

CITY OF WISCONSIN DELLS MEETING AGENDA

MEETING DESCRIPTION: LEGISLATIVE COMMITTEE
DATE: MONDAY, DECEMBER 19, 2016 **TIME:** 6:00PM **LOCATION:** MUNICIPAL BUILDING COUNCIL CHAMBERS - 300 LA CROSSE STREET

		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 NOVEMBER 14, 2016 MEETING MINUTES		
3	DISCUSSION/DECISION ON APPLICATION FOR AN ORIGINAL CLASS B BEER & CLASS B LIQUOR LICENSE SUBMITTED BY SKYBOX, LLC, ANTONIO ANGELINE AGENT, FOR SKYBOX, 701 BROADWAY, FOR THE LICENSING PERIOD OF JANUARY 2, 2017 THROUGH JUNE 30, 2017		
4	DISCUSSION/DECISION ON APPLICATION FOR A CIGARETTE & TOBACCO PRODUCT SALES LICENSE SUBMITTED BY KRISTIE'S FOODS DELLS LLC FOR MAUER'S MARKET, 216 WASHINGTON AVENUE		
5	DISCUSSION/POSSIBLE DECISION ON PROPOSED ORDINANCE TO CREATE A BUSINESS REGISTRY		
6	DISCUSSION/DECISION ON PROPOSED ORDINANCE TO UPDATE CODE SEC. 1.06(4) ADDING THE TITLE OF CODE COMPLIANCE OFFICIAL		
7	NEXT MEETING DATE AND TIME; PENDING AGENDA ITEMS <ul style="list-style-type: none"> • Proposed Ordinance for Public Consumption of Alcohol Beverages during Special Events • Proposed Ordinance to Regulate Tourist Rooming Houses • Proposed Ordinance on Use/Occupancy of City Right-of-Ways • Proposed Ordinance to update Code Sec. 5.04(2)(b) – Snow & Ice Removal Required on Certain Streets • Proposed Ordinance for cleaning of public spaces on downtown sidewalks 		
8	ADJOURNMENT		
ALD. MIKE FREEL			
DISTRIBUTED & POSTED: 12/16/2016			
<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>			

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning January 2 20 17 ; ending June 30 20 17

TO THE GOVERNING BODY of the: [X] City of Wisconsin Dells

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

Table with columns: LICENSE REQUESTED, TYPE, FEE. Includes Class A beer, Class B beer (\$50.00), Class C wine, Class A liquor, Class A liquor (cider only) (N/A), Class B liquor (\$250.00), Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE.

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

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

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Includes entries for President/Member, Vice President/Member, Secretary/Member, Treasurer/Member, and Agent ANTONIO ANGELINI at 1608 CLIFFVIEW AVE ONALASKA, WI 54650.

3. Trade Name SKYBOX Business Phone Number 608-487-3333

4. Address of Premises 701 BROADWAY ST 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 [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [X] 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

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.) Full bar area, kitchen, storage, basement

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? [X] Yes [] No
(b) If yes, under what name was license issued? Donna Luce - Roadhouse

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] [X] Yes [] No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] [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. (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 28th day of November 2016. [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 10/25/2017. [Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

Table with columns: Date received and filed with municipal clerk (11-28-2016), Date reported to council/board (12/19/2016), Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) ANGELEUNI		(first name) ANTONIO		(middle name)	
Home Address (street/route) 1608 Cliffview Ave		Post Office 54650	City ONALASKA	State WI	Zip Code 54650
Home Phone Number 608-487-3333		Age 45	Date of Birth 03/18/1971	Place of Birth Triggiano, Italy	

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.
- ANTONIO ANGELEUNI** of **SKYBOX, 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. ANGELINIS RISTORANTE, LLC ONALASKA, WI
(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)

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

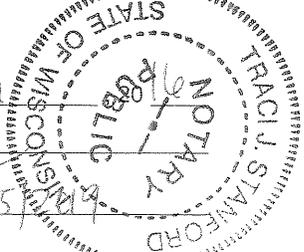
Employer's Name	Employer's Address	Employed From	To
ANGELINIS RISTORANTE	1427 ST HWY 35 ONALASKA, WI	2003	2016 (Pres)
VILLAGE OF SCHILLER PK	IRVING PARK RD SCHILLERPK ILLINOIS	2000	2003

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

Subscribed and sworn to before me

this 28th day of November

[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 10/25/2017



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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of SKYBOX, 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 SKYBOX
(trade name)

located at 701 BROADWAY STREET

appoints ANTONIO ANGELINI
(name of appointed agent)
1608 CLIFFVIEW AVE ONALASKA, WI 54650
(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)
ANGELINI'S RISTORANTE, LLC ONALASKA, WI

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? 13 years

Place of residence last year _____

For: SKYBOX, LLC
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

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

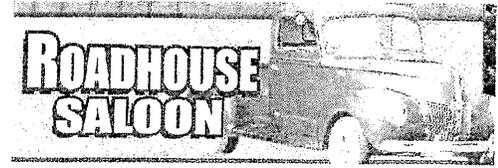
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 11/28/16 Agent's age 45
(signature of agent) (date)
1608 CLIFFVIEW AVE ONALASKA, WI Date of birth TRIGSIANO, ITALY
(home address of agent)

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

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

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



The Roadhouse Saloon

Bar and Grill

Attention City of Wisconsin Dells,

This letter is to inform you of the sale by Brad and Donna Luce of the Roadhouse Saloon, 701 Broadway Wisconsin Dells. This sale is contingent upon Sky Box LLC, agent Antonio Angelini being able to receive a liquor license. The Roadhouse Saloon will surrender its liquor license upon the completion of the sale on January 3rd, 2017. Sky Box LLC, Antonio Angelini will apply for a liquor license prior to the sale of the Roadhouse Saloon.

Please contact Brad or Donna Luce with any questions or concerns at 1608-963-6960 (Cell) 1608-356-2490 (Home).

Thank you,

Brad Luce 11/23/16 *Donna Luce* 11/23/2016
Brad Luce and Donna Luce

701 Broadway, Wisconsin Dells, Wi 53965

PH: (608) 253-1010

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

ITEM 4
MUNICIPAL USE ONLY

License Number	906-16
Period Covered	12-19-2016 - 6-30-2016
Date of Issuance	

Applicant's Wisconsin 15-digit Sales Tax Account Number	456-1029167959-02
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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)			Federal Employer Identification No. (FEIN)		
KRISTIE'S FOODS DELLS LLC			81-4161056		
Trade or Business Name (if different than Legal Name)			Telephone Number		
MAURER'S MARKET			(608) 963-1171		
Business Address (License Location)			Business Located In		Business Telephone
216 WASHINGTON AVE.			<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		(608) 464-2372
City	State	ZIP Code	of: WISCONSIN DELLS		County
WISCONSIN DELLS	WI	53965			COLUMBIA
Mailing Address (if different than Business Address)			City	State	ZIP Code

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 10/13/2016
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- 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.

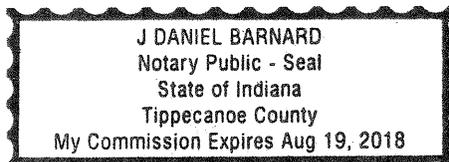
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of November, 2016

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

My commission expires 8/19/2018



City of Wisconsin Dells

ORDINANCE NO. _____
(Business Registration)

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

SECTION I: PURPOSE

See "Purpose clause" of ordinance in the text below.

SECTION II: PROVISION CREATED

Wisconsin Dells Code Sec. 16.29 is amended.

SECTION III: PROVISION AS CREATED:

16.29 BUSINESS REGISTRATION

- (1) Purpose/Intent. The purpose and intent of the city business registry is to collect information and data for statistical and policy development purposes and to provide for the necessary regulation of lawful businesses conducted in the city in order to protect public health, safety and welfare.
- (2) Definitions.
 - (a) "Business" means and includes commercial, industrial and professional trades, vocations, enterprises, establishments, occupations, including home occupations, and all and every kind of calling, any of which are conducted, transacted or carried on for the purpose of earning in whole or in part a profit or livelihood, whether or a not a profit or livelihood is actually earned and whether paid in money or goods, labor or otherwise.
 - (b) "Person" means all domestic and foreign corporations, associations, syndicates, partnerships of every kind, joint ventures, societies and individuals transacting and carrying on any business in the city.

(3) Registration/Exemptions.

(a) Any person operating or carrying on a business as defined above shall complete and file with the City Clerk a Business Registration Form.

(b) The following business activities shall be exempt from registration:

1. Religious educational and charitable organizations specifically exempt from taxation under the federal income tax code; and
2. Fairs, festivals and public entertainment events sponsored by non-profit or government operations.

(4) Registration Fee.

Fees for business registration shall be established by Common Council Resolution and listed in the city fee schedule. Fees shall be revenue neutral and not exceed the reasonable costs of collection and administration. This is not a business tax.

(5) Registration Term.

(a) The annual business registration term shall be April 1 through March 31.

(b) Prorated fees shall be paid by new or transferred businesses.

(6) Registration Information Collected.

The registration form or renewal, shall contain such information as the City deems appropriate to determine the ownership location activities and management of the business including, without limitation, the following:

1. Business name and address
2. Business owner and address
3. Property/location owner and address
4. Hours of operation
5. Number of employees (full-time and part-time)
6. Description of products/services

7. SIC Code
8. Emergency contact information
9. Hazardous chemicals/substances disclosure
10. Premier Resort tax status.

SECTION IV: VALIDITY

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

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

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

Brian L. Landers, Mayor

Nancy R. Holzem, Clerk

INTRODUCED: _____
PUBLISHED: _____
PASSED: _____

ORDINANCE NO. _____
Code Compliance Official

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

SECTION I: PURPOSE

This ordinance updates the code section which authorizes the issuances of municipal citations to include the newly titled Code Compliance Official.

SECTION II: PROVISION AMENDED

Wisconsin Dells Code sec. 1.06(4) is amended.

SECTION III: PROVISION AS AMENDED:

1.06 CITATION PROCEDURE FOR ORDINANCE VIOLATIONS

- (4) Issuance of Citations.
- a) Any law enforcement officer may issue citations authorized by this chapter.
 - b) In addition, the following city officials may issue citations with respect to ordinances which are directly related to their official responsibilities: building inspector, fire chief and designees, electrical inspector, plumbing inspector, health officer, animal control officer, zoning administrator, city planner, *code compliance official*, and director of public works.

SECTION IV: SEVERABILITY

The provisions of this ordinance shall be deemed severable and it is expressly declared that the City would have passed the other provisions of this ordinance irrespective of whether or not one or more provisions may be declared invalid. If any provision of this ordinance or the application to any person or circumstances is held invalid, the remainder of the ordinance and the application of such provisions to other persons or circumstances shall not be affected.

SECTION V: CONFLICTING PROVISIONS REPEALED

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

SECTION VI: EFFECTIVE DATE

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

SECTION VII: PART OF CODE

This ordinance becomes a part of Wisconsin Dells Code, Chapter 1.