
Wisconsin Dells, WI 53965

Dear Licensee:

We write to inform you that you have met the licensing requirements under the Animal Welfare Act (AWA). Accordingly, we are enclosing a copy of your approved application (APHIS Form 7003A), along with the official license certificate, which is suitable for display.

Please note the license expiration date. If you wish to renew this license for another year, we must receive your license renewal application and renewal fees on or before the expiration date of your license. We will send you the appropriate forms and instructions at least 6 weeks prior to the expiration date – this will serve as the sole reminder that your license is nearing expiration.

In addition to maintaining your facility and animals in accordance with the AWA and the regulations and standards, issued thereunder you must keep current, accurate records. You must also notify this office by certified mail of any change in name, address, management, or substantial control or ownership of your business within 10 days of the change.

We appreciate your efforts in complying with the Animal Welfare Act. Contact this office at (919) 855-7100 if you have any questions regarding this letter or the Animal Welfare Act.

Sincerely,

Craig A Nowakowski
Director of Program Support – Animal Care

cc: Scott M Welch, Vmo
Enclosures



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

16.06

SEASONAL WORKFORCE HOUSING FACILITIES

- (1) Definition. In this section, “Workforce Housing Facility” means:
- (a) A single family dwelling unit occupied by more than four unrelated persons.
 - (b) A building or buildings ~~formerly~~ *originally* operated and occupied as a hotel or motel, ~~now occupied for~~ *with any* limited term residential purposes ~~occupants~~; i.e., *staying at the facility* for more than thirty (30) days in a sixty (60) day period.
 - (c) A dormitory; i.e., a building or buildings with private or semi-private rooms and sleeping areas for residents along with common bathroom facilities, cooking/eating areas, and recreation areas.
- (2) Exclusions. The following are not Workforce Housing Facilities:
- (a) Hotel, motel or other facilities regulated under DHS 195 *with all occupants in the facility for less than thirty-one (31) days in a sixty (60) day period*; or, a single family dwelling on the premises of a hotel, motel or other facility regulated under DHS 195, used as living quarters for the operators or managers.
 - (b) Bed and breakfast established regulated under DHS 197.
 - (c) Apartment building in which the individual units meet the minimum standards of a multi-family facility including each units having a minimum of 300 sq. ft. and complete kitchen and bathroom facilities.
 - (d) Residential facilities for senior citizens or disabled persons licensed by the state.
 - (e) Single family residence (with full kitchen and bathroom facilities and minimum 850 sq. ft.), separate from the workforce housing units, occupied as a permanent dwelling for the on-site manager of a workforce housing facility.
- (3) License Required; Term and Inspections.
- (a) No person may maintain or operate a *Seasonal* Workforce Housing Facility in the City without a *Seasonal* Workforce Housing Facility License issued by the City.
 - (b) The licensing term *period* shall be one (1) year; ~~subject to designated use and occupancy periods~~ *May 1st through April 30th*.
 - (c) ~~If a facility will be occupied during the months of November through March, the City may conduct a supplemental inspection of the premises. The premises shall be inspected at the time of the initial application and annually in connection with a renewal; and at such other times as deemed necessary to assure occupant safety and code compliance.~~

- (4) Exclusive Use. A facility licensed under this section may not be operated as a business licensed under DHS 195 or 197.
- (5) Application. Applicants for a Seasonal Workforce Housing Facility License shall make written application on forms provided by the City not later than sixty (60) days prior to the anticipated occupancy date of the facility. The application shall include the following:
- (a) Site plan of the facility showing the location of units, common areas, laundry facilities, parking and waste disposal areas.
 - (b) Contact information for the owner/operator of the facility and for the on-site management and maintenance personnel.
 - (c) Narrative summary of facility supervision and maintenance plans and procedures.
 - (d) Plan to separate and screen the facility from any adjacent residence district premises.
 - (e) Facility rules.
 - (f) Proof of insurance with carrier and agent contact information.
 - (g) Title report or evidence.
- (6) Initial and Renewal Application Procedures.
- (a) Initial Application.
 - 1. Initial application for a Seasonal Workforce Housing Facility (SWHF) license shall be accompanied by a Conditional Use Permit (CUP) application. The CUP and SWHF applications may proceed simultaneously.
 - 2. Initial SWHF license applications shall be accepted and reviewed by the Planning & Zoning Administrator, who shall prepare and submit a staff report and make recommendation to the appropriate committee(s). The committee(s) shall make a recommendation of the Common Council which shall approve or deny the license.
 - 3. Approvals may include contingencies, conditions and restrictions. Denials shall be based upon specific reasons.
 - (b) Renewal Applications.
 - 1. Each application for license renewal shall include updated information and payment of applicable fee. The Zoning Administrator shall verify that the information provided on the license renewal application is complete and in accordance with the requirements of this Section. The Zoning Administrator shall forward the application to the Police

Department for their recommendation regarding any complaints received, calls for service or any actions taken regarding the licensed property.

2. The Zoning Administrator shall forward the renewal application to the Legislative Committee along with written recommendation(s) from the facility inspector. A Non-renewal shall be subject to due process standards of notice and opportunity to be heard.

3. No license shall be issued or renewed unless there is filed with the Zoning Administrator a completed Fire Inspection Report by the city's Fire Inspector dated within sixty (60) days of the issue date.

- (7) Fees. Pursuant to Code Sec. 2.05, the City shall establish fees for facilities licensed under this section, including inspections. The fee shall be paid in connection with the filing of an application. An application may not be processed or an inspection(s) conducted unless the fee is paid.
- (8) Minimum Management Requirements.
- (a) Except for onsite managers, or designated employees, no person shall reside in a regulated unit at a licensed facility for more than six (6) months in a twelve (12) month period.
 - (b) Each facility shall keep and maintain on the premises a complete and current roster of occupants organized alphabetically and by units, with move-in and move-out dates; which roster shall be available for inspection by the City upon request.
 - (c) Each facility shall have a set of rules for the premises acknowledged in writing by each occupant. Without limitation, the rules shall contain the minimum rules mandated by the City; and, the move-in and move-out dates for the individual occupant.
 - (d) Each facility shall be subject to inspections during the term of a license to assess compliance with this code and license conditions. The City shall provide twenty-four (24) hours notice of inspection to owners, operator, managers or occupants except when immediate entry is necessary due to health, safety or emergency. If a request for inspection or entry is denied, the City may seek a special inspection warrant from the municipal court.
 - (e) Each facility shall have, implement and maintain a process and procedure to document and correct occupant and city concerns within twenty-four (24) hours of receipt of notice.
 - (f) The following contact information shall be conspicuously posted in each unit of the licensed premises:
 - (i) Owner
 - (ii) Operator
 - (iii) Manager

- (iv) City Building Inspector
- (v) City Police Department
- (vi) City Fire Department

- (g) The following safety information shall be conspicuously posted in each unit of the licensed premises:
 - (i) Emergency egress and exits.
 - (ii) Care, maintenance and tampering with fire, carbon monoxide and other safety devices.
 - (iii) Proper use of electric devices, including extension cords.

(9) Minimum Facility Requirements.

- (a) Each room in which occupants regularly sleep shall have fifty (50) square feet of space per person and a minimum ceiling height of seven (7) feet.
- (b) Occupants shall have immediate access to a flush water closet, a lavatory basin and a bathtub or shower; all in good working condition, and properly connected to hot and cold water lines, and to an approved water and sewer system. The flush water closet and bathtub or shower shall be contained within a separate room.
- (c) The interior common and occupied areas of each licensed premises shall be kept safe, clean and sanitary.
- (d) The exterior, including parking areas, shall be well kept and maintained including lawns, trees, vegetation and snow removal.
- (e) All solid waste shall be disposed of in a safe and sanitary manner. The City may establish disposal area screening requirements.
- (f) Animals, except service animals, may not be kept on the licensed premises.
- (g) Each licensed premises shall be equipped with adequate and operating heating, ventilating and cooling systems.
- (h) Kitchens and other areas with food preparation appliances shall have dry wall or similar fire resistant wall covering.
- (i) Occupied areas shall have safe, unobstructed egress to open space at ground level. Below grade space shall not be occupied without two (2) or more exits. Areas above ground level shall have adequate emergency exits.
- (j) Licensed premises shall be equipped with operating smoke and carbon monoxide detectors consistent with applicable standards and City conditions.
- (k) Electrical equipment, wiring and appliances shall be properly installed and maintained.

- (l) Exterior windows shall be operable and shall be equipped with adequate screens.
 - (m) Licensed premises shall be kept free from nuisances or nuisance creating conditions.
 - (n) The City may prescribe such additional site specific facility requirements as it deems necessary for each licensed premises.
 - (o) Licensed premises shall provide each occupant with a lockable storage closet or cabinet of not less than twelve inches (12”) by twelve inches (12”) by eighteen inches (18”).
 - (p) Licensed premises shall provide free internet/wifi service in common areas to its occupants.
 - (q) Licenses premises shall provide each occupant with a separate bed.
 - (r) All occupants of a room in a license premises must be of the same gender unless all occupants of the bedroom consent to mixed-gender occupancy.
- (10) Enforcement.
- (a) License holders shall be subject to fines or forfeitures for failure to abide by the terms of this ordinance or other relevant city or state codes or regulations; including, without limitation, the provisions of Code Sec. 17. 10 “Chronic Nuisance Premises”; and, for failure to observe or implement license conditions. The penalty provisions of Code Sec. 30.04 shall apply. Each day a violation continues shall constitute a separate offense.
 - (b) Repeated and unabated violations of this code may also subject the license to non-renewal, suspension or revocation proceedings. Such proceedings shall include written notice to the license holder, hearing before and recommendation by the Plan Commission, and decision by the Common Council.
 - (c) If a license is non-renewed, suspended or revoked, the City shall take those actions necessary to protect the interests of effected occupants.