

# CITY OF WISCONSIN DELLS MEETING AGENDA

**MEETING DESCRIPTION:** LEGISLATIVE COMMITTEE  
**DATE:** MONDAY, JULY 11, 2016 **TIME:** 6:00PM **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. Ed Fox
AGENDA ITEMS	
1	CALL TO ORDER AND ATTENDANCE NOTED
2	APPROVAL OF THE JUNE 15, 2016 MEETING MINUTES
3	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER LICENSE SUBMITTED BY BE KIND STUDIOS, LLC, DAN FULWILER AGENT, FOR BE KIND STUDIOS, 714 OAK STREET, FOR THE LICENSING PERIOD OF JULY 19, 2016 THROUGH JUNE 30, 2017
4	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR LICENSE SUBMITTED BY STAGE III, LLC, MARK BROWN AGENT, FOR CHALET LANES & LOUNGE, 740 ELM STREET, FOR THE LICENSING PERIOD OF AUGUST 1, 2016 THROUGH JUNE 30, 2017 (Contingent upon current license for this location being surrendered.)
5	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR LICENSE (QUOTE PLUS HOTEL RESTAURANT PROVISION) SUBMITTED BY ARTURO CONTRERAS LLC, ARTURO CONTRERAS AGENT, FOR FIESTA CANCUN MEXICAN RESTAURANT, 655 N FRONTAGE ROAD, FOR THE LICENSING PERIOD OF JULY 19, 2016 THROUGH JUNE 30, 2017
6	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO ADD A STOP SIGN AT OAK AND WISCONSIN FOR WEST BOUND TRAFFIC; AND ANY ADDITIONAL TRAFFIC SIGN REQUESTS
7	ITEMS FOR REFERRAL TO SUBSEQUENT MEETING
8	ADJOURNMENT
	ALD. MIKE FREEL
	DISTRIBUTED & POSTED: 07/08/2016
	<p><b>Open Meetings Notice:</b> If this meeting is attended by one or more members of the Common Council who are not members of this committee, their attendance may create a quorum of another city commission, board or committee under the Wisconsin Open Meetings Law; However, no formal action will be taken by any governmental body at the above stated meeting other than the body, committee, commission, or board identified in this meeting notice. Please be advised that upon reasonable notice, the City of Wisconsin Dells will furnish appropriate auxiliary aids and services to afford individuals with disabilities an equal opportunity to participate in meeting activities.</p>

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning APRIL 1 July 19 20 2016 ;  
ending MARCH 31 June 30 20 2017

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): **▶ BE KIND STUDIOS LLC**

Applicant's WI Seller's Permit No.: 456102891494602		FEIN Number: 810693981	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	<u>24.99</u>	91.63
<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>14.00</u>	
<b>TOTAL FEE</b>	<b>\$</b>	<b><u>105.63</u></b>	

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	CEO - DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965
Vice President/Member	VICE PRESIDENT - DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965
Secretary/Member	SECRETARY - DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965
Treasurer/Member	CFO - DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965
Agent	DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965
Directors/Managers	DAN FULWILER	1145 S GALE CT, WISCONSIN DELLS, WI	53965

3. Trade Name **▶ BE KIND STUDIOS** Business Phone Number 608-844-3500  
4. Address of Premises **▶ 714 OAK ST** Post Office & Zip Code **▶ WIS DELLS 53965**

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 12/01/15 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.) ENTIRE BUILDING AT 714 OAK ST, WIS DELLS, WI 53965

10. Legal description (omit if street address is given above):  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued?  
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) 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 25 day of July, 20 16  
Debra Smith  
(Clerk/Notary Public)  
My commission expires 5-15-16

[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)

<b>TO BE COMPLETED BY CLERK</b>			
Date received and filed with municipal clerk <u>2-25-16</u>	Date reported to council/board	Date provisional license issued <u>NA</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

\* Application withdrawn 6/21/16 - Application resubmitted.

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Be Kind Studios, LLC  
*(registered name of corporation/organization or limited liability company)*

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
Be Kind Studios  
*(trade name)*

located at 714 Oak St., Wisconsin Dells, WI 53965

appoints Dan Fulwiler  
*(name of appointed agent)*

1145 S. Gale Ct., Wisconsin Dells, WI 53965  
*(home address of appointed agent)*

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 years

Place of residence last year 1145 S Gale Ct., Wisconsin Dells, WI 53965

For: Be Kind Studios, LLC  
*(name of corporation/organization/limited liability company)*

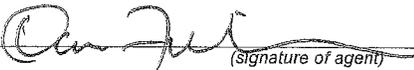
By:   
*(signature of Officer/Member/Manager)*

And: \_\_\_\_\_  
*(signature of Officer/Member/Manager)*

**ACCEPTANCE BY AGENT**

I, Dan Fulwiler, hereby accept this appointment as agent for the  
*(print/type agent's name)*

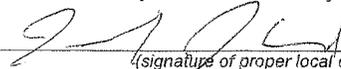
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 02/23/16 Agent's age 52  
*(signature of agent)* *(date)*

1145 S Gale Ct, Wisconsin Dells, WI 53965 Date of birth 02/20/64  
*(home address of agent)*

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

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

Approved on 2/20/16 by  Title CHIEF OF POLICE  
*(date)* *(signature of proper local official)* *(town chair, village president, police chief)*

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Fulwiler		Daniel		John	
Home Address (street/route)		Post Office		City	
1145 S Gale Ct		PO Box 852		Wisconsin Dells	
Home Phone Number		Age		Date of Birth	
(608) 844-3500		52		Feb 20, 1964	
				State	
				WI	
				Zip Code	
				53965	
				Place of Birth	
				Milwaukee, WI	

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

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 16 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
March 8, 2002 Statute No. 961.573(1) Poss paraphernalia - Waukesha County, Wisconsin - fine paid \$ 478.11 - case is closed
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify.  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify.  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
American Painters	6006 Bridge Rd., Monona, WI 53716	11/16/15	12/18/15
First Choice Drywall	302 Moravian Valley Rd, Waunakee, WI 53597	12/04/14	11/14/15

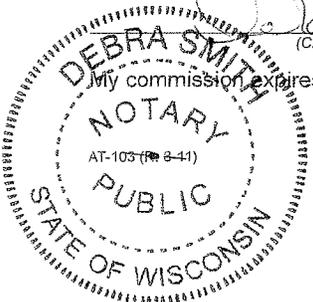
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 25 day of Feb, 20 16  
Debra Smith  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

my commission expires 5-15-16



Printed on Recycled Paper

Wisconsin Department of Revenue



714 Oak Street  
Wisconsin Dells, WI 53965  
(608) 844-3479  
BeKindStudios.com  
Dan@BeKindStudios.com

## **PROPOSAL TO ALLOW CLASS B BEER SALES AT BE KIND STUDIOS, LLC**

Be Kind Studios LLC (hereafter referred to as “the Studio”) proposes to sell beer and fermented malt beverages (wine coolers) in our painting studio, located at 714 Oak Street in Wisconsin Dells, Wisconsin.

The reason for this proposal is the many requests we have had from the local community to serve beer and wine coolers in our place. Painting parties and classes, are considerably more popular and successful when beer and wine coolers are included for sale. We also host concerts, shows and private parties where beer is typically expected to be offered. As a venue available for rental, we feel beer sales would again be expected to be available.

We will be implementing a policy of Persons under 21 years of age not being allowed to enter unless accompanied by a parent or legal guardian. As a matter of policy of Be Kind Studios, under no circumstances will alcohol be allowed to be served to a minor, even if such service is provided by a parent or legal guardian. The Studio is committed to a safe environment where moderation is practiced at all times.

The studio will also be adding a limited assortment of pre-packaged, healthy snacks and foods for customers to purchase while they are painting.

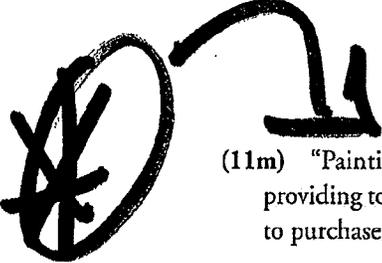
The Studio is a painting studio, with painting taking place on a regular daily basis. Customers may enter the studio and purchase a pre-printed, stretched canvas to create art at one of our painting stations, using our brushes and paints. Paintings are also being created by the owner, Dan Fulwiler, and four other local artists (Barb Sjoblom, Linda Kuruzar, Dale Hagen and Sue Schenck, who have their work on display in the Studio’s gallery.

We are a painting studio which includes an interactive art gallery and giclee print shop as well. As an artist, I am also available for private commissions, murals, trompe L’Oeils and faux finishes.

Thank you for your time, we appreciate your careful consideration in approving our request.

Sincerely,

Dan Fulwiler – Owner, Be Kind Studios LLC

- 
- (11m) "Painting studio" means an establishment that is primarily engaged in the business of providing to customers instruction in the art of painting and that offers customers the opportunity to purchase food and beverages for consumption while they paint.
- (12) "Peace officer" means a sheriff, undersheriff, deputy sheriff, police officer, constable, marshal, deputy marshal or any employee of the department or of the department of justice authorized to act under this chapter.
- (13) "Permit" means any permit issued by the department under this chapter.
- (14) "Person" means a natural person, sole proprietorship, partnership, limited liability company, corporation or association or the owner of a single-owner entity that is disregarded as a separate entity under ch. 71.
- (14m) "Premises" means the area described in a license or permit.
- (15) "Primary source of supply" means any of the following:
- (a) With respect to fermented malt beverages, the brewer or brewpub that manufactured the fermented malt beverages or the exclusive agent designated by this brewer or brewpub.
  - (b) With respect to intoxicating liquor, the manufacturer, the rectifier, or the exclusive agent designated by the manufacturer or rectifier.
- (15m) "Principal business" means the primary activity as determined by analyzing the amount of capital, labor, time, attention and floor space devoted to each business activity and by analyzing the sources of net income and gross income. The name, appearance and advertising of the entity may also be taken into consideration if they are given less weight.
- (16) "Rectifier" means any one of the following:
- (a) A person that rectifies, purifies or refines distilled spirits or wines by any process other than by original and continuous distillation from mash, wort or wash, through continuous closed vessels or pipes, until the manufacture thereof is complete.
  - (b) A person who possesses any still or leach tub or keeps any other apparatus for refining distilled spirits.
  - (c) A person who after rectifying and purifying distilled spirits, by mixing such spirits with any materials, manufactures any spurious, imitation or compound liquors for sale.
  - (d) A distiller or any person under substantially the same control as a distiller who, without rectifying, purifying or refining distilled spirits, by mixing such spirits with any materials, manufactures any spurious, imitation or compound liquors for sale under the name of "whiskey", "brandy", "gin", "rum", "spirits", "cordials" or any other name.
  - (e) A person who places intoxicating liquor in bottles or other containers.
- (17) "Regulation" means any rule or ordinance adopted by a municipal governing body.
- (18) "Restaurant" means a restaurant, as defined in s. 254.61 (5).
- (19) "Retailer" means any person who sells, or offers for sale, any alcohol beverages to any person other than a person holding a permit or a license under this chapter.

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning AUGUST 01 20 16  
ending JUNE 20 17

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

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): **STAGE III 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	MARK BROWN	N540 COUNTY RD N WIS DELLS WI	53965
Vice President/Member	SARAH BROWN	N540 COUNTY RD N WIS DELLS WI	53965
Secretary/Member			
Treasurer/Member			
Agent	MARK BROWN		
Directors/Managers			

3. Trade Name **CHALET LANES & LOUNGE** Business Phone Number **6082548727**  
4. Address of Premises **740 ELM ST** Post Office & Zip Code **WIS DELLS 53965**

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 06/22/16 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.) **CHALET LANES LOCATED AT 740 ELM ST, WIS DELLS**

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? **JANET LLC/CHALET LANES**  
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) 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 30 day of June, 20 16

Rene Ramsey  
(Clerk/Notary Public)

My commission expires 12/25/2016

[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>6-30-16</u>	Date reported to council/board <u>7-18-2016</u>	Date provisional license issued <u>NA</u>	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

456 102936499 ITEM 4

Applicant's WI Seller's Permit No.	FEIN Number: <u>31-3056634</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>91.63</u>
<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	\$ <u>458.37</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>14.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>564.00</u></b>

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Chalet Lanes & Lounge  
(trade name)

located at 740 ELM ST WISCONSIN DELLS WI 53965

appoints Mark Brown  
(name of appointed agent)

N 540 County Rd N Wisconsin Dells WI 53965  
(home address of appointed agent)

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

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

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

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

Place of residence last year \_\_\_\_\_

For: \_\_\_\_\_  
(name of corporation/organization/limited liability company)

By: \_\_\_\_\_  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

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

[Signature] 30 June 16 Agent's age 43  
(signature of agent) (date)

N 540 County Rd N Wisconsin Dells WI Date of birth 2 June 1973  
(home address of agent)

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

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

Approved on 7/4/16 by [Signature] Title CHIEF of POLICE  
(date) (signature of proper local official) (town chair, village president, police chief)

7-1-16 NO CH (LL)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BROWN		MARK		CHRISTOPHER	
Home Address (street/route)		Post Office		City	
N540 COUNTY RD N		WISCONSIN DELLS		WISCONSIN DELLS	
Home Phone Number		Age		Date of Birth	
608-408-4322		43		06/02/1973	
				State	
				WI	
				Zip Code	
				53965	
				Place of Birth	
				BOSCOBEL, WISCONSIN	

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

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

PRESIDENT of STAGE III LLC  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 13 YRS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

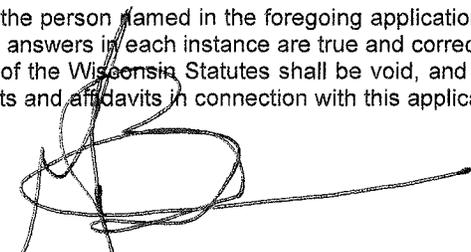
Employer's Name	Employer's Address	Employed From	To
BRATHOUSE GRILL	49 WIS DELLS PKWY S LAKE DELTON WI	2015	2016
Employer's Name	Employer's Address	Employed From	To
CHALET LANES	740 ELM ST WIS DELLS WI	2016	CURRENT

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

Subscribed and sworn to before me

this 30 day of JUNE, 20 16

Rene Ramsey  
(Clerk/Notary Public)

  
(Signature of Named Individual)

My commission expires 12/25/2016



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BROWN		SARAH		LYNN	
Home Address (street/route)		Post Office	City	State	Zip Code
N540 COUNTY RD N		WISCONSIN DELLS	WISCONSIN DELLS	WI	53965
Home Phone Number			Age	Date of Birth	Place of Birth
608-963-8202			33	08/04/1982	AMERY, WISCONSIN

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 33 YRS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
CURRAN LAW OFFICE	140 ADAMS ST MAUSTON WI	2012	2015
Employer's Name	Employer's Address	Employed From	To
SAUK COUNTY	505 BROADWAY BARABOO WI	2015	CURRENT

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

Subscribed and sworn to before me

this 30 day of JUNE, 20 16

Rene Ramsey  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 12/25/2016



Printed on Recycled Paper

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning JULY 19 20 16 ;  
ending JUNE 30 20 17

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

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): **Arturo Contreras 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	<b>Sole Member</b>	<b>Arturo Contreras</b>	<b>1260 E Hiawatha Dr Wisconsin Dells, WI 53965</b>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<b>Arturo Contreras</b>		
Directors/Managers			

3. Trade Name **RESTA CANCUN MEXICAN RESTAURANT** Business Phone Number **608-678-2333**  
4. Address of Premises **655 N. FRONTAGE ROAD** Post Office & Zip Code **53965**

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state 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.) **Restaurant, Bar, Storage Rooms, Poolside, Banquet Halls, Lobby, Guest Rooms**

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? **LUK, LLC**

12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1 800-937-8864]  Yes No

Does the applicant understand they must hold a Wisconsin Seller's Permit?  Yes No  
(phone (808) 266-2776)

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.

I, **Traci J. Stanek**, Notary Public, do hereby certify that the above named applicant has personally appeared before me and sworn to the truth of the foregoing statements.

Witness my hand and seal this 16 day of July, 2016.  
*(Signature)*  
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	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
<u>7-1-16</u>			
Date license granted	Date license issued	License number issued	

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

COPY

Submit to municipal clerk

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Fiesta Cancun Mexican Restaurnt & Cantina WI Dells (trade name)

located at 655 N Frontage Rd Wisconsin Dells, WI 53965

appoints Arutro Contreras, sole member and principal (name of appointed agent)

1260 E Hiawatha Dr Wisconsin Dells, WI 53965 (home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 15 years

Place of residence last year 523 S Lyman St Oconomowoc, WI 53066

For Arturo Contreras LLC (name of corporation/organization/limited liability company)

By \_\_\_\_\_ (signature of Officer/Member/Manager)

And \_\_\_\_\_ (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

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

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

[Signature] (signature of agent)

07/01/2016 (date)

Agent's age 36

1260 E Hiawatha Dr Wisconsin Dells, WI 53965 (home address of agent)

Date of birth 10/12/1979

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

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

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

7-1-16 original sent to Jody

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk

Individual's Full Name (please print)		(last name)	(first name)	(middle name)	
Home Address (street/route)		Post Office	City	State	Zip Code
1260 E Hiawatha Dr			Wisconsin Dells	WI	53965
Home Phone Number		Age	Date of Birth	Place of Birth	
414-690-0385		36	10/12/1979	Mexico	

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

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

**Sole Member and Principal** of **Arturo Contreras LLC**  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

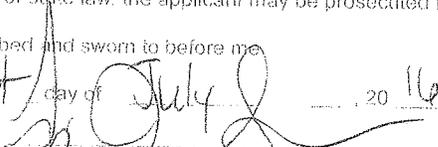
The above named individual provides the following information to the licensing authority:

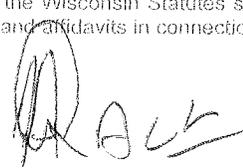
- How long have you continuously resided in Wisconsin prior to this date? **15 years**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charged for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, location and type of license/permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. **Agent of Ambers Resort LLC/Eddie Krause** **655 N Frontage Rd Wisconsin Dells, Sauk, WI 53965**  
(Name of Wholesale Licensee or Permittee) (Address by City and County)

6. Named individual must list in chronological order last two employers.

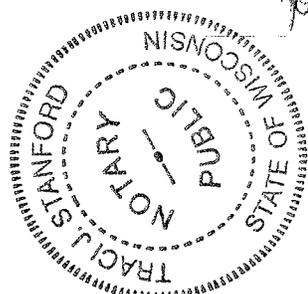
Employer's Name	Employer's Address	Employed From	To
Fiesta Cancun LLC	159 E Wisconsin Ave Oconomowoc, WI 53066	11/2004	12/2015
Fiesta Garibaldi	159 E Wisconsin Ave	01/2001	11/2004

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

Subscribed and sworn to before me  
 this 1st day of July, 2016  
  
(Notary Public)

  
(Signature of Named Individual)

My commission expires 10/25/2019



Wisconsin Department of Revenue

**COPY**

ORDINANCE NO. \_\_\_\_\_  
(New Stop Sign)

ITEM 6

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

SECTION I: PURPOSE

The purpose of this ordinance is to install a stop sign on Wisconsin Avenue at Oak Street.

SECTION II: PROVISION AMENDED

Wisconsin Dells Code sec. 10.21(1)

SECTION III: PROVISION AS AMENDED

Wisconsin Dells Code sec. 10.21(1) is amended as follows:

Stops Signs

<u>On Street</u>	<u>At Street</u>	<u>Direction</u>
Wisconsin Avenue	Oak Street	West

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII:

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

\_\_\_\_\_  
Brian Landers, Mayor

\_\_\_\_\_  
Nancy R. Holzem, City Clerk

TO: CITY OF WISCONSIN DELLS

FROM: GENE HARDER  
1122 OAK STREET  
WISCONSIN DELLS, WI 53965

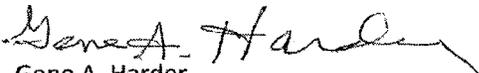
DATE: JUNE 3, 2016

SUBJECT: STOP SIGN-OAK AND WISCONSIN

With the detour that has been created with River Road being closed it has created more traffic on Oak Street. One of the signs that you have installed is a stop sign at the corner of Oak Street and Wisconsin Avenue.

I would like for the City of Wisconsin Dells to consider making this a permanent stop sign. There is a lot of traffic on Wisconsin Avenue and when you go South on Oak Street to turn left or right there are cars parked and it does make it difficult to see traffic coming.

Thanks for your consideration.

  
Gene A. Harder