



SPECIAL FINANCE, LICENSE & REGULATION COMMITTEE

FRIDAY, JUNE 27, 2014 – 8:30 AM

COUNCIL CHAMBERS, CITY HALL

AMENDED AGENDA

Amended on 6/26/14 to add
Items #I & J and Remove Item
E.

1. Call to Order by Alderman Lyon
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes
4. **LICENSES & PERMITS**
 - A. Original 2014-2015 Operator (Bartender) License applications filed by Lexey Pfenninger, Angela Bradke, Ryan Edens, Cardine Russell, Megan Maurina, Mark Lalasz, James Olson
 - B. Renewal 2014-2015 Operator (Bartender) License applications as per attached report summary.
 - C. **Renewal “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
 - a) DCR Restaurant Group LLC d/b/a The Next Door Pub, 411 Interchange North, Lake Geneva, Chad Bittner, Agent
 - b) Samson Enterprises LLC d/b/a Carvetti’s, 642 W. Main Street, Lake Geneva, Amber Agen, Agent
 - c) American Legion Post #24, 735 Henry Street, Lake Geneva, Charles Schlehlein, Agent
 - D. **“Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage (Hotel Exemption) License application filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
 - a) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent
 - E. **Renewal Reserve “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
 - a) ~~GE Geneva LLC d/b/a Gino’s East, 300 Wrigley Drive, Lake Geneva, Jeff Whiteman, Agent (Item Removed)~~

- F. Renewal Class “B” Fermented Malt Beverage & “Class C” Wine License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- a) K&B Restaurant Group LLC d/b/a The Original Chicago Pizza Company, 150 Center Street, Lake Geneva, John Register, Agent
 - b) Mama Ciminos, 131 Wells Street, Lake Geneva, Nick Cimino, Agent
 - c) Pie High Pizza LLC, 820 Williams Street, Lake Geneva, John Karabas, Agent
 - d) Lake Geneva Creperie Inc, 234 Broad Street, Lake Geneva, Ralph Kennedy, Agent
 - e) Simple Café LLC, 525 Broad Street, Lake Geneva, Thomas Hartz, Agent
- G. Renewal Class “B” Fermented Malt Beverage applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- 1) Geneva Lakes Hotel Group LLC d/b/a Comfort Suites, 300 E. Main Street, Lake Geneva, John Schroder, Agent
- H. Renewal “Class A”/Class “A” Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- 1) Midwest Fuel LLC d/b/a Northside Mobil, 501 Interchange North, Lake Geneva, John Consolino, Agent
 - 2) Walgreen’s #5600, 351 N. Edwards Blvd., Lake Geneva, Suzanne Tiedke, Agent
 - 3) H&P Enterprises LLC d/b/a Geneva Liquors, 797 Wells Street, Lake Geneva, Navninder Toor, Agent
 - 4) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent
- I. Provisional “Class A”/Class “A” Intoxicating Liquor & Fermented Malt Beverage License for Lake Geneva Grassroots Inc. d/b/a The Backyard, 252 Center Street, Lake Geneva, Robert Schmaling, Agent**
- J. Provisional “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License for Harbor Shores Hotel Management Inc d/b/a Harbor Shores on Lake Geneva, 300 Wrigley Drive, Lake Geneva, William Strangeway, Agent**
- K. Renewal Taxi Company License applications filed by the following:**
- 1) Kangaroo to the Rescue, 302 East Street, Lake Geneva, WI
- L. Renewal Taxi/Trolley Driver License applications filed by Richard Skipper Sr., Ronald Skipper Jr., Ronald Skipper Sr., Debra Skipper, Nina Thompson, Goldie Stacey, Sean Gradt, Martin Blackmore, John Albert, Nancy Rock, Brian Koszykowski, Thomas Rock, Russell Ford, Sharon Hoffman, Robert Phelps, Jeff Robbins, Sebrina Wolters (approved by the Police Chief; information only)**
- 5. Discussion/Recommendation on Health Insurance Renewal**
- 6. Adjournment**

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the City Clerk’s office in advance so the appropriate accommodations can be made.

6/26/14 12:05 pm

cc: Committee Members, Mayor & remaining Council, Administrator, City Clerk, Attorney



SPECIAL CITY COUNCIL MEETING
FRIDAY, JUNE 27, 2014 – 9:00 AM
COUNCIL CHAMBERS, CITY HALL

AMENDED AGENDA

Amended on 6/26/14 to add Items
#I & #J and remove Item #E

1. Mayor Connors calls the meeting to order
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will to be limited to 5 minutes.
4. **CONSENT AGENDA.** Any item listed on the consent agenda may be removed at the request of any member of the Council. The request requires no second, is not discussed, and is not voted upon.
 - A. Original 2014-2015 Operator (Bartender) License applications filed by Lexey Pfenninger, Angela Bradke, Ryan Edens, Cardine Russell, Megan Maurina, Mark Lalasz, James Olson
 - B. Renewal 2014-2015 Operator (Bartender) License applications as per attached report summary.
 - C. **Renewal “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
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 - c) Pie High Pizza LLC, 820 Williams Street, Lake Geneva, John Karabas, Agent
 - d) Lake Geneva Creperie Inc, 234 Broad Street, Lake Geneva, Ralph Kennedy, Agent
 - e) Simple Café LLC, 525 Broad Street, Lake Geneva, Thomas Hartz, Agent

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 - 1) Geneva Lakes Hotel Group LLC d/b/a Comfort Suites, 300 E. Main Street, Lake Geneva, John Schroder, Agent

- H. Renewal “Class A”/Class “A” Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
 - 1) Midwest Fuel LLC d/b/a Northside Mobil, 501 Interchange North, Lake Geneva, John Consolino, Agent
 - 2) Walgreen’s #5600, 351 N. Edwards Blvd., Lake Geneva, Suzanne Tiedke, Agent
 - 3) H&P Enterprises LLC d/b/a Geneva Liquors, 797 Wells Street, Lake Geneva, Navninder Toor, Agent
 - 4) Cove Condominium Association d/b/a The Cove of Lake Geneva, 111 Center Street, Lake Geneva, Patrick J. McCarthy, Agent

- I. Provisional “Class A”/Class “A” Intoxicating Liquor & Fermented Malt Beverage License for Lake Geneva Grassroots Inc. d/b/a The Backyard, 252 Center Street, Lake Geneva, Robert Schmaling, Agent**

- J. Provisional “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License for Harbor Shores Hotel Management Inc d/b/a Harbor Shores on Lake Geneva, 300 Wrigley Drive, Lake Geneva, William Strangeway, Agent**

- K. Renewal Taxi Company License applications filed by the following:**
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- L. Renewal Taxi/Trolley Driver License applications filed by Richard Skipper Sr., Ronald Skipper Jr., Ronald Skipper Sr., Debra Skipper, Nina Thompson, Goldie Stacey, Sean Gradt, Martin Blackmore, John Albert, Nancy Rock, Brian Koszykowski, Thomas Rock, Russell Ford, Sharon Hoffman, Robert Phelps, Jeff Robbins, Sebrina Wolters (approved by the Police Chief; information only)**

5. Items removed from the Consent Agenda

6. Finance, License and Regulation Committee Recommendations – Alderman Lyon

- A. Discussion/Action on Health Insurance Renewal

7. Planning Commission Recommendations – Alderman Kupsik

- A. Resolution 14-R29, a Conditional Use Application filed by Paul Lauterbach, 914 Bennett Ct. Walworth, WI 53184 on behalf of Lake Geneva Tennis Club, to operate and Indoor Tennis Club (Physical Activity Studio) in the Planned Business Park (PBP) zoning district in a proposed building on Veterans Parkway Tax Key No’s ZLGBP 200029 & ZLGBP 200030 *(continued from the June 23, 2014 City Council Meeting)*

8. Personnel Committee Recommendations – Alderman Kupsik

- A. Discussion/Action on appointment of Street Department Working Foreman

9. Adjournment

Requests from persons with disabilities, who need assistance to participate in this meeting or hearing, should be made to the City Clerk's office in advance so the appropriate accommodations can be made.

6/26/2014 12:05 pm

cc: Aldermen, Mayor, Administrator, Attorney, Department Heads, Media

City of Lake Geneva

Licenses Issued between 6/27/2014 and 6/27/2014

Date: 6/26/2014

Time: 9:22 AM

Page: 1

Operator's Regular

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>	<u>Total</u>		
6/27/2014	2014-140	Mark A. Lalasz Employer: Harbor Shores Condo Associatio	W192 S7439 Richdorf Drive 300 Wrigley Dr.	Muskego, WI 53150 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-144	Michael T. Martin Employer: Walgreen's #5600	213 Spring Dr. 351 N. Edwards Blvd.	Delavan, WI 53115 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-142	Lowell L. Kendall Employer: Hogs & Kisses, Inc.	3166 Lockwood Blvd. P.O. Box 536	Lake Geneva, WI 5 149 Broad St.	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-149	Staci L. Hallett Employer: Thumb's Up, Inc.	625 Meadow Ln., #14 260 Broad St.	Burlington, WI 53 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-146	Rikke L. Jepsen Employer: Walgreen's #5600	2315 Back Rd. 351 N. Edwards Blvd.	Burlington, WI 53 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-155	Sarah M. Papineau Employer: Two Thumbs Up LLC	N1189 State Road 120 DBA / Thumbs Up	Lake Geneva, WI 5 260 Broad Street	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-136	Angela Beth Bradke Employer: Lake Aire Restaurant	N3018 Dandelion Rd 804 Main St.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-154	Shanna M. Shefchik Employer: Hogs & Kisses, Inc.	150 1/2 Broad Street P.O. Box 536	Lake Geneva, WI 5 149 Broad St.	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-156	Gina M. Demarco Employer: Fat Cats	724 W. Main St Chubby Kitty LLC	Lake Geneva, WI 5 104 Broad Street	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-135	Lexey Lee Pfenninger Employer: Champs Sports Bar & Grill	9121 396th Ave L & B Mainstreet Inc.	Genoa City, WI 53 747 Main St.	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-137	RYAN M. EDENS Employer: Bistro 220	W3695 WILLOW BEND RD 220 Cook Street	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-161	Daniel Benjamin Schroeder Employer: Harbor Shores Condo Associatio	713 S. Lakeshore Drive, U 300 Wrigley Dr.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00	
6/27/2014	2014-145	April M. Kulovany Employer: Pizza Hut	39819 85th St. PH Hospitality Group LLC	P.O. Box 108 801 Williams St.	Powers Lake, WI 5 Lake Geneva, WI 53147	50.00
6/27/2014	2014-157	Krista M.L. Cocroft Employer: Scuttlebutt's	473 E. Geneva St. #108 PO Box 729	Elkhorn, WI 53121 831 Wrigley Dr.	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-147	Amy Susan Chrzanowski Employer: Pizza Hut	540 Cook St., Upper West PH Hospitality Group LLC	Lake Geneva, WI 5 801 Williams St.	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-138	Caroline M. Russell Employer: Sprecher's Restaurant & Pub	135 Katie Drive Capitol Geneva LLC	Silver Lake, WI 5 111 Center Street	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-148	Brent A. Coleman Employer: Baker House	5801 Meadow Hill Ln Stone Soup LLC	McHenry, IL 60051 327 Wrigley Drive	Lake Geneva, WI 53147 50.00	
6/27/2014	2014-150	Shahana Syed Employer: Walgreen's #5600	1865 Leather Leaf Trail 351 N. Edwards Blvd.	Hebron, IL 60034 Lake Geneva, WI 53147	50.00	

City of Lake Geneva

Licenses Issued between 6/27/2014 and 6/27/2014

Date: 6/26/2014

Time: 9:22 AM

Page: 2

Operator's Regular

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>	<u>Total</u>
6/27/2014	2014-139	Megan N. Maurina Employer: Tuscan Tavern & Grill	N7416 Meadow Lark Drive Elkhorn, WI 53121 LG Hospitality Group, LLC 430 N. Broad St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-151	Linda L. Hogan Employer: Fat Cats	W3670 Daisy Dr. Lake Geneva, WI 5 Chubby Kitty LLC 104 Broad Street Lake Geneva, WI 53147	50.00
6/27/2014	2014-160	Juliann Marie Johnson-Mue Employer: Harbor Shores Condo Associatio	132 W. Market St Apt 221 Elkhorn, WI 53121 300 Wrigley Dr. Lake Geneva, WI 53147	50.00
6/27/2014	2014-141	James M. Olson Employer: Stop N Go #265	133 Elmhurst Ct #2 Williams Bay, WI Stop N Go Of Madison, Inc 896 Wells St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-133	Courtney D. White Employer: Harbor Shores Condo Associatio	8200 75th Street Kenosha, WI 53142 300 Wrigley Dr. Lake Geneva, WI 53147	50.00
6/27/2014	2014-153	James W. Fritz Employer: Hogs & Kisses, Inc.	1332 Marion St. Lake Geneva, WI 5 P.O. Box 536 149 Broad St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-143	Juana Fonseca Employer: Harbor Shores Condo Associatio	1105 N. Church St., #202 Elkhorn, WI 53121 300 Wrigley Dr. Lake Geneva, WI 53147	50.00
6/27/2014	2014-152	Ryan C. Lasch Employer: Champs Sports Bar & Grill	615 Center Street Lake Geneva, WI 5 L & B Mainstreet Inc. 747 Main St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-162	Daniel J. Kuhl Employer: Hogs & Kisses, Inc.	33606 Fern Drive Burlington, WI 53 P.O. Box 536 149 Broad St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-158	Richard D. Carls Employer: Fat Cats	349 Sage St. Apt 1 Lake Geneva, WI 5 Chubby Kitty LLC 104 Broad Street Lake Geneva, WI 53147	50.00
6/27/2014	2014-159	Michael Solus Employer: Hogs & Kisses, Inc.	1060 Wells Street Lake Geneva, WI 5 P.O. Box 536 149 Broad St. Lake Geneva, WI 53147	50.00
6/27/2014	2014-163	Jay M. McNulty Employer: Medusa Grill & Bistro, LLC	39426 91st Street Genoa City, WI 53 Gregory Anagnos 501 Broad St. Lake Geneva, WI 53147	50.00

Operator's Regular

Count: 30

Totals for this Type:

1,500.00



OFFICE OF THE CITY CLERK

SABRINA WASWO
626 Geneva Street
Lake Geneva, WI 53147
262.249.4092 • cityclerk@cityoflakegeneva.com

Date: June 25, 2014
To: Finance, License and Regulation Committee
Re: Next Door Pub

Included in your packet is a renewal alcohol license application for DCR Restaurant Group LLC d.b.a. Next Door Pub & Pizzeria.

Please note the application includes a different premises description than the prior year's license. The applicant is requesting to extend its premises to include the outdoor patio area.

A conditional use permit was granted for outdoor entertainment (food & beverage) by the City Council on June 23, 2014.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2014 ending: 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Lake Geneva
 County of Walworth Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ <u>600</u>
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625⁰⁰</u>

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 ▶ DCR Restaurant Group, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 411 Interchange N, Lake Geneva
 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 Chad Bittner 2116 Heather Dr Lake Geneva 53147
 Vice President/Member Rick Bittner 259 Sky Lane Lake Geneva 53147
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Chad Bittner 2116 Heather Dr Lake Geneva, WI 53147
 Directors/Managers _____

C. 1. Trade Name ▶ Next Door Pub & Pizzeria Business Phone Number 262-248-9551
 2. Address of Premises ▶ 411 Interchange N Post Office & Zip Code ▶ Lake Geneva 53147

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.) Restaurant, Bar, Storage Area
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 13 day of May, 2014

(Clerk/Notary Public)
 My commission expires City Clerk

(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>5-13-14</u>	Date reported to council/board	Date license granted
License number issued <u>2014-18</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>BITTNER</u>		(first name) <u>RICHARD</u>		(middle name) <u>RUDOLPH</u>	
Home Address (street/route) <u>259 SKYLANE</u>		Post Office	City <u>LAKE GENEVA</u>	State <u>WI</u>	Zip Code <u>53147</u>
Home Phone Number <u>262-248-2600</u>		Age <u>64</u>	Date of Birth	Place of Birth <u>CHICAGO, IL</u>	

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

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

Officer of DCR RESTAURANT GROUP LLC. D/B/A
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

NEXT DOOR PUB & PIZZERIA

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 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
<u>BAKEMARK U.S.A.</u>	<u>Pico Rivera CALIF</u>	<u>1990</u>	<u>2008</u>
<u>BITTNER'S BAKERY</u>	<u>LAKE GENEVA, WI</u>	<u>1979</u>	<u>1989</u>

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

Subscribed and sworn to before me

this 15 day of May, 2014

(City/Notary Public)

My commission expires City Clerk

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Bittner		(first name) Chad		(middle name) R	
Home Address (street/route) 2116 Heather Drive		Post Office	City Lake Geneva	State WI	Zip Code 53147
Home Phone Number 262-374-0739		Age 34	Date of Birth		Place of Birth Elkhorn, 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.
 Officer of **DCR Restaurant Group, 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 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 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. (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 Kohl's Dept Stores	Employer's Address Menomonee Falls WI	Employed From 2002	To 2005
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me
 this **13** day of **May**, 20**14**

(Clerk/Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires **City Clerk**



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.

- Town
- Village
- City

To the governing body of: of Lake Geneva County of Walworth

The undersigned duly authorized officer(s)/members/managers of DCR Restaurant Group, 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 Next Door Pub & Pizzeria

located at 411 Interchange N, Lake Geneva, WI 53147
(trade name)

appoints Chad R. Bittner
(name of appointed agent)
2116 Heather Drive, Lake Geneva, WI 53147
(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 2116 Heather Drive, Lake Geneva, WI 53147

For: DCR Restaurant Group LLC
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Chad R. Bittner, 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] 5-13-14 Agent's age 34
(signature of agent) (date)

2116 Heather Dr., Lake Geneva, WI 53147 Date of birth _____
(home address of agent)

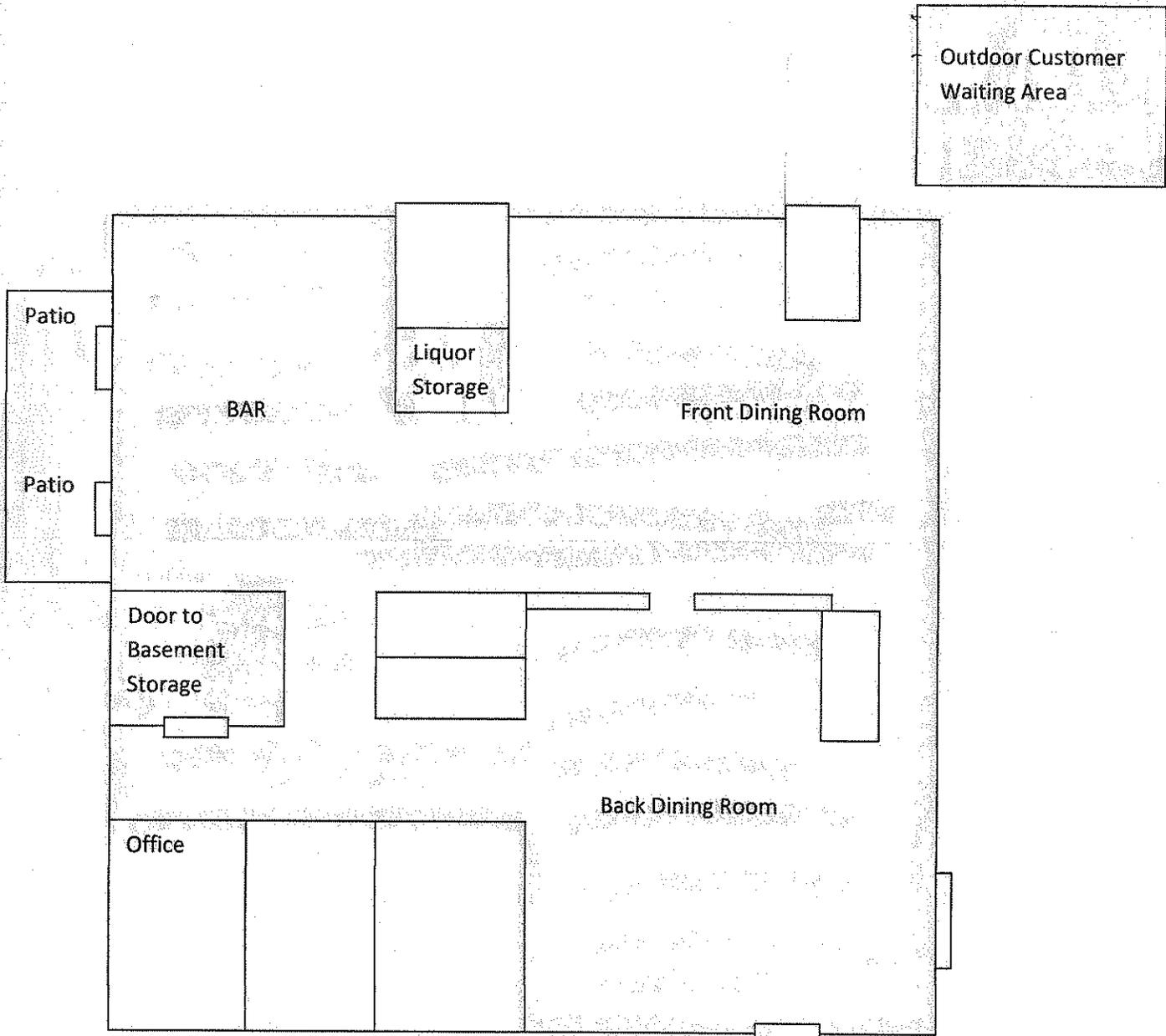
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)**

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 6-25-14 by [Signature] Title [Signature]
(date) (signature of proper local official) (town chair, village president, police chief)

OK
6-25-14
BB

The Next Door Pub & Pizzeria, 411 Interchange N, Lake Geneva, WI 53147





CITY OF LAKE GENEVA

ALCOHOL LICENSE PREMISES EXTENSION APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|--|---|
| <input type="checkbox"/> Request for premises extension to sidewalk café | <input type="checkbox"/> Request for temporary (special event) premises extension |
| <input checked="" type="checkbox"/> Request for premises extension to permanent outdoor area | <input type="checkbox"/> Other request for premises extension |

Application Checklist:

- Applicant must currently hold a valid alcohol license
- Applicant obtained a Temporary Use Permit or Conditional Use Permit from the Building and Zoning Department (for special events and permanent outdoor areas)
- Scaled diagram which accurately depicts the location of the premises extension. Such drawing shall include the access points, fencing (if applicable) and the location of where alcohol will be stored and/or served.
- Application Fee of \$25.00 to amend an already approved licensed premises. This fee is charged to defray the cost of review and re-issuance of the license. This fee does NOT apply to premises extensions requested at the time of annual renewal of the license.

APPLICANT INFORMATION

Applicant Name: BITTNER Properties LLC
Establishment Name: NEXT DOOR Pub & Pizzeria
Address: 411 INTERCHANGE North LAKE GENEVA WI 53147
Alcohol License No.: 2014-18 Phone: 262-248-9551

Describe area of premises extension:

DECK, USED AS CUSTOMER WAITING AREA.
Enclosed.

SPECIAL EVENT INFORMATION (For Temporary Premises Extension Only)

Event Title: _____

Date and Time of Event: _____

Have you obtained a Temporary Use Permit (or Conditional Use Permit) from the Building and Zoning Department? Yes No

Event Description:



SIGNATURE OF APPLICANT

4/25/14
DATE

For Office Use Only

Date Filed with Clerk:	6/25/14
Total Amount: \$	25.00
Receipt No.:	C140625-22
Date Forwarded to Police Chief:	_____
Police Chief Signature:	 <input checked="" type="radio"/> Approved <input type="radio"/> Denied
Date Forwarded to Zoning Administrator:	_____ (for non-sidewalk café applications)
Zoning Administrator Signature:	_____ <input type="radio"/> Approved <input type="radio"/> Denied
Date of FLR/Council Approval:	_____
Copies Provided to:	Police Chief

OK
6-26-14
BB



OFFICE OF THE CITY CLERK

SABRINA WASWO
626 Geneva Street
Lake Geneva, WI 53147
262.249.4092 • cityclerk@cityoflakegeneva.com

Date: June 25, 2014
To: Finance, License and Regulation Committee
Re: Carvetti's Change of Agent

Included in your packet is a renewal alcohol license application for Samson Enterprises LLC d.b.a. Carvetti's.

Please note the request includes a change of agent application. Their agent is changing from Amber Agen to Eugene Grahler. The new agent has been approved by the Chief of Police.

July 1 2014

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2014 ending 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA
County of Walworth Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identifier Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 600.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 625.00

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
▶ CARAUETTE DANIEL CHRISTOPHER 39W101 DEAN LN ST. CHARLES IL 60175

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SAMSON ENTERPRISES, 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 DANIEL CHRISTOPHER CARAUETTE 39W101 DEAN LN ST. CHARLES IL 60175
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent ▶ _____
Directors/Managers _____

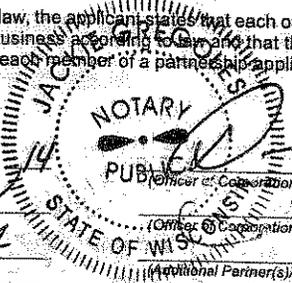
C. 1. Trade Name ▶ Amberz Ager Business Phone Number 202-248-9752
2. Address of Premises ▶ 642 W. Main St Post Office & Zip Code ▶ LAKE GENEVA 53147

- 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.) RESTAURANT BAR PATIO BASEMENT STORAGE
- 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 6th day of May, 2014
Jackie Regales
(Clerk/Notary Public)
My commission expires June 2017



[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>5-6-14</u>	Date reported to council/board <u>5/27/14</u>	Date license granted
License number issued <u>2014-2</u>	Date license issued <u>5/28/14</u>	Signature of Clerk / Deputy Clerk <u>Sabrina Wozniak</u>

**AUXILIARY QUESTIONNAIRE
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Caravette		(first name) Daniel		(middle name) Christopher	
Home Address (street/route) 39 W 101 Dean Ln		Post Office	City St. Charles	State IL	Zip Code 60175
Home Phone Number 630-587-9690		Age 41	Date of Birth		Place of Birth Chicago, IL

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 SAMSON Enterprises, 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? _____
- 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 Accura Innovations	Employer's Address Frankfort IL	Employed From 8/2013	To Present
Employer's Name Salon 180	Employer's Address 706 W. Main St Lake Geneva WI 53147	Employed From 08/07	To 12/12

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 6 day of May, 2014
Jackie Gregoles
(Clerk/Notary Public)

My commission expires June 2017



[Signature]
(Signature of Named Individual)



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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of SAMSON Enterprises, 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

Carvetti's
(trade name)
 located at 642 W. MAIN St. Lake Geneva, WI 53147

appoints Amber Agen
(name of appointed agent)
W1468 Peach Rd Genoa City WI 53128
(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 W1468 Peach Rd Genoa City WI 53128

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

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

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

ACCEPTANCE BY AGENT

I, Amber Agen, 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] 5/9/14
(signature of agent) (date)
W1468 Peach Rd. Genoa City, WI 53147
(home address of agent)

Agent's age 29
 Date of birth _____

**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 5.19.14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Cooking

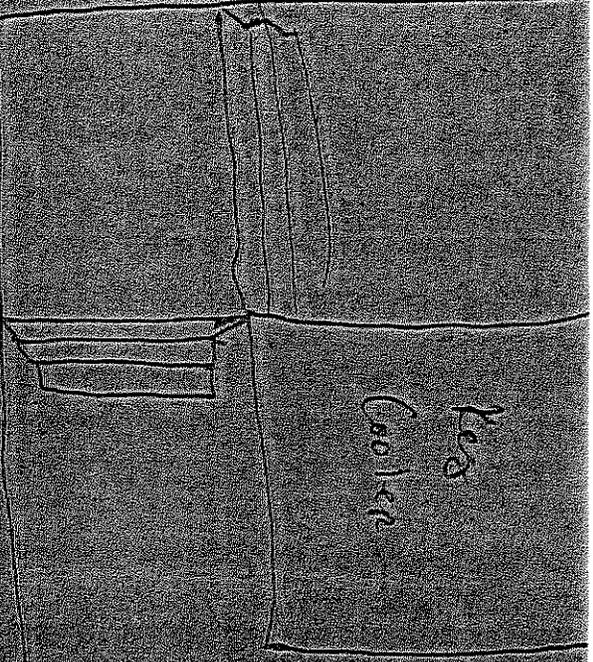
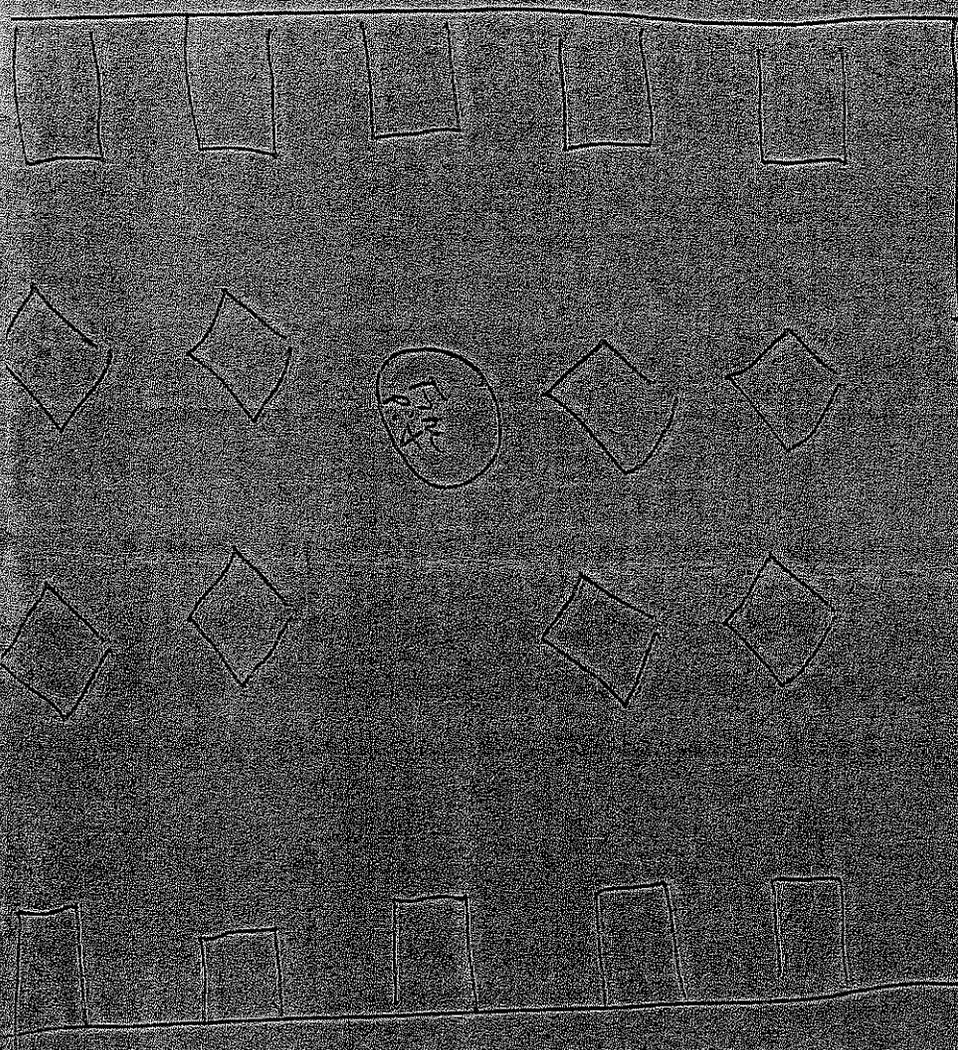
Dishwasher

Office

Wigmore
Room

Key
Cabinet

Cooler



POWER PLANT

COMPUTER



FIN

CAVETT'S Inside Building

DOOR

Bathrooms

BAR

COMMS

Liquor Cabinet

AT-107a: SCHEDULE FOR SUCCESSOR OF AGENT

If there is a change in agent, each club, corporation, or limited liability company who holds a retail permit to sell fermented malt beverages and/or intoxicating liquor must appoint a successor agent pursuant to sec. 125.04(6), Wis. Stats. There is a \$10 change in agent processing fee due with this form. The following questions must be answered by the Agent. The appointment must be signed by the President and Secretary or members of limited liability company. The appointment must be approved by the licensing authority.

Lake Geneva Wisconsin June 23 2014
(Municipality) (Date)

1. Name of agent Eugene Grabler

- | | Yes | No | |
|----|-------------------------------------|-------------------------------------|--|
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Are you of legal drinking age? |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you been a resident of Wisconsin for at least 90 continuous days prior to the date of appointment as agent? |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a federal law violation? <u>May 1987</u> |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a State law violation? |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have you ever been convicted of a Local ordinance violation? |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Have you completed the required responsible beverage server program per sec. 125.04(5)(a)5, Wis. Stats.? |

UNDER PENALTY OF LAW, I declare that all of the above information is true and correct to the best of my knowledge and belief.

Eugene J. Grabler
(Signature of Agent)
11465 Clover Rd
(Address)

SUCCESSOR AGENT

The undersigned appoints Eugene Grabler as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee Dr. Connelly
By [Signature]
(Signature of President/Member)

Date JUNE 23 2014

(Signature of Secretary/Member)

I hereby accept appointment as agent for Connelly's / Samson Enterprises, LLC and assume full responsibility or the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date JUNE 23 2014

Eugene J. Grabler
(Signature of Agent)

THE AGENT APPOINTED ABOVE MUST BE APPROVED BY THE LICENSING AUTHORITY TO BE EFFECTIVE. (See sec. 125.04(6), Wis. Stats.)

_____ WI _____ 20____
(Municipality) (Date)

(Signature of Official)

(Title)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-14 ending: 06-30-2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA
 County of WALWORTH 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 LEGION POST 24
 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>LEONARD JEGERSKI</u>	<u>1804 CONANT ST</u>	<u>LAKE GENEVA 53147</u>
Vice President/Member	<u>THOMAS KEAL</u>	<u>938 ANN ST</u>	<u>GENOA CITY 53128</u>
Secretary/Member	<u>ROBERT MILLER</u>	<u>17465 CAMILLA RD</u>	<u>PELL LAKE 53157</u>
Treasurer/Member	<u>CHARLES SCHEHLEIN</u>	<u>337 EUGENE DR</u>	<u>LAKE GENEVA 53147</u>
Agent	<u>CHARLES J. SCHEHLEIN</u>	"	"

C.1. Trade Name AMERICAN LEGION POST 24 Business Phone Number 248-9761
 2. Address of Premises 735 HENRY ST Post Office & Zip Code LAKE GENEVA 53147

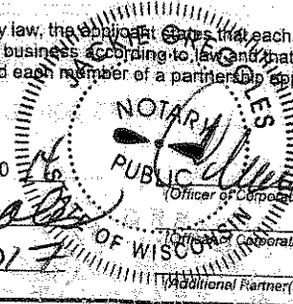
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, 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.) 1ST FLOOR + LOWER LEVEL STORAGE
5. Legal description (omit if street address is given above): FENCED OUTDOOR AREA JULY 26, 2014
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

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN)	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 625.00

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant certifies 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 19 day of May, 2014
Judith S. Sweeney (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 My commission expires June 2017
[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>5-19-14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of AMERICAN LEGION POST 24
(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 AMERICAN LEGION POST 24
(trade name)

located at 735 Henry St.

appoints CHARLES J. SCHLEHLEIN
(name of appointed agent)
337 EUGENE DR. LAKE GENEVA, WI. 53147
(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? 62 yrs

Place of residence last year 337 EUGENE DR. LAKE GENEVA WI. 53147

For: AMERICAN LEGION POST 24
(name of corporation/organization/limited liability company)

By: Gen Jagerski - COMMANDER
(signature of Officer/Member/Manager)

And: Thomas L Kehl 1ST VICE COMMANDER
(signature of Officer/Member/Manager)

CHARLES J SCHLEHLEIN ACCEPTANCE BY AGENT
(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.

Charles Schlehle 5-19-14 Agent's age 62
(signature of agent) (date)

337 EUGENE DR LAKE GENEVA, WI. 53147 Date of birth _____
(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 5-27-14 by [Signature] Title Police Chief
(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)	
SCHLEHLEN		CHARLES		JOHN	
Home Address (street/route)	Post Office	City	State	Zip Code	
337 EUGENE DR.	LAKE GENEVA	LAKE GENEVA	WI	53147	
Home Phone Number	Age	Date of Birth	Place of Birth		
248-4243	62		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.
 - OFFICER/MEMBER/AGENT of AMERICAN LEGION POST 25
(Office/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? 62 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify, _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify, _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

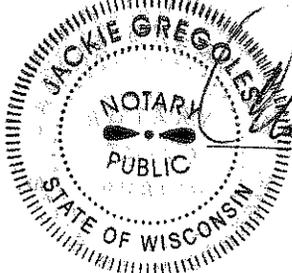
6. Named individual must list in chronological order last two employers.

Employer's Name <u>SELF EMPLOYED</u>	Employer's Address <u>AS ABOVE</u>	Employed From <u>1996</u>	To <u>PRESENT</u>
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 19 day of May, 20 14
Jackie Gregoles
(Clerk/Notary Public)
My commission expires June 2017

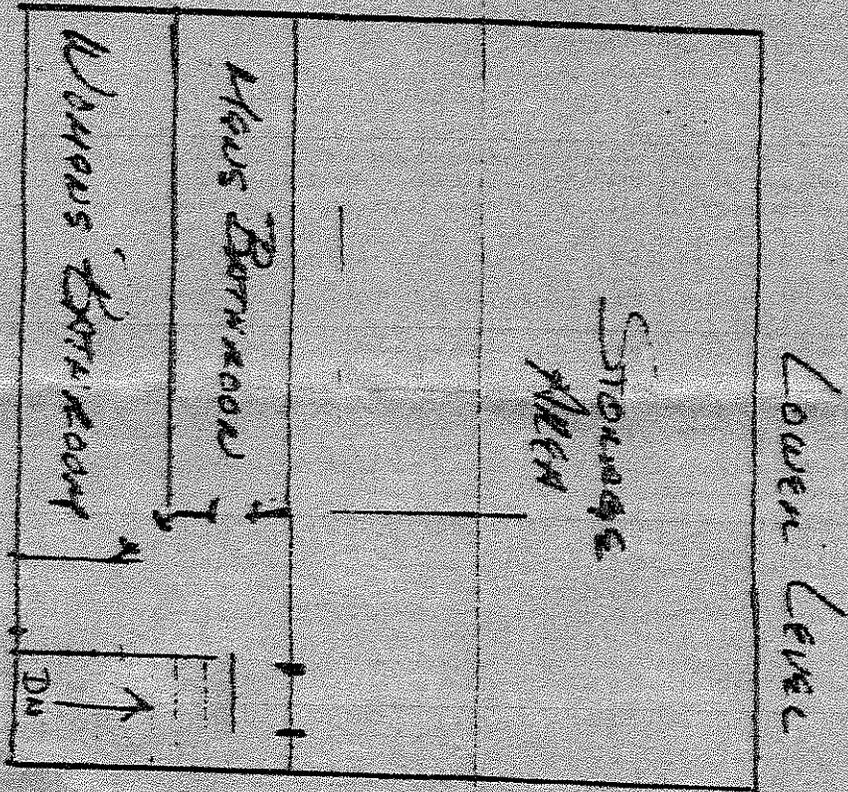
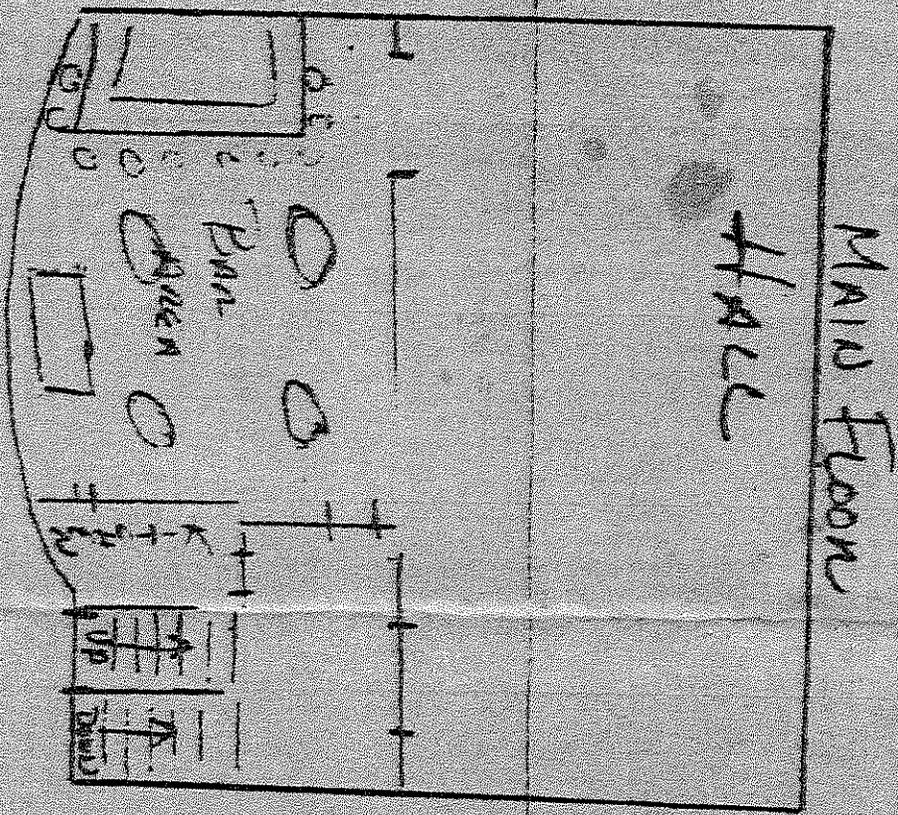


[Signature]
(Signature of Named Individual)



APRILIANS (EARTH) P.S. #24
 LATE SECTION

5/10/19



LIQUOR SERVED & STORED ON MAIN FLOOR.
 LIQUOR STORED ON LOWER LEVEL.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2014 ending: 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva

County of Walworth 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) Patrick Joseph McCarthy Home Address 10 Kingswood Cir Verona WI 53593 Post Office & Zip Code WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Cove Condominium Association, 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>James Paul Patricia</u>	<u>1580 Creek Crossing Dr Algonquin IL 60102</u>	<u>IL 60102</u>
Vice President/Member	<u>Caroline Onbargi Mancini</u>	<u>149 Jefferson Ln Bloomingdale IL 60108</u>	<u>IL 60108</u>
Secretary/Member	<u>Patrick Joseph McCarthy</u>	<u>10 Kingswood Circle Verona WI 53593</u>	<u>WI 53593</u>
Treasurer/Member	<u>Mark William Duski</u>	<u>1504 S. Elizabeth St Lombard IL 60148</u>	<u>IL 60148</u>
Agent	<u>Patrick Joseph McCarthy</u>	<u>10 Kingswood Circle Verona WI 53593</u>	<u>WI 53593</u>

C. 1. Trade Name Cove of Lake Geneva Business Phone Number 262-249-9460
 2. Address of Premises 111 Center St. Lake Geneva WI Post Office & Zip Code 53147

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.) Full service resort with sales in lobby, pool and meeting 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 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. Return is not yet filed, sales will be included when filed 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 7th day of May, 2014
Jennifer L. Schrader
(Clerk/Notary Public)
 My commission expires 7/13/14

NOTARY PUBLIC
 JENNIFER L. SCHRADER
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 PUBLIC
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partners/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-14-14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted
License number issued <u>2014-1</u>	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: 07/01/2014 ending: 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva
 County of Walworth 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.

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN):	
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	\$ <u>500</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>525</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
McCarthy, Patrick Joseph 10 Kingswood Circle Verona WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Lake Condominium Association, 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>James Paul Patrician</u>	<u>1580 Corsica Crossing Dr.</u>	<u>Algonquin IL 60102</u>
Vice President/Member	<u>Caroline Dubargi Menconi</u>	<u>149 Jefferson Ln.</u>	<u>Bloomington IL 61008</u>
Secretary/Member	<u>Patrick Joseph McCarthy</u>	<u>10 Kingswood Cir.</u>	<u>Verona WI 53593</u>
Treasurer/Member	<u>Mark William Daski</u>	<u>1504 S. Elizabeth St</u>	<u>Lombard IL 60148</u>
Agent	<u>Patrick Joseph McCarthy</u>	<u>10 Kingswood Circle</u>	<u>Verona WI 53593</u>

 Directors/Managers _____

C. 1. Trade Name The Cove of Lake Geneva Business Phone Number 262-249-9460
 2. Address of Premises 111 Center St. Lake Geneva WI 53147 Post Office & Zip Code 53147

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.) Gift shop
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. Return not yet filed, sales will be included when filed 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 7th day of May, 2014
[Signature]
(Clerk/Notary Public)
 My commission expires 7/13/14

NOTARY PUBLIC
 JENNIFER L. SCHRADER
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner
 (Additional Partners/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/14/14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted
License number issued <u>2014-</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
McCarthy		Patrick		Joseph	
Home Address (street/route)		Post Office		City	
10 Kingswood Circle				Verona	
Home Phone Number		Age		State	
608 848-7253		51		WI	
		Date of Birth		Zip Code	
				53593	
				Place of Birth	
				Brookfield, 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.
- Secretary of Cove Condominium
(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? _____
- 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)

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

Employer's Name	Employer's Address	Employed From	To
Pinnacle Real Estate Group LLC	474 Commerce Dr, Madison WI 53119	8/1/2009	Present
Kingswood Subs, LLC	10 Kingswood Cir, Verona WI 53593	4/1/2009	Present

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.

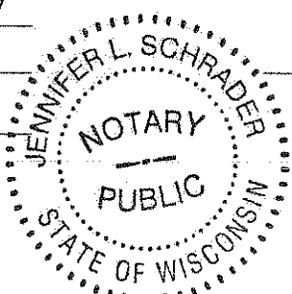
Subscribed and sworn to before me

this 7th day of May, 2014

[Signature]
(Clerk/Notary Public)

My commission expires 7/13/14

[Signature]
(Signature of Named Individual)



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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Cove Condominium Association, Inc
(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 The Cove of Lake Geneva
(trade name)

located at 111 Center St, Lake Geneva WI 53147

appoints Patrick J. McCarthy
(name of appointed agent)

10 Kingswood Circle Verona WI 53593
(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? 51 years

Place of residence last year 10 Kingswood Circle Verona WI 53593

For: Cove Condominium Association, Inc.
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Patrick J. McCarthy, 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] 5/7/14 Agent's age 61
(signature of agent) (date)

10 Kingswood Circle Verona WI 53593 Date of birth _____
(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 5-18-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Cove Con Condominium Association, Inc
(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
The Cove of Lake Geneva
(trade name)

located at 111 Center St, Lake Geneva WI 53147

appoints Patrick Joseph McCarthy
(name of appointed agent)
10 Kingswood Circle Verona WI 53593
(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 10 Kingswood Circle Verona WI 53593

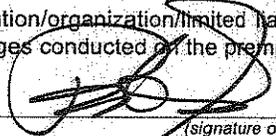
For: Cove Condominium Association, Inc
(name of corporation/organization/limited liability company)

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

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

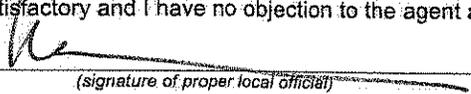
ACCEPTANCE BY AGENT

I, Patrick Joseph McCarthy
(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.

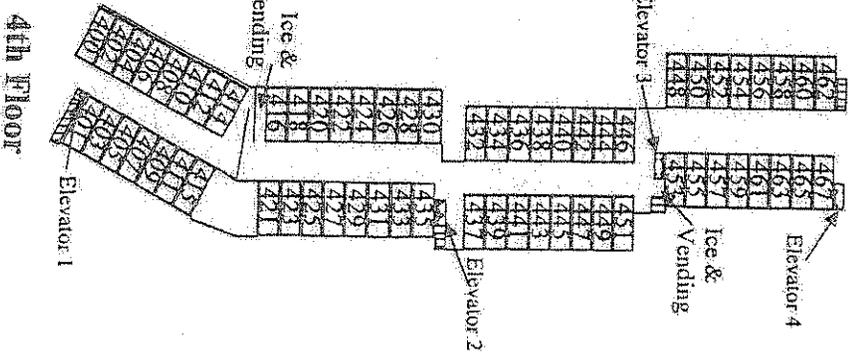
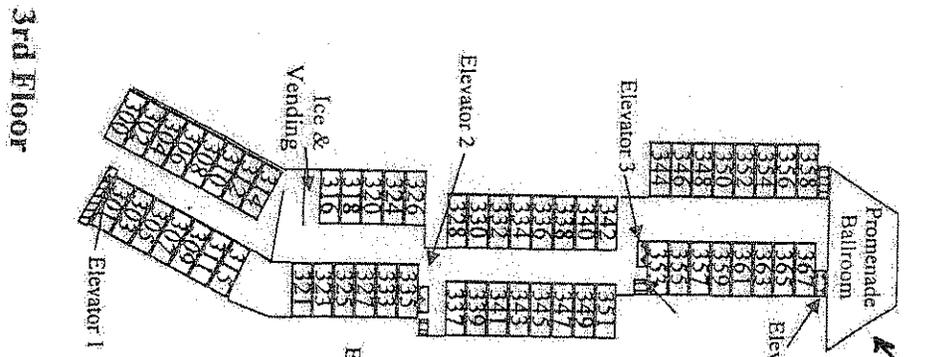
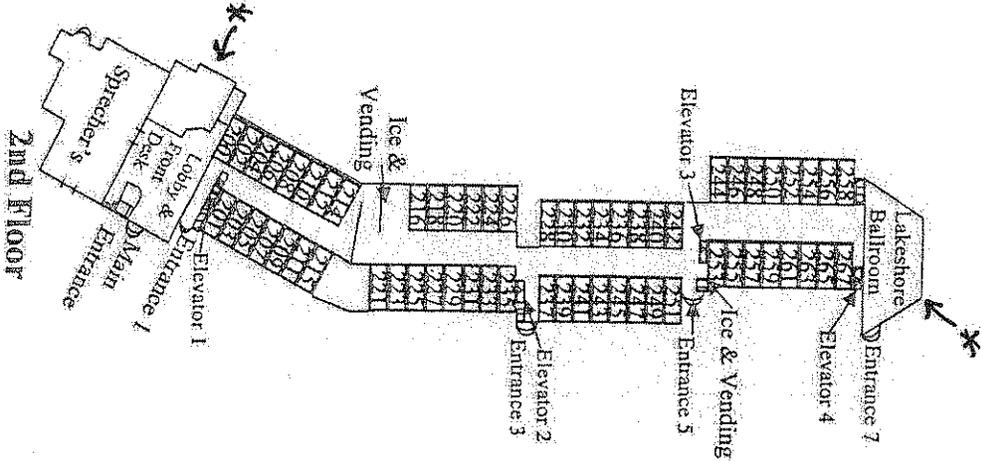
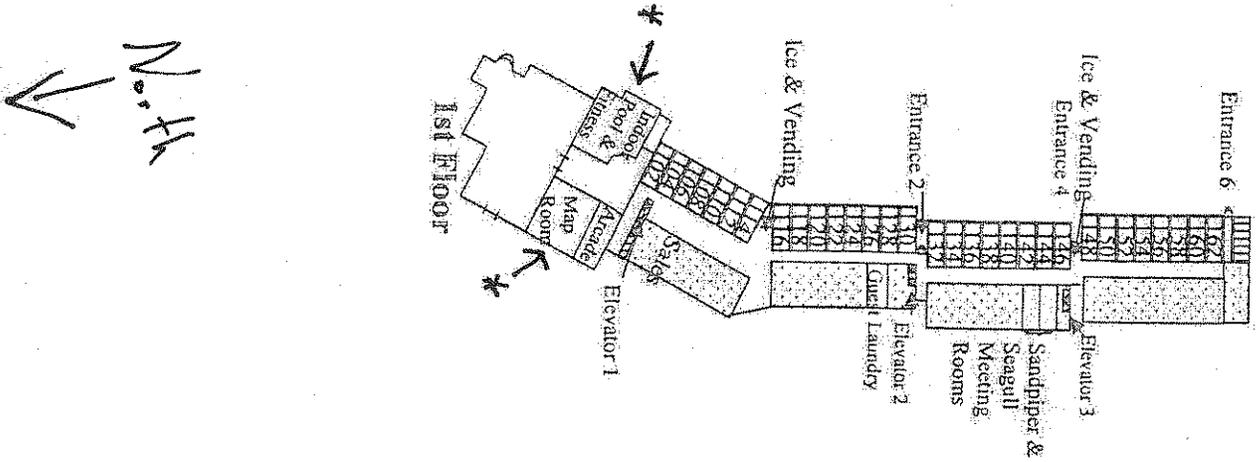
 5/7/14 Agent's age 51
(signature of agent) (date)
10 Kingswood Circle Verona WI 53593 Date of birth _____
(home address of agent)

**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 5-18-14 by  Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Property Map



* Sale of alcohol

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2014 ending: 6/30/2014
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva

County of Walworth 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 K+B Restaurant Group LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 150 Center 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	<u>Kathleen Elizabeth Walker</u>	<u>279 Quail Dr, Geneva City</u>	<u>53128</u>
Vice President/Member	<u>Benjamin Wesley Wooten</u>	<u>279 Quail Dr, Geneva City</u>	<u>53128</u>
Secretary/Member	<u>David M. Walker</u>	<u>1601 N. Terrace St, Visalia, CA</u>	<u>93291</u>
Treasurer/Member			
Agent	<u>Benjamin Wesley Wooten</u>	<u>279 Quail Dr, Geneva City</u>	<u>53128</u>
Directors/Managers			

C. 1. Trade Name The Original Chicago Pizza Company Business Phone Number 262-248-8544
 2. Address of Premises 150 Center St. Post Office & Zip Code 53147

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.) Restaurant and basement storage, sidewalk cafe

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. Home address of President + Vice President 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) 286-2776] 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 23 day of May, 2014

My commission expires _____
(Clerk/Notary Public)

Kathleen Walker
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Benjamin Wooten
(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>5-23-14</u>	Date reported to council/board <u>6-27-14</u>	Date license granted <u>7</u>
License number issued <u>2014-8</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Walker		Kathleen		Elizabeth	
Home Address (street/route)		Post Office		City	
279 Quail Dr.				Kenosha City	
Home Phone Number		Age		Date of Birth	
972-890-0711		27			
				State	
				WI	
				Zip Code	
				53147	
				Place of Birth	
				Dallas, Tx	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member of K+B Restaurant Group, 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? 5 months
- 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)

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

Employer's Name	Employer's Address	Employed From	To
Leprino Foods Co.	351 N. Belle Haven, Lemoore CA	6/2008	12/2013
Employer's Name	Employer's Address	Employed From	To
Kansas St. University	Manhattan, KS	9/2004	6/2008

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 23 day of May, 2014

(Clerk/Notary Public)

Kathleen Walker
(Signature of Named Individual)

My commission expires city clerk



Printed on Recycled Paper

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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of K+B Restaurant Group, 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 The Original Chicago Pizza Company
(trade name)

located at 150 Center St. Lake Geneva, WI 53147

appoints Benjamin Wesley Wooten
(name of appointed agent)
279 Quail Dr. Genoa City, WI 53128
(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? 5 months

Place of residence last year 304 E. Lemmon Way, Hanford, CA 93230

For: K+B Restaurant Group, LLC
(name of corporation/organization/limited liability company)

By: Kathleen Wacker
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, BENJAMIN WESLEY WOOTEN
(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.

Benjamin Wooten 5/22/14
(signature of agent) (date) Agent's age 28

279 Quail Dr GENOA CITY WI 53128
(home address of agent) Date of birth _____

**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 6-25-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

*JK
6-25-14
BB*

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WOOTEN		BENJAMIN		WESLEY	
Home Address (street/route)		Post Office		City	
279 Quail Dr				Genoa City	
Home Phone Number		Age		Date of Birth	
262-352-7121		28			
				State Zip Code	
				WI 53128	
				Place of Birth	
				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.
 - Agent of K & B Restaurant Group 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? 5 months
- 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 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. _____
(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
K & B Restaurant Group	150 Center St Lake Geneva WI	1/5/14	Current
LEPROW FOODS	351 N Belle Haven Lenore CA	8/5/08	12/26/13

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 23 day of May, 2014
[Signature]
(Notary Public)

[Signature]
(Signature of Named Individual)

My commission expires City CLK



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Walker		DAVID		Michael	
Home Address (street/route)	Post Office	City	State	Zip Code	
1601 N. TerVere		Visalia	CA	93291	
Home Phone Number	Age	Date of Birth	Place of Birth		
469 556 2059	61	1-	Brighton, Mass		

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Member of K+B Restaurant Group 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? _____
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending. _____
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Little Rock Staffing	11500 Rodney Park #20 AR 71212	12/08	4/12
VXI	Los Angeles, CA	1/08	11/08

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 22 day of May, 20 14
Michael W. Harrell
(Clerk/Notary Public)

[Signature]
(Signature of Named individual)

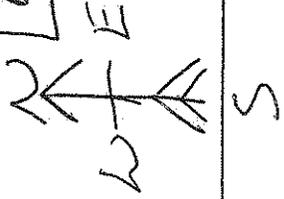
My commission expires 7-22-2016



Wine Cabinet

Alcohol Cooler

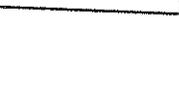
BEER TAPS



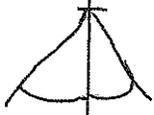
Men's Rest Room



Women's Rest Room

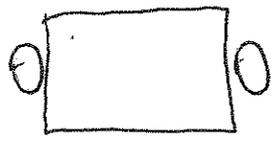
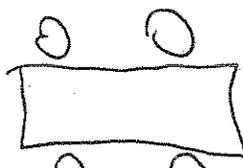
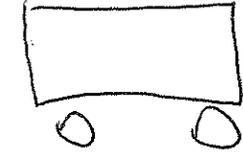
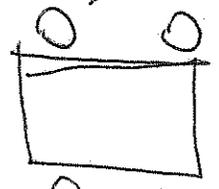
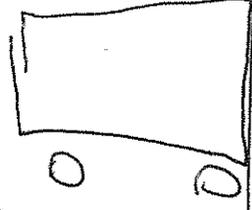
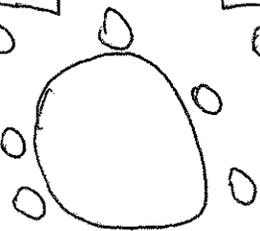
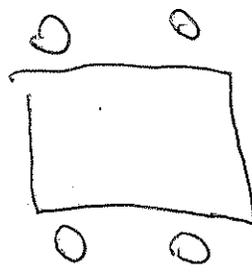
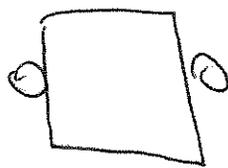
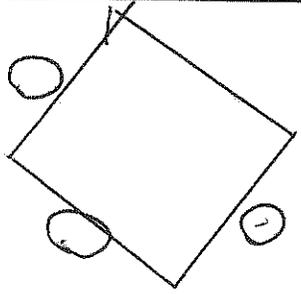


Bar Door



Kitchen

Stairs to basement



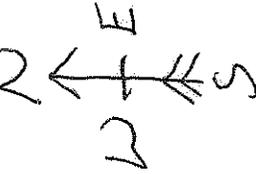
Prep Room

Food Cooler

Alcohol Cooler

Office

Soda vending
Dispensing unit



Freezer

Freezer

Ice
Machine

Freezer

Storage
Dry

Stairs
From
Main Floor

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-14 ending: 6-30-15
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva

County of Walworth 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.

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
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 B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Cimino Nick Home Address 220 Shabbona Dr Post Office & Zip Code 53125

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Mama Cimino LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 131 Wells St Lake Geneva
 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 Nick Cimino 220 Shabbona Dr Fontana WI 53125
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Nick Cimino
 Directors/Managers Mama Cimino

C. 1. Trade Name Mama Cimino Business Phone Number _____
 2. Address of Premises 131 Wells Street Post Office & Zip Code 53147

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.) through out entire space
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. home address 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 20 day of May
Archie Dregolis (Clerk/Notary Public)
Nick Cimino (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 My commission expires June 2014
Nick Cimino (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
Nick Cimino (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-20-14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted
License number issued <u>2014-74</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Cimino Nick					
Home Address (street/route)		Post Office	City	State	Zip Code
220 Shabbona			Fontana	WI	53125
Home Phone Number		Age	Date of Birth	Place of Birth	
815441 1585		46		England	

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

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

(Officer/Director/Member/Manager/Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 3 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(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

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 20 day of May, 2014

 _____ (Signature of Named Individual)

My commission expires June 2017



Printed on Recycled Paper

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 Lake Geneva County of Walworth
 City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
Mama Cimino's
(trade name)
 located at 131 Wells St Lake Geneva WI
 appoints Nick Cimino
(name of appointed agent)
200 Shabbona drive Fontana WI
(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).
Mama Ciminos LLC

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? 3 years

Place of residence last year 200 Shabbona drive Fontana

For: Mama Cimino's
(name of corporation/organization/limited liability company)
 By: Nick Cimino
(signature of Officer/Member/Manager)
 And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Nick Cimino
(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.

Nick Cimino
(signature of agent) 5/27/14
(date) Agent's age 48
200 Shabbona drive Fontana WI
(home address of agent) Date of birth 1 / 1

**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.

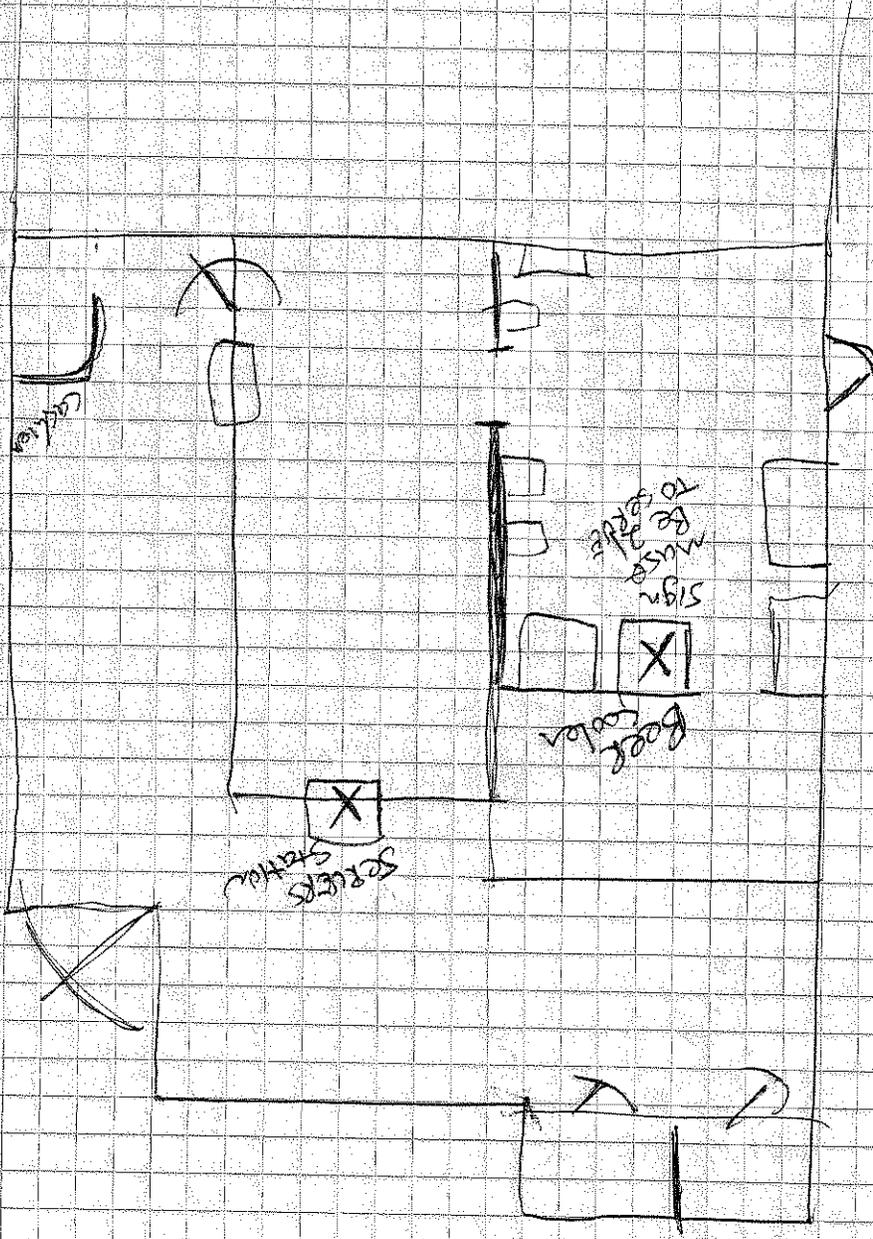
Approved on 6-25-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Handwritten notes:
 OK BB
 6-25-14

Manna Cinnos Pizzeria

131 Wells St

Wells St
↑



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-1-2014 ending: 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Lake Geneva
 Village of }
 City of }

County of Walworth 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) KARABAS, John, S Home Address 425 N. Lower Gardens Post Office & Zip Code Fondana WI 53125

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Pie High Pizza 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 John S. Karabas 425 N. Lower Gardens Fondana WI 53125
 Vice President/Member _____
 Secretary/Member _____

Treasurer/Member _____

Agent John Karabas 425 N. Lower Gardens Fondana WI 53125

Directors/Managers _____

C. 1. Trade Name Pie High Pizza Business Phone Number 262-293-5115

2. Address of Premises 520 Williams St Post Office & Zip Code 53147

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.) one story building 1000 sq

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. not yet opened 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

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

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 23 day of may, 20 14

[Signature]
(Clerk/Notary Public)

My commission expires City Clerk

[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>5-23-14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted
License number issued <u>2014-9</u>	Date license issued	Signature of Clerk/Notary Public

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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Pie High Pizza 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

Pie High Pizza
(trade name)
 located at 820 William St Lake Geneva WI 53147

appoints John J. Karabas
(name of appointed agent)
425 N. Lower Gardens Fontana WI 53125
(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? 5 yrs

Place of residence last year 425 N Lower Gardens Fontana WI 53125

For: PIE HIGH PIZZA
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, John J. Karabas
(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] 5-23-2014
(signature of agent) (date) Agent's age 59

425 N. Lower Gardens Fontana WI 53125
(home address of agent) Date of birth _____

**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 6-25-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

OK
6-25-14
BB

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) KARABAS		(first name) John		(middle name) J.	
Home Address (street/route) 425 N. Lower GARDNER		Post Office	City Fountain	State WI	Zip Code 53125
Home Phone Number		Age 54	Date of Birth	Place of Birth Chicago	

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.
- John J. Karabas of Pie High Pizza 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? 5 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Pie High Pizza Fountain WI + Beer B+C
(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 Licenses or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name Pie High Pizza	Employer's Address 941 Mill St Fountain WI 53125	Employed From 2-22-11	To Present
Employer's Name Tomato Head Pizza	Employer's Address 920 W Randolph St Chicago	Employed From 1-1-99	To 11-4-08

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 23 day of May, 2014
[Signature]
(Clerk/Notary Public)

My commission expires City Clerk

[Signature]
(Signature of Named Individual)

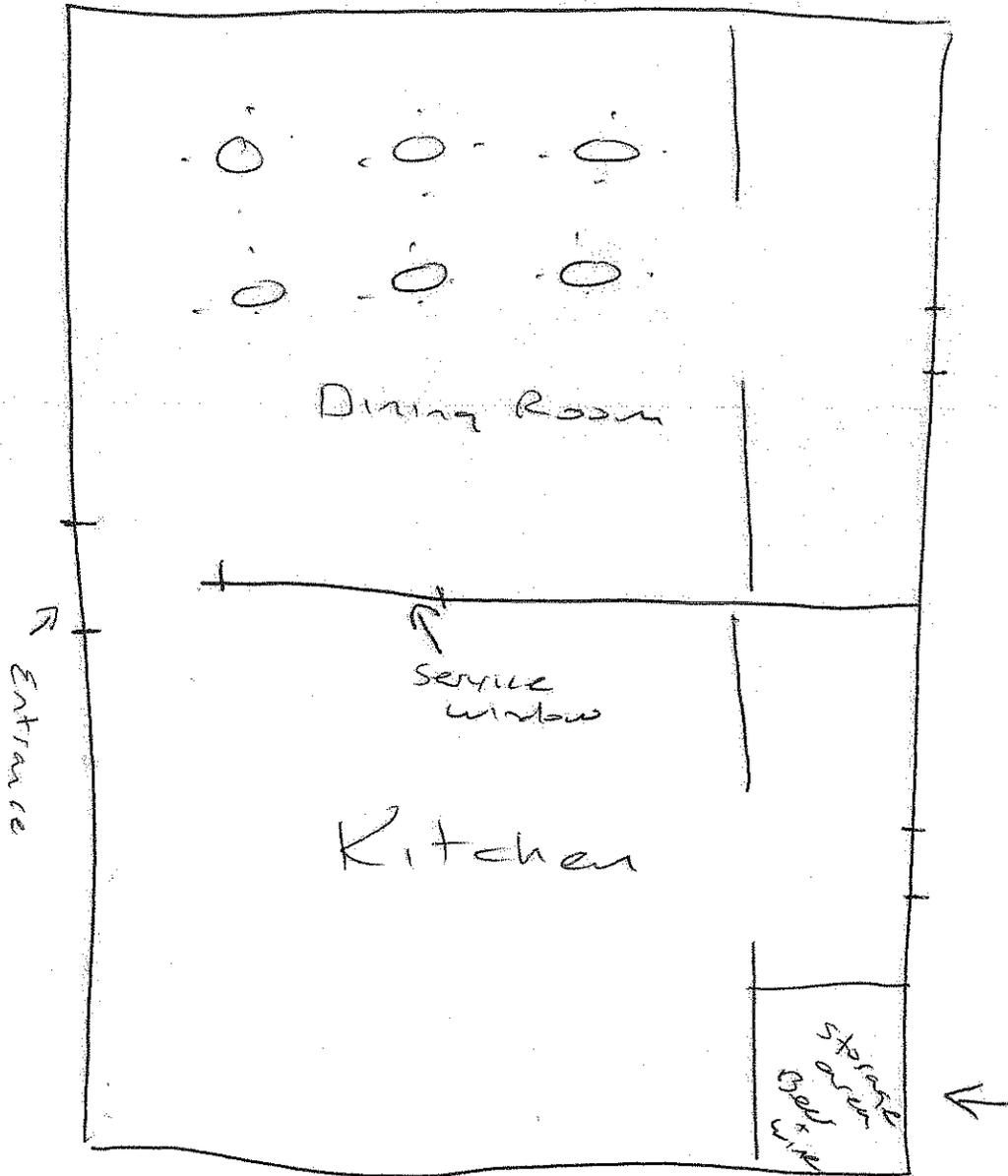


Printed on Recycled Paper

Wisconsin Department of Revenue

PIE HIGHT PIZZA

820 Williams St.



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2014 ending: June 30, 2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva

County of Walworth 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.

Applicant's Wisconsin Seller's Permit Number	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>200</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>160</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>385.00</u>

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 Lake Geneva Creperie, 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>Christine A. Purich</u>	<u>6916 Waterford Dr. McHenry, IL</u>	<u>60050</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Ralph Kennedy</u>	_____	_____
Directors/Managers	<u>N2415 Tuskagee Dr. Bonners Lake WI</u>	<u>53105</u>	_____

C. 1. Trade Name Lake Geneva Creperie, LLC Business Phone Number 262-248-2045

2. Address of Premises 234 Broad St. Lake Geneva, WI Post Office & Zip Code 53147

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.) Main level service, basement storage and sidewalk cafe

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, 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

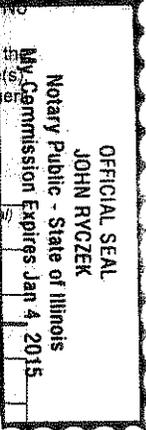
this 1st day of May, 20 14

(Clerk/Notary Public)
 My commission expires 1-4-15

Christine A. Purich
(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
<u>5-1-14</u>	<u>6/27/14</u>	_____
License number issued	Date license issued	Signature of _____
<u>2014-6</u>	_____	_____

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>Purich</u>		(first name) <u>Christine</u>	(middle name) <u>Ann</u>	
Home Address (street/route) <u>6916 Waterford Dr.</u>		Post Office	City <u>McHenry</u>	State <u>IL</u> Zip Code <u>60050</u>
Home Phone Number <u>815-363-2819</u>		Age <u>54</u>	Date of Birth	Place of Birth <u>South Bend, IN</u>

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

Applying for an alcohol beverage license as an individual.
 A member of a partnership which is making application for an alcohol beverage license.
 Christine A Purich of Lake Geneva Creperie, Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

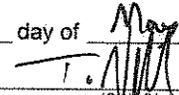
- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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)

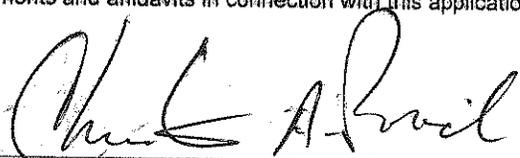
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

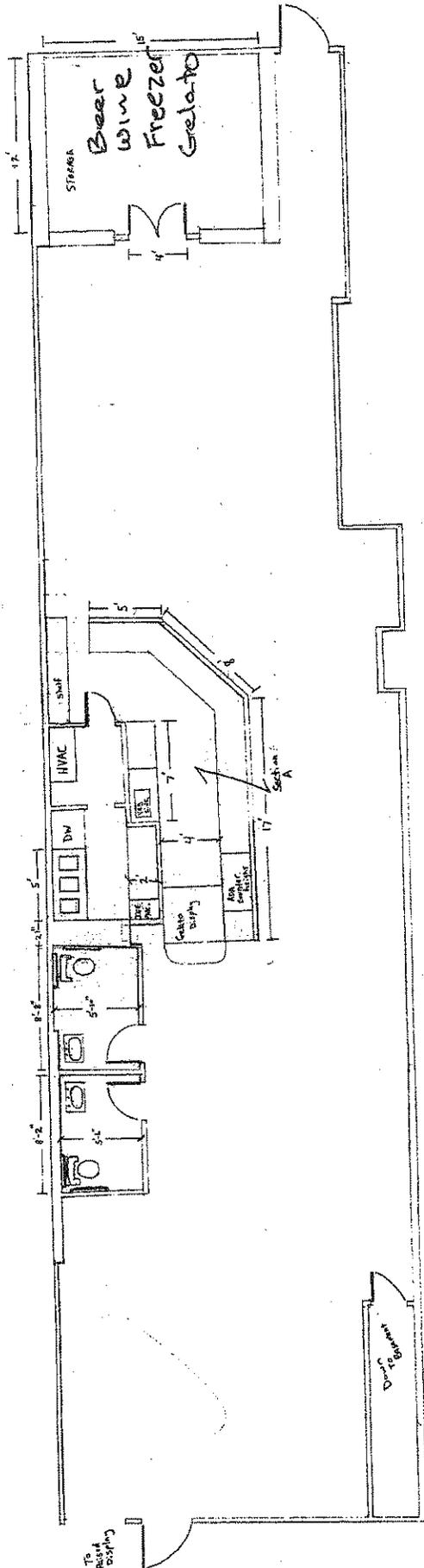
this 2 day of May, 2014

(City/Notary Public)


(Signature of Named Individual)

My commission expires City Clerk



Printed on Recycled Paper

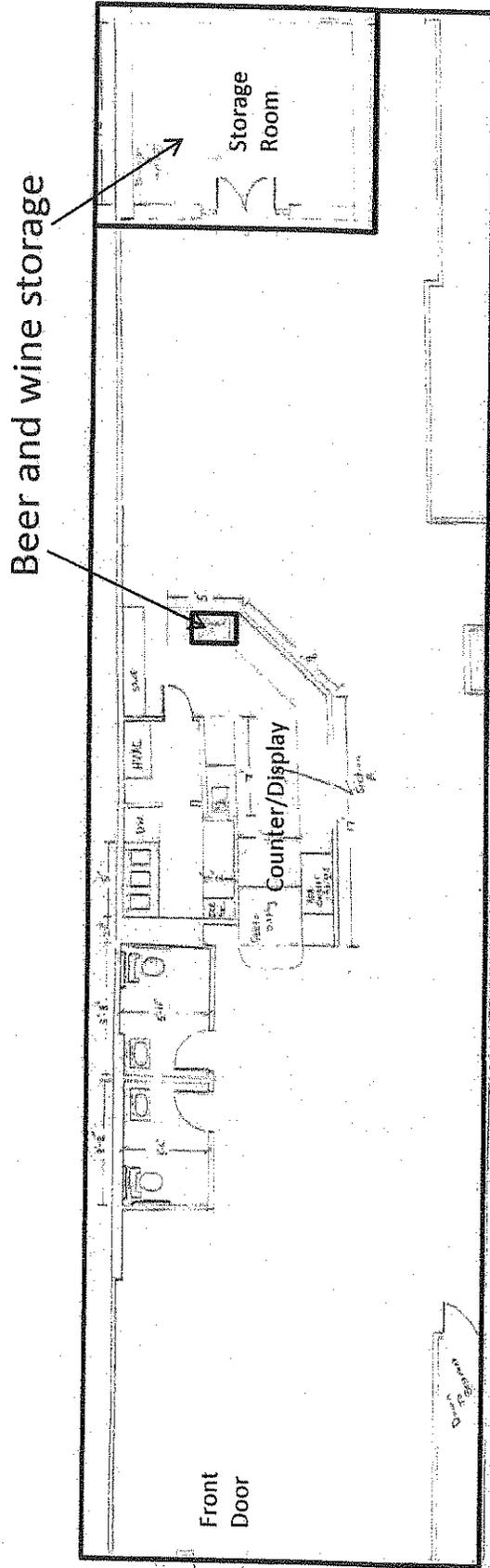


delbert
 Conditionally Approved
 2-3-12

Scale
 $1/4" = 1'-0"$

Lake Geneva Crepiere
 234 Bond Street

Lake Geneva Creperie
234 Broad Street





CITY OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|---|
| <input type="checkbox"/> Initial Sidewalk Café Permit with Alcohol | <input checked="" type="checkbox"/> Renewal of Sidewalk Café Permit with Alcohol |
| <input type="checkbox"/> Initial Sidewalk Café Permit without Alcohol | <input checked="" type="checkbox"/> Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- Certificate of Comprehensive General Liability Insurance naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- Scaled diagram which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- Copy of restaurant license issued by the Wisconsin Department of Health and Human Services under Wis. Stat. 254.64.
- Application Fee of \$15.00 per seat: 10 seats x \$15.00 = \$ 150.00
(# OF SEATS) (TOTAL FEE)
- Alcohol License Premises Extension Application. If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: Christine A. Purich
Establishment Name: Lake Geneva Creperie
Address: 234 Broad St. Lake Geneva, WI 53147
Phone: _____ E-mail: mpurich@hotmail.com

- Do food sales generate more than 50% of gross receipts? Yes No
- Are you requesting to serve alcoholic beverages? Yes No

If so, please provide the following information:

Agent Name: _____
 Agent Address: _____
 Agent Phone: _____ Alt. # _____
 Agent E-mail: _____
 Signature of Agent: _____ Date: _____

INDEMNIFICATION STATEMENT

I, Christine A Purich representing Lake Coonawa Coffee as its
(FULL NAME) (ESTABLISHMENT)

OWNER
(TITLE) agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67

(6) Sidewalk Café permits.

Christine A Purich 4/30/14
 SIGNATURE OF APPLICANT DATE

For Office Use Only

Date Filed with Clerk:	5-2-14 5-2-14
Total Amount: \$ <u>400</u>	Receipt No.: <u>C140502-35</u>
Date Forwarded to Police Chief:	<u>6-23-14</u>
Police Chief Signature: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Date Forwarded to Director of Public Works:	<u>6-23-14</u>
Director of Public Works Signature: _____	Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/>
Date of FLR/Council Approval (for alcohol license amendment, if applicable): _____	
Permit Issue Date: _____	Permit Number: _____
Copies Provided to:	Police Chief DPW Director
	Fire Chief Zoning Administrator

OK
6-23-14
BB

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2014 ending: June 30, 2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Lake Geneva

County of Walworth 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) Hartz, Thomas Andrew Home Address 1051 Lake Geneva Blvd. Post Office & Zip Code Lake Geneva, WI 53147

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 1051 Lake Geneva Blvd, Lake Geneva, WI 53147

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 Thomas Andrew Hartz

Vice President/Member Lori L. Hartz

Secretary/Member _____

Treasurer/Member _____

Agent Thomas A. Hartz

Directors/Managers _____

C. 1. Trade Name Simple Cafe Business Phone Number 262-248-3566

2. Address of Premises 525 Broad St. Post Office & Zip Code Lake Geneva, WI 53147

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.) 525 Broad St. Basement, Dining Room, Kitchen, 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 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 19 day of May, 2014

My commission expires June 2017

JACKIE GREGG
 NOTARY PUBLIC
 (Notary 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>5-19-14</u>	Date reported to council/board <u>6/22/14</u>	Date license issued
License number issued <u>2014-10</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Hartz		(first name) Thomas		(middle name) Andrew	
Home Address (street/route) 1051 LAKE GENEVA BLVD		Post Office Lake Geneva	City LAKE GENEVA	State WI	Zip Code 53147
Home Phone Number 262-248-7014		Age 60	Date of Birth	Place of Birth Milwaukee	

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

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

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

Employer's Name Newman Homes	Employer's Address	Employed From 2004	To 2007
Employer's Name CSI Homes	Employer's Address	Employed From 1999	To 2004

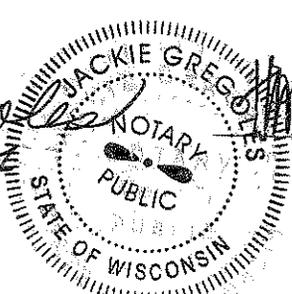
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 **19** day of **May**, 20**14**

Jackie Gregoris
(Clerk/Notary Public)

My commission expires **June 2017**



[Signature]
(Signature of Named Individual)



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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Simple Cafe 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 Simple Cafe
(trade name)

located at 525 Broad Street

appoints Thomas A. Hartz
(name of appointed agent)

1051 Lake Geneva Blvd. Lake Geneva, WI 53147
(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 1051 Lake Geneva Boulevard, Lake Geneva, WI

For: Simple Cafe LLC
(name of corporation/organization/limited liability company)

By: Thomas A. Hartz
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Thomas A. Hartz, 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.

Thomas A. Hartz 5-19-14
(signature of agent) (date)

1051 Lake Geneva Blvd, Lake Geneva, WI 53147
(home address of agent)

Agent's age 60

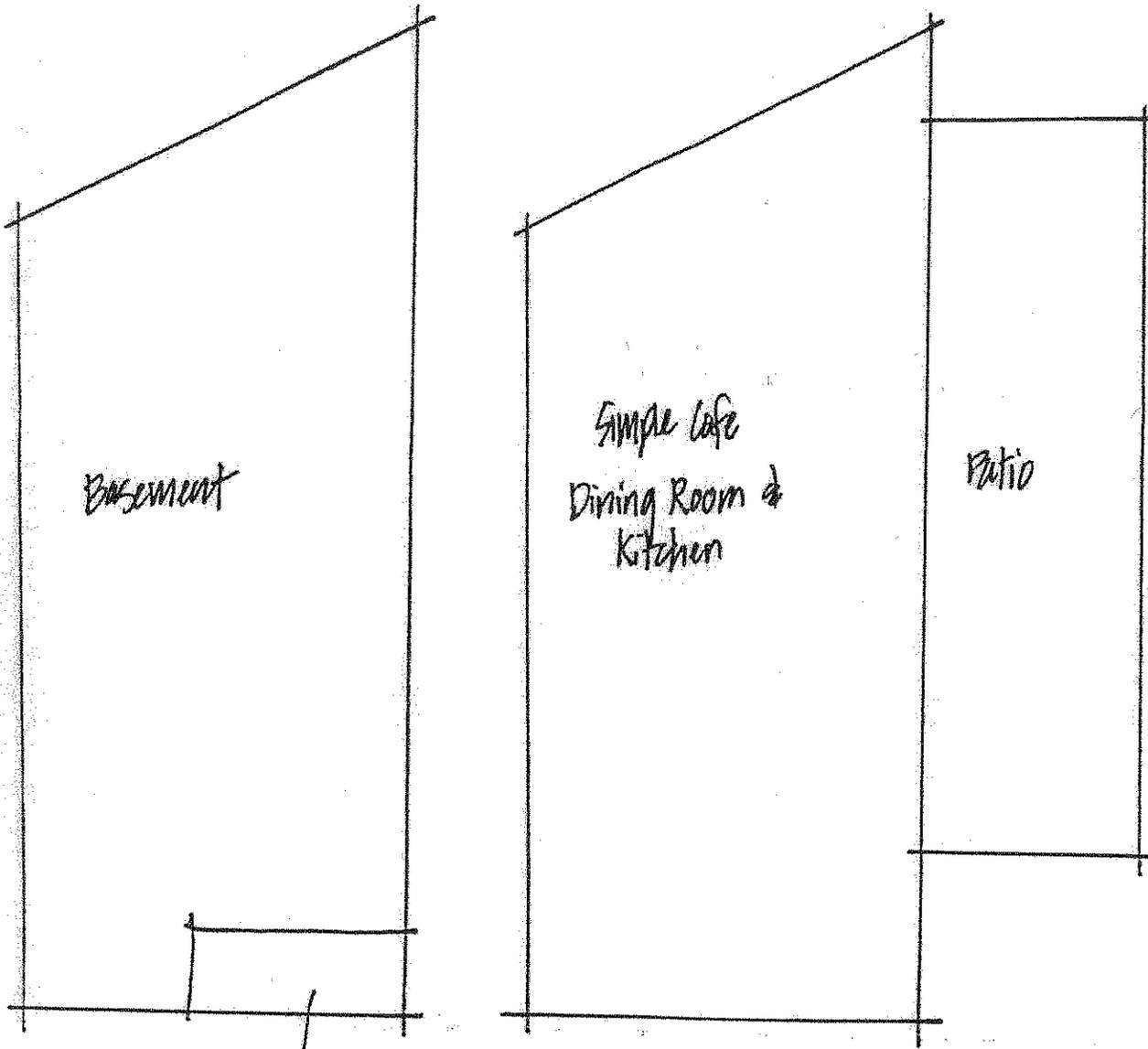
Date of birth _____

**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 5-27-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

Liquor Storage and Serving Locations



Beer and Wine stored
in locked cabinet.

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1st 20 14
 ending June 30th 20 15

TO THE GOVERNING BODY of the: Town of } Lake Geneva
 Village of }
 City of }
 County of Walworth Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Number (FEIN):	
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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>125.00</u>

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): Geneva Lakes Hotel Group, 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>Robert Rehm</u>	<u>412 Minnetonka Way Waterloo, WI</u>	
Vice President/Member	<u>John Warwick</u>	<u>101 N. LaSalle Circle, Sioux Falls, SD</u>	<u>57110</u>
Secretary/Member	<u>Dale Jorgensen</u>	<u>N2912 Highland Lane</u>	<u>Watapaga, WI 54981</u>
Treasurer/Member			
Agent ▶	<u>John Schrader</u>		
Directors/Managers	<u>2935 Nassau Dr Brookfield WI 53045</u>		

3. Trade Name ▶ Comfort Suites Business Phone Number 262-248-2300
 4. Address of Premises ▶ 300 E Main Street Post Office & Zip Code ▶ 53147

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 4/10/14 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sold in lobby pantry - stored in 1st & 2nd Floor Storage rooms

10. Legal description (omit if street address is given above): N/A

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? Lake Geneva Hospitality Group, 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
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [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 20 day of May, 20 14
Judith Bugoles (Clerk/Notary Public)
John Schrader (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 My commission expires June 2017
John Schrader (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 provisional license issued	Signature of Clerk / Deputy Clerk
<u>5/20/14</u>	<u>6/27/14</u>		
Date license granted	Date license issued	License number issued	

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Schroder		John		VICTOR	
Home Address (street/route)		Post Office		City	
2935 Nassau Dr				Brakfield	
Home Phone Number		Age		State	
414-217-5398		60		WI	
		Date of Birth		Zip Code	
				54095	
				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.
- Agent of Geneva Lakes Hotel Group, 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? 60 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (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 <u>Hampton Inn</u>	Employer's Address <u>40 W. Hidden Trail Elkhorn, WI</u>	Employed From <u>1/2008</u>	To <u>present</u>
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 20 day of May, 2014
Jackie Siegler
(Clerk/Notary Public)

My commission expires June 2017

John Schroder
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Geneva Lakes Hotel Group, 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

Comfort Suites
(trade name)

located at 300 E. Main Street

appoints John Schroder
(name of appointed agent)

2935 Nassau Dr. Brookfield, WI 53095
(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? 60 years

Place of residence last year 9035 N Tripoli ave Milwaukee WI 53228

For: Geneva Lakes Hotel Group
(name of corporation/organization/limited liability company)

By: John Waurand
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, JOHN SCHRODER
(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.

John Schroder 5/13/114 Agent's age 70
(signature of agent) (date)
2935 Nassau Dr Brookfield, WI 54095 Date of birth 11"
(home address of agent)

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

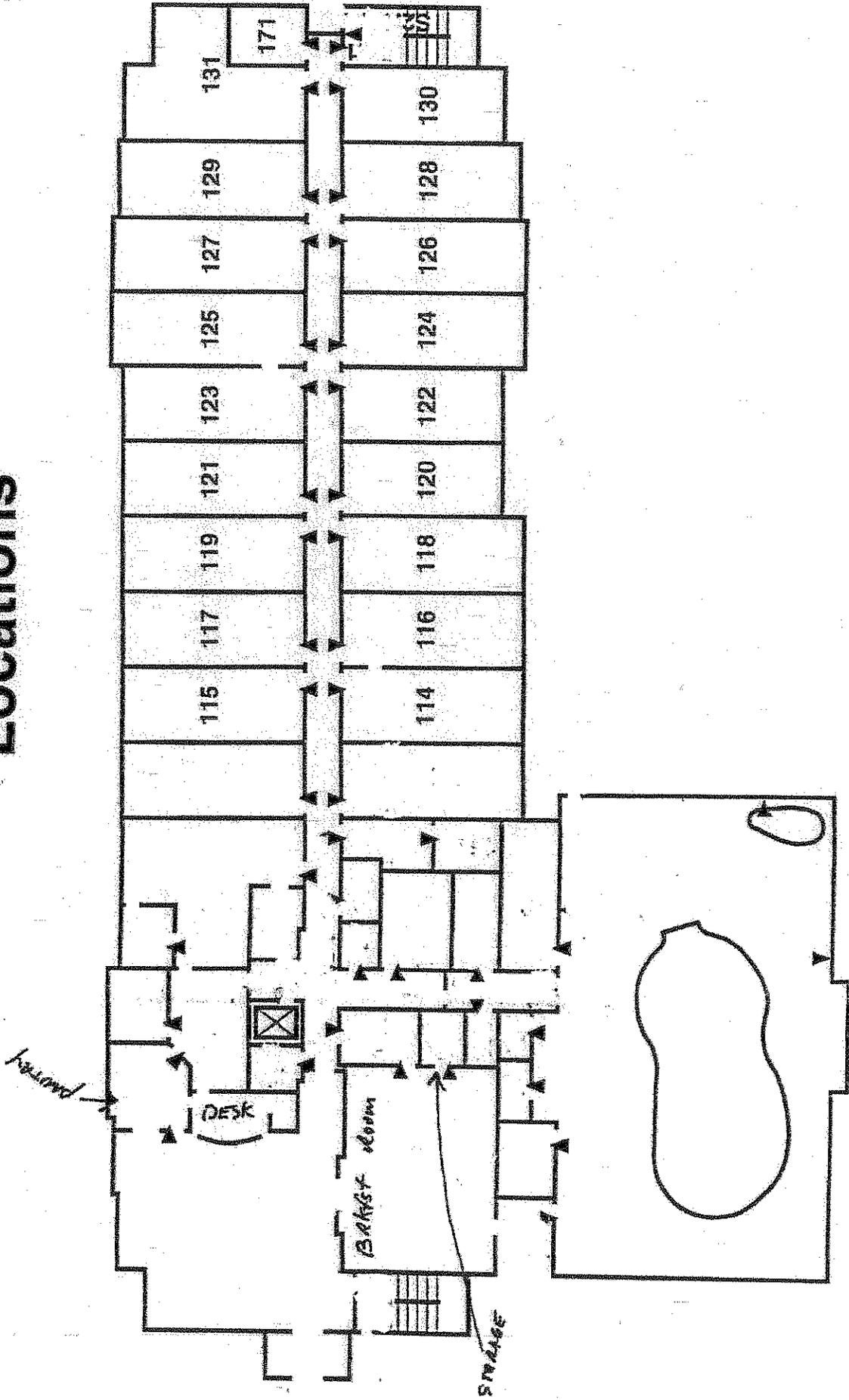
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 6-25-14 by _____ Title Chief of Police
(date) (signature of proper local official) (town chair, village president, police chief)

OK
6-25-14
BB

Comfort Suites - Lake Geneva, WI

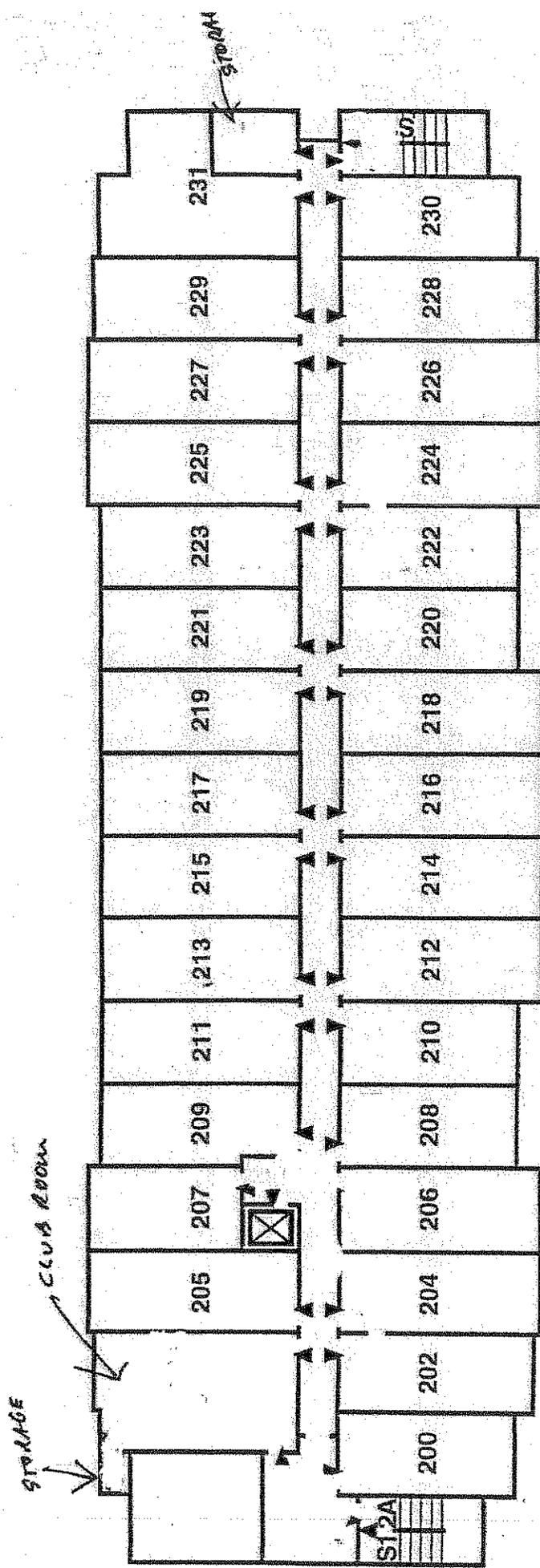
First Floor Locations



Comfort Suites - Lake Geneva, WI

Second Floor

Locations



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2014 ending: June 30, 2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

County of Walworth 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 Midwest Fuel, Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) 501 INTERCHANGE LAKE GENEVA
 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>John J. Consolino</u>	<u>45260 AWEAGON ELKHORN, WI 53121</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>John Consolino</u>	<u>45260 AWEAGON ELKHORN WI 53121</u>	
Directors/Managers			

C. 1. Trade Name NORTHEAST Mobil Business Phone Number 262-248-2910
 2. Address of Premises 501 INTERCHANGE N LAKE GENEVA Post Office & Zip Code 53121

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.) Gas Station - Convenience Store Liquor Dept.
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 29th day of April, 20 14
Sharon A. Gutschow
(Clerk/Notary Public)

My commission expires 1/17/17

John J. Consolino
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
John Consolino
(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>6-4-14</u>	Date reported to council/board <u>6/2-14</u>	Date license granted <u>6-4-14</u>
License number issued <u>2014-73</u>	Date license issued	Signature of Clerk / Deputy Clerk

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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Midwest Fuel, Inc
(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

NORTHSIDE MOBIL
(trade name)

located at 501 INTERCHANGE N LAKE GENEVA, WI 53147

appoints JOHN J. CONSOLINO
(name of appointed agent)

WS260 AWEAGON TR. ELKHORN, WI 53121
(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? 23 yrs

Place of residence last year WS260 AWEAGON TR. ELKHORN, WI 53121

For: Midwest Fuel, Inc.
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, JOHN J. CONSOLINO, 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] 4-26-14 Agent's age 49
(signature of agent) (date)

WS260 AWEAGON TR. ELKHORN, WI 53121 Date of birth _____
(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 6-25-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

OK
6-25-14
BB

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>CONSOLINO</u>		(first name) <u>JOHN</u>		(middle name) <u>JOSEPH</u>	
Home Address (street/route) <u>65260 AWEESON TR.</u>		Post Office <u>ELKHORN</u>	City <u>ELKHORN</u>	State <u>WI</u>	Zip Code <u>53121</u>
Home Phone Number <u>262-742-4334</u>		Age <u>49</u>	Date of Birth	Place of Birth <u>CHICAGO, IL</u>	

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

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 23 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 <u>Midwest Fuel, Inc</u>	Employer's Address <u>501 INTERCHANGE N. LAKE GENEVA</u>	Employed From	To
Employer's Name <u>Midwest Fuel, Inc</u>	Employer's Address <u>501 INTERCHANGE N. LAKE GENEVA</u>	Employed From	To

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

Subscribed and sworn to before me

this 29th day of April, 2014
Suzanne K. Gaudin
(Clerk/Notary Public)

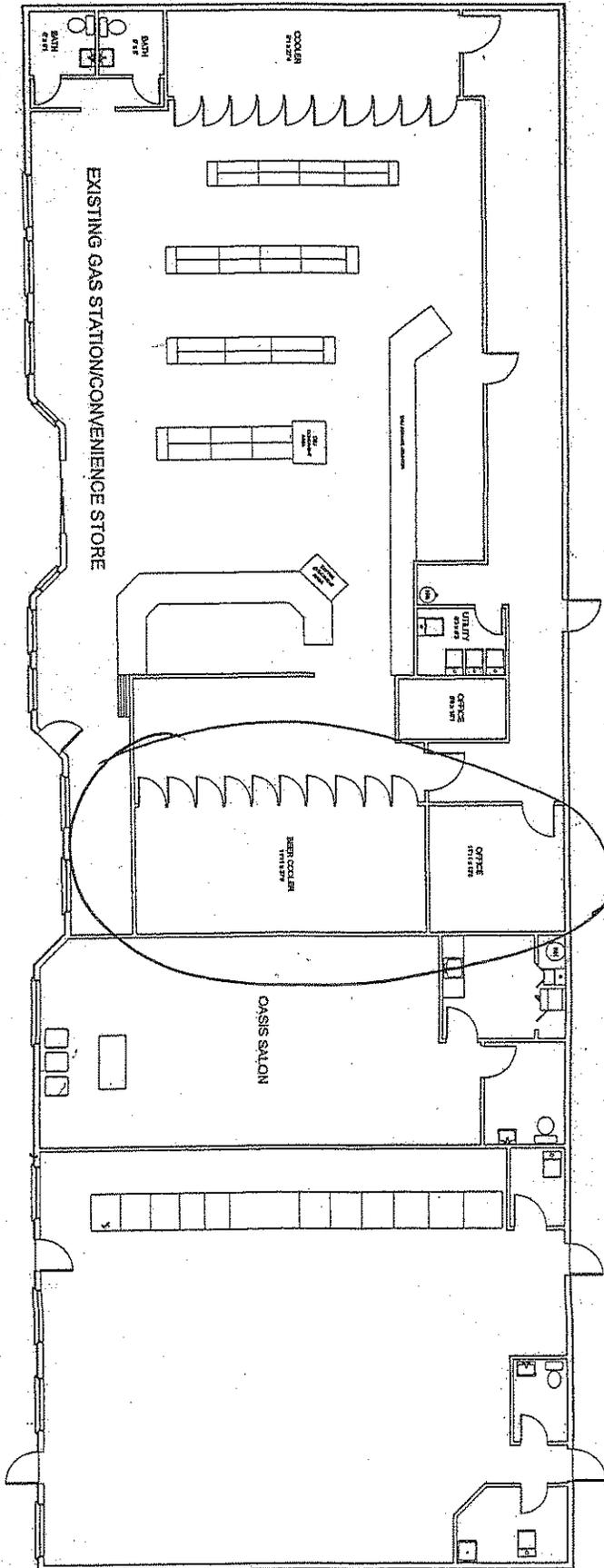
[Signature]
(Signature of Named Individual)

My commission expires 1/17/17



Printed on Recycled Paper

COPY



LAKE GENEVA SHELL PLAZA

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2014 ending: 06/30/2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Lake Geneva
 Village of }
 City of }

County of Walworth 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.

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED	
<input checked="" type="checkbox"/> Class A beer	\$ 800.00
<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 B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25.00
TOTAL FEE	\$ 625.00

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	<u>Michael D. Felish, Assistant Secretary</u>	<u>2230 Butterfly Lane, Unit B</u>	<u>Glenview, IL 60025</u>
Treasurer/Member			
Agent	<u>Suzanne Tiedke, Store Manager</u>	<u>8029 S. 61st Street</u>	<u>Franklin, WI 53122</u>

C. 1. Trade Name Walgreens #05600

Business Phone Number 262-248-7885

2. Address of Premises 351 Edwards Blvd.

Post Office & Zip Code Lake Geneva, WI 53147

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.) retail drug store with sundries in a one story building of

5. Legal description (omit if street address is given above): 15,795 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 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. Does the applicant understand that the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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.)

SWORN TO BEFORE ME

day of May, 20 14

(Clerk/Notary Public)

Commission expires 3-12-15

Michael Felish
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 filed with municipal clerk	Date reported to council/board	Date license granted
<u>6/5/14</u>	<u>6/27/14</u>	
License issued	Date license issued	Signature of Clerk / Deputy Clerk
<u>2014-11</u>		

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.

Town

To the governing body of: Village of Lake Geneva County of Walworth

City

The undersigned duly authorized officer(s)/members/managers of Walgreen Co
(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 Walgreens #05600
(trade name)

located at 351 N. Edwards Blvd.

appoints Suzanne Tiedke
(name of appointed agent)

8029 S 61st St Franklin WI 53132
(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 8029 S 61st St Franklin WI 53132

For: Walgreen Co
(name of corporation/organization/limited liability company)

By: [Signature]
Michael Felish, Assistant Secretary (signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Suzanne Tiedke
(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] 4/28/14
(signature of agent) (date)

Agent's age 49

8029 S 61st St Franklin WI 53132
(home address of agent)

Date of birth _____

**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 6-25-14 by [Signature] Title Police Chief
(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)	
Tiedke		Suzanne		Marie	
Home Address (street/route)		Post Office	City	State	Zip Code
8029 561st St			Franklin	WI	53132
Home Phone Number		Age	Date of Birth	Place of Birth	
414-423-9929		49		Egin IL	

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.

Registered Agent of **Walgreens #05600**
(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:

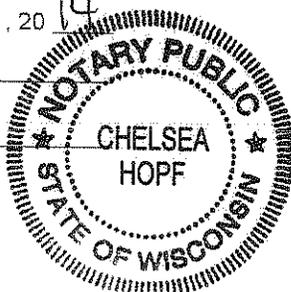
- How long have you continuously resided in Wisconsin prior to this date? 28 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? 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

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 9 day of May, 20 14
Chelsea Hopf
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires 6/28/15



Printed on Recycled Paper

Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Felish		Michael		Dominik	
Home Address (street/route)		Post Office		City	
2230 Butterfly Lane, Unit B				Glenview	
Home Phone Number		Age		State	
847-914-2500		56		IL	
		Date of Birth		Zip Code	
				60025	
				Place of Birth	
				Oak Park, IL	

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

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

Officer of **Walgreen Co.**
(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? N/A
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, 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. Walgreen Co. currently holds an interest in hundreds of liquor licenses in various jurisdictions nationwide.
(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
Walgreen Co.	200 Wilmot Road, Deerfield, IL 60015	06/2005	Present
Employer's Name	Employer's Address	Employed From	To

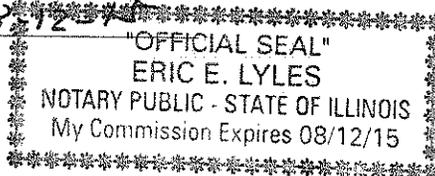
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 9th day of May, 2014
(Clerk/Notary Public)

Michael Felish
(Signature of Named Individual)

My commission expires 8-12-14 Michael D. Felish, Assistant Secretary



OFFICERS AND DIRECTORS
WALGREEN CO. (ILLINOIS)

TITLE	NAME	HOME ADDRESS
Chairman	James A. Skinner*	86 Breckenridge Farm Oak Brook, IL 60523
President and Chief Executive Officer	Gregory D. Wasson*	1724 RFD Holly Court Long Grove, IL 60047
President, E-Commerce	Sona Chawla	524 Hawthorn Lane Winnetka, IL 60093
President, Pharmacy, Health and	Kermit R. Crawford	20742 W Highridge Rd Kildeer, IL 60047
President, Community Management	Mark A. Wagner	1127 S. Ridge Road Lake Forest, IL 60045
Executive Vice President and Chief Financial Officer	Wada D. Miquelon	1512 N Bosworth Ave Chicago, IL 60642
Executive Vice President, General Counsel and Corporate Secretary	Thomas J. Sabatino, Jr	640 N Mayflower Lake Forest, IL 60045
Senior Vice President and Chief Customer Experience Officer	Graham W. Atkinson	1422 Forest Ave Lake Forest, IL 60021
Vice President and Chief Accounting Officer	Mia M. Scholz	307 Rose Terrace Lake Forest, IL 60045
Divisional Vice President, Controller and Chief Accounting Officer	Theodore J. Heldloff	545 Kelly Ave, Grayslake IL 60030
Senior Vice President and Chief Information Officer	Timothy J. Theriault	3624 Salt Creek Circle Oak Brook, IL 60523
Senior Vice President and Chief Chief Human Resources Officer	Kathleen Wilson-Thompson	1807 N Burling Chicago, IL 60614
Senior Vice President and Chief Strategy Officer	Robert G. Zimmerman	1540 Rutland Schaumburg, IL 60173
Vice President, Merchandising	William Bryan Pugh	2720 Marl Oak Drive Highland Park, IL 60035
Senior Vice President	Jeffrey Berkowitz	5 Morningside Dr Livingston, NJ 07039
Senior Vice President	Bradley M. Ftuegel	11 E. Walton Street, Apt. 4901, Chicago, IL 60611
Senior Vice President	Don C. Huonker, Jr.	14370 W Wycombe Ct Green Oaks, IL 60048
Senior Vice President	Jeffrey L. Kang	215 N Main St Wallingford, CT 06492
Senior Vice President	Reuben E. Stone	288 Oak Street Glen Elyn, IL 60137
Senior Vice President	Kevin R. Walgreen	120 S Sheridan Road Lake Forest, IL 60045
Vice President	Alex Gourlay	607 Longwood Ave. Glencoe, IL 60022
Vice President	Thomas J. Connolly	617 Ashland Ave River Forest, IL 60305
Vice President	Michael Ellis	1222 Wyndham Lane Southlake, TX 76092
Vice President	Charles V. Greener	112 Oak Terrace Lake Bluff, IL 60044
Vice President	Mark Lalinski	12937 Zen Gardens Way, Austin, TX 78732
Vice President	Jan S. Reed	
Vice President	John W. Spina	21191 Creekside Dr. Kildeer, IL 60047
Vice President	Denise K. Wong	5519 S. Elm St. Hinsdale, IL 60521
Treasurer	Jason M. Dubinsky	1156 Cherry St Deerfield, IL 60015
General Auditor	Christopher Domzalski	4028 Kennicott Ave. Arlington Heights, IL 60004
Assistant Secretary	Michael D. Felish	2230 Butterly Lane Unit 15 Glenview, Illinois 60026
Assistant Secretary	John A. Mann	1409 Royal Oak Lane Glenview, IL 60025
Assistant Secretary	Lydia J. Mathas	38 Abbottsford Rd, Winnetka, IL 60093
Assistant Treasurer	Rick J. Hans	328 Woodland Road Lake Bluff, IL 60044
Assistant Treasurer	Daniel A. Morrell	778 Willow Court Bartlett, IL 60103
Director	Janice M. Babiak*	PO Box 681119 Franklin, TN 37068
Director	Alan G. McNally*	Orchid Island Vero Beach, FL 32963
Director	Dominic M. Murphy*	Coben Field, Cobden Hill, Redlett, Hertfordshire, WD37, United Kingdom
Director	Stefano Pessina*	44 boulevard d'Italie Monte Carlo, Monaco 98000
Director	Steven A. Davis*	7153 Lambton Park Road New Albany, OH 43054
Director	William C. Foote*	6310 N Lake Dr Whitefish Bay, WI 53217
Director	Mark P. Fressore*	27 Old Woods Road Saddle River, NJ 07488
Director	Ginger L. Graham*	7321 Flagstaff Road Boulder, CO 80302
Director	Nancy M. Schlichting*	1710 Orchard Lane Bloomfield Hills, MI 78301
Director	Alejandro Silva*	330 S Michigan Ave #1908 Chicago, IL 60604
Director	James A. Skinner*	86 Breckenridge Farm Oak Brook, IL 60523
Director	David J. Braller, MD, PhD*	Four Presidio Terrace San Francisco, CA 94118

*Indicates Director

OBJECTS OF THE COMPANY -

The purpose or purposes for which the corporation is organized are: To manufacture, compound, buy, sell, and generally deal in drugs, medicines, chemicals and druggists' sundries of all kinds at wholesale and retail together with all goods, wares and merchandise.

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2014 ending: June 30, 2015
(MM/DD/YYYY) (MM/DD/YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

County of WALWORTH 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.

Applicant's Wisconsin Seller's Permit Number: _____	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625⁰⁰</u>

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) TOOR NAVNINDER Home Address 2864 N Maryland Ave Post Office & Zip Code Millwaukee WI 53211

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company H & P Enterprises 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 NAVNINDER TOOR 2864 N Maryland Ave Millwaukee WI 53211
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent NAVNINDER TOOR 2864 N Maryland Ave Millwaukee WI 53211
 Directors/Managers _____

C. 1. Trade Name Geneva Liquors Business Phone Number 262-248-5000
 2. Address of Premises 777 S Wells Street Lake Geneva WI Post Office & Zip Code 53147

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.) Beer Cave, coolers & shelves
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. change of address 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 29th day of May, 2013

(Clerk/Notary Public)
 My commission expires City Clerk

Al Navninder
(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 <u>5-29-14</u>	Date reported to council/board <u>6/27/14</u>	Date license granted <u>.. / .. / ..</u>
License number issued <u>2014-9</u>	Date license issued	Signature of Clerk / Deputy Clerk

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) TOOR		(first name) NAVINDER		(middle name)	
Home Address (street/route) 2864 N Maryland Ave		Post Office	City Milwaukee	State WI	Zip Code 53211
Home Phone Number 847-749-6099		Age 24	Date of Birth	Place of Birth INDIA	

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

Applying for an alcohol beverage license as an individual.

A member of a partnership which is making application for an alcohol beverage license.

Member of H & P enterprises 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:

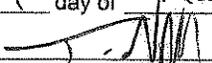
- How long have you continuously resided in Wisconsin prior to this date? 2 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (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

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

Subscribed and sworn to before me

this 29 day of May, 2014

(Clerk/Notary Public)


(Signature of Named Individual)

My commission expires City Clerk



Printed on
Recycled Paper

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of H & P enterprises 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 Geneva Liquors
(trade name)

located at 797 S Wells street LAKE Geneva WI 53147

appoints NAVINDER TOOR
(name of appointed agent)
2864 N Maryland Ave Milwaukee WI 53211
(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? 2 years

Place of residence last year 9707 70th street Kenosha WI 53142

For: H & P enterprises LLC
(name of corporation/organization/limited liability company)

By: NAVINDER TOOR
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, NAVINDER TOOR, 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.

NAVINDER TOOR 29 May 2014 Agent's age 24
(signature of agent) (date)
2864 N Maryland Ave Milwaukee WI 53211 Date of birth _____
(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 6-3-14 by _____ Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

GENEVA LIQUORS

BEER COOLER

Soda

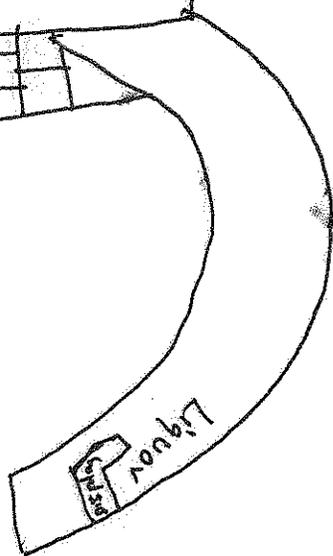
overstock beer

craft beer

Wine

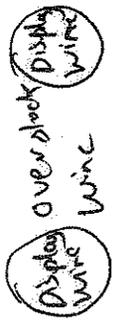
craft beer

Liquor

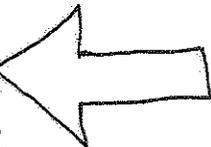


Beer Display

HARD LIQUOR



ENTRANCE



ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 14 :
ending June 30 20 15

Applicant's Wisconsin Seller's Permit Number:	
Federal Employer Identifier Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 25
TOTAL FEE	\$ <u>125.00</u> <i>Fee by gross</i>

TO THE GOVERNING BODY of the: Town of Village of } Lake Geneva
 City of

County of Walworth 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): Harbor Shores Hotel Management, Inc

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Pres. Daniel Neagar</u>	<u>2444 Rolling Ridge Ln Elgin</u>	
Vice President/Member	<u>V-P Kevin Elbert</u>	<u>239 S Hammer Schmidt Lombard</u>	
Secretary/Member	<u>Sec. George Walsh</u>	<u>225 Ashbury Cir Park Ridge</u>	
Treasurer/Member	<u>Treas. J Kevin O'Connell</u>	<u>3123 N Windsor Dr Arlington Heights</u>	
Agent	<u>William Strangeway</u>	<u>5407 W Princeton Pines Franklin WI</u>	
Directors/Managers	<u>Manager Terrence Carlstrom</u>	<u>11057 Encore Dr. Wauwatosa WI 53132</u>	

3. Trade Name Harbor Shores on Lake Geneva Business Phone Number 248 9181
4. Address of Premises 300 Wrigley Dr Post Office & Zip Code Lake Geneva 53147

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 7/1/99 of registration. Yes No
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, meeting rooms, ballrooms & pool
10. Legal description (omit if street address is given above):

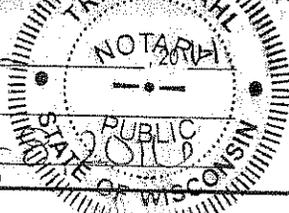
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? (phone 1-800-937-8864) Yes No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? (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 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 3rd day of June 2014

Yusuf Doh
(Clerk/Notary Public)



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

My commission expires May 2015

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

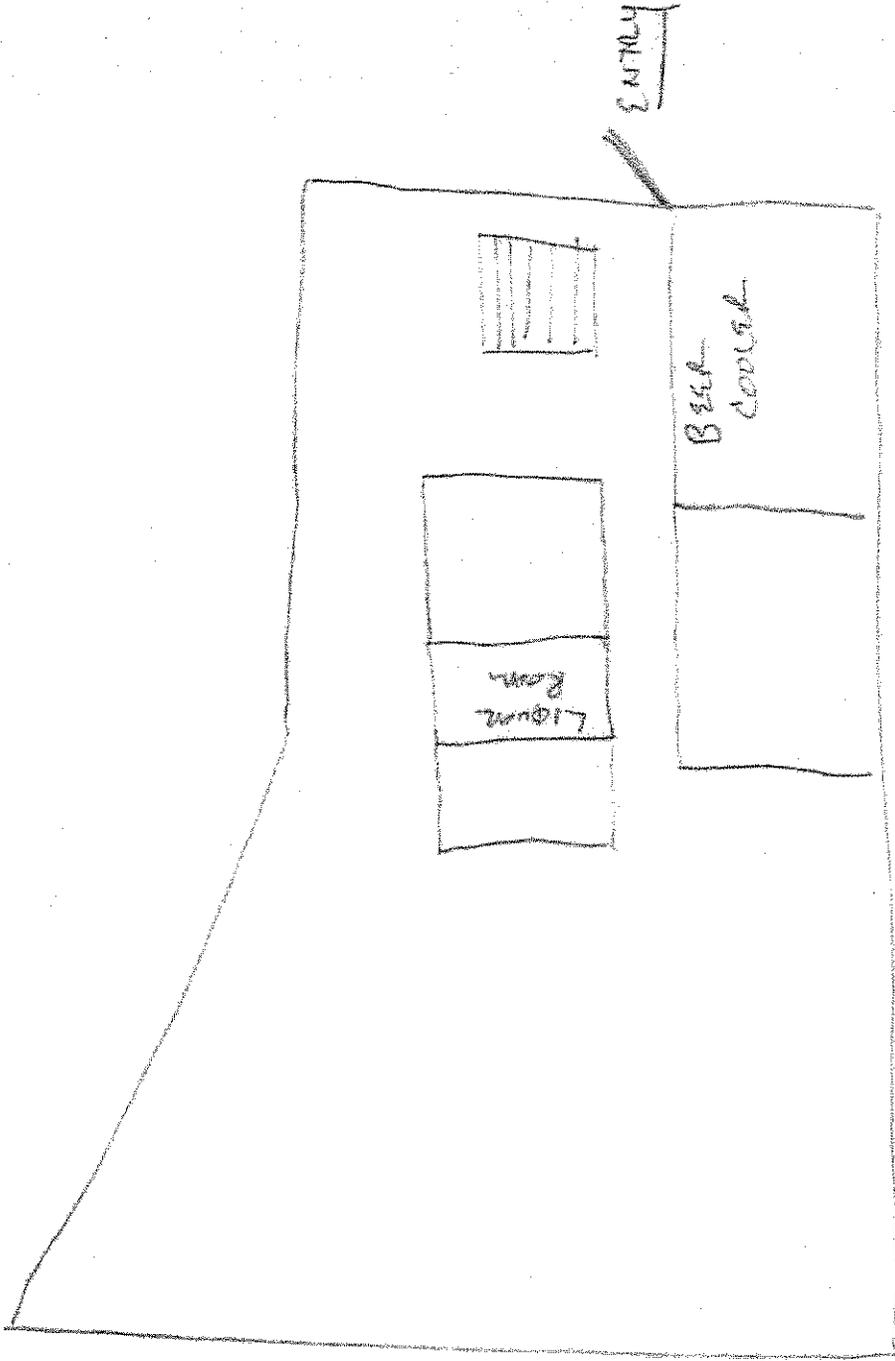
(Additional Partner(s)/Member/Manager of Limited Liability Company, if Any)

TO BE COMPLETED BY CLERK

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

See map on Gino's application

Bottom Floor



TOP FLOOR



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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of Harbor Shores Hotel Mgmt Inc
(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 Harbor Shores on Lake Geneva
(trade name)

located at 300 Wrigley Dr

appoints William Strangeway
(name of appointed agent)

5407 W Princeton Pines Franklin WI 53132
(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? 26 years

Place of residence last year 5407 W Princeton Pines Ct. Franklin, WI 53132

For: Harbor Shores on Lake Geneva
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, William Eric Strangeway, 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.

William E. Strangeway 10/30/12 Agent's age 53
(signature of agent) (date)

5407 W. Princeton Pines Ct. Franklin, WI 53132 Date of birth _____
(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 6-27-14 by [Signature] Title Chief of Police
(date) (signature of proper local official) (town chair, village president, police chief)

OK
 BB
 6-26-14

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)		(last name)	(first name)	(middle name)
Strangeway		William	ERIC	
Home Address (street/route)	Post Office	City	State	Zip Code
5407 W Princeton Pines		Franklin	WI	53132
Home Phone Number	Age	Date of Birth	Place of Birth	
414-731-0855	53		Groton, CT	

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

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

- How long have you continuously resided in Wisconsin prior to this date? 26 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (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
Johnson Controls	507 E. Michigan St Milwaukee	Feb 2008	Present
Rockwell Automation	1201 S. 2nd St Milwaukee	July 1986	Feb 2008

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

Subscribed and sworn to before me

this 29 day of October, 2012

[Signature]
(Clerk/Notary Public)

My commission expires 6/30/2014

William E. Strangeway
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (Please print) (last name)		(first name)		(middle name)	
Weaver		Samuel		W	
Home Address (street/route)		Post Office	City	State	Zip Code
2444 Rolling Ridge Lane			Elgin	IL	60124
Home Phone Number		Age	Date of Birth	Place of Birth	
847-429-7677		16		Youngstown, Ohio	

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 Harbor Shores Hotel Mgmt Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? N/A
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, 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)

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

Employer's Name	Employer's Address	Employed From	To
OSRAM SYLVANIA Inc.	100 ENDICOTT STREET, DANVERS, MA	1968	2001
PROCTER & GAMBLE	CINCINNATI, Ohio	1962	1968

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 01 day of October, 2012
Catherine R Cornille
(Clark/Notary Public)

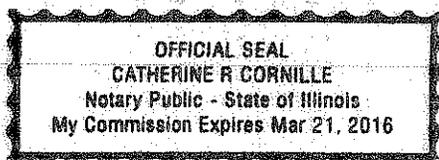
Samuel W
(Signature of Named Individual)

My commission expires MAR 21, 2016



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Wisconsin Department of Revenue



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
O'Connell		Kavin		F	
Home Address (street/route)		Post Office	City	State	Zip Code
3123 N Windsor Dr			Arlington Hts	IL	60004
Home Phone Number		Age	Date of Birth	Place of Birth	
847-477-1169		43		Chicago	

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

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

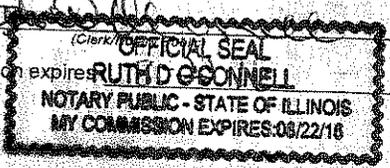
1. How long have you continuously resided in Wisconsin prior to this date? NIA
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?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

6. Named individual must list in chronological order last two employers. (Address by City and County)

Employer's Name	Employer's Address	Employed From	To
<u>Self employed</u>	<u>3123 N. Windsor Dr. Arlington Hts, IL</u>	<u>3-01-09</u>	<u>Present</u>
Employer's Name	Employer's Address	Employed From	To
<u>Mid-America Bank</u>	<u>Downers Grove, IL</u>	<u>6-01-99</u>	<u>2-28-08</u>

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

Subscribed and sworn to before me
this 21st day of November, 2012



[Signature]
(Signature of Named Individual)

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
Home Phone Number		Age	Date of Birth	Place of Birth	

Handwritten entries: Walsh George, 225 Ashbury Cir, Park Ridge, IL, 60068

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.

Secretary of Harbor Shores Hotel Midget Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this _____ day of _____, 20____

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires _____



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Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Elliott Kevin		S			
Home Address (street/route)	Post Office	City	State	Zip Code	
829 S Hammerschmidt		Lombard	IL	60148	
Home Phone Number	Age	Date of Birth	Place of Birth		

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 Harbor Shores Hotel Management Inc
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? N/A
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, 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)

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

Employer's Name	Employer's Address	Employed From	To
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this _____ day of _____, 20_____

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires _____



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Recycled Paper

Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1 2014 ending: JUNE 30 2015
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } LAKE GENEVA

County of WARWORTH 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 LAKE GENEVA GRASSROOTS D/D/A THE BACKYARD
 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 SCOTT N WILSON NS611 HWY DD BURLINGTON, WI 53105
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ROBERT SCHMALING 1055 NORTH RD BURLINGTON, WI 53105
 Directors/Managers _____

C. 1. Trade Name TITE BACKYARD Business Phone Number (262) 248-0212
 2. Address of Premises 852 CENTER ST Post Office & Zip Code LAKE GENEVA 53147

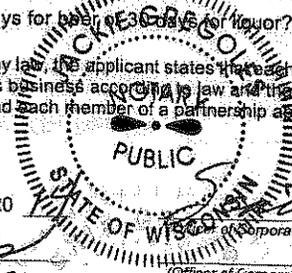
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, 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.) RETAIL ALCOHOL MANT FL - BSMT STORAGE + ENCLAVE PORCH + 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 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 30th day of MAY, 2014
Jackie Hegoles (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 My commission expires June 2017
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-30-14</u>	Date reported to council/board	Date license granted
License number issued <u>2014-8</u>	Date license issued	Signature of Clerk/Deputy Clerk

Applicant's Wisconsin Seller's Permit Number	
Federal Employer's Number (FEIN):	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>570.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>625.00</u>



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 Lake Geneva County of Walworth
 City

The undersigned duly authorized officer(s)/members/managers of LAKE GENEVA GRASSROOTS D/BA THE BACKYARD
(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

THE BACKYARD
(trade name)

located at 252 CENTER ST

appoints ROBERT SCHMAALING
(name of appointed agent)

1055 NORTH RD BURLINGTON, WI 53105
(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? _____ X

Place of residence last year 1055 NORTH RD BURLINGTON, WI 53105

For: THE BACKYARD
(name of corporation/organization/limited liability company)

X By: Scott Williams
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, ROBERT SCHMAALING, 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.

X Robert R Schmaaling Agent's age 61
(signature of agent) (date)

1055 NORTH RD BURLINGTON, WI 53105 X Date of birth _____
(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 6-25-14 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

OK
6-25-14
BB

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
WILSON		SCOTT		N	
Home Address (street/route)	Post Office	City	State	Zip Code	
N5611 HWY DD	BURLINGTON	BURLINGTON	WI	53105	
Home Phone Number	Age	Date of Birth	Place of Birth		
(262) 492-6601	63		ELKHORN, 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.

OFFICER of LAKE GENEVA GRASSROOTS
(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? 63 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. WILSON FARM MEATS 406 S WISCONSIN ST ELKHORN, 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)

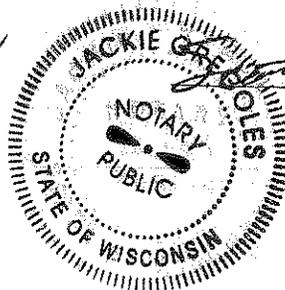
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
WILSON PRAIRIE VIEW FARM	N5611 HWY DD BURLINGTON WI	1965	PRESENT

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 May, 2014
Jackie Gregoles
(Clerk/Notary Public)
 My commission expires June 2017



[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue

CITY OF LAKE GENEVA TAXI COMPANY LICENSE APPLICATION



Please Check:

Original Application

Renewal of Current License

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. ANNUAL LICENSE EXPIRES JUNE 30TH EACH YEAR. FEES OF \$50.00 FOR FIRST CAR AND \$25.00 PER EACH ADDITIONAL CAR ARE DUE UPON APPLICATION.

NOTE: Application must be accompanied by the following documents:

- Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Business Name: KANGAROO TAXI

Bus. Address (Physical): 302 East Street, Lake Geneva, WI.

Mailing Address (if different): _____

City, State, Zip: LAKE GENEVA, WI. 53147

Bus. Phone: 262-215-2187 Fax: _____

E-Mail: _____

Name of Liability Carrier: NATIONAL CASUALTY INS.

Policy Number: CA07756222

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Jeremiah X. Montague
Owner/Agent Address: 302 East St.
City, State, Zip: Lake Geneva, WI.
Phone: 262-215-2187

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: Lake Geneva, WI.
2. Have you ever had a license revoked? YES NO
If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: One

Vehicle #1		
<u>Buick</u>	<u>Century</u>	<u>1996</u>
Make	Model	Year
<u>S</u>		
Capacity	License Plate No.	
1674655	<u>915-UNV</u>	
VIN	Certificate of Title No.	
1G4H35SM16407416		

Vehicle #2		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #3		
Make	Model	Year

Capacity	License Plate No.
VIN	Certificate of Title No.

APPLICANT SIGNATURE

 DATE: 6/25/14

For Office Use Only

Date Filed: <u>6/25/14</u>	Police Chief
Receipt No: <u>2140522-10</u>	Recommendation: <u>←</u>
Total Amount: <u>50.00</u>	<u>Approved</u> Denied
Forwarded to Police Chief: _____	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____

6-26-14
 BB
 OK

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Severianah X. Montague - Kangaroo Taxi

 Vehicle Owner/Agent Name

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
1996	Buick	Century	Blue	190,000	815-UNV
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
Mikes Auto Repair			Cody Doane		248 3300
Address			City	State	Zip Code
923 Williams St			Lake Geneva	WI	53147

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SAFETY FEATURES	<input type="checkbox"/>	<input type="checkbox"/>
1. Failure indicator light	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. System integrity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Pedal reserve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Disc / drum condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSPENSION	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Shock absorbers / struts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Front seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Springs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Shackles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Modifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WIPERS / WIPER BLADES	<input type="checkbox"/>	<input type="checkbox"/>
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Lash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Free turning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Linkage play	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - FRONT	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
EXHAUST SYSTEM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES - REAR	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Brief Comments - Refer to Item Number

3rd Brake Light out Rear Shocks
Check engine light

SIGNATURE - Inspector	Date - Inspection
Cody Doane	6-26-14

TO: MAYOR JIM CONNORS AND COMMON COUNCIL
FROM: CITY ADMINISTRATOR DENNIS JORDAN
DATE: JUNE 27, 2014
RE: HEALTH INSURANCE RENEWAL

Background: The City of Lake Geneva has been served by Johnson Insurance for the past four years as agents for our health insurance. Johnson Insurance worked with our TPA Cypress Benefits to negotiate reinsurance coverage for the City. For the City's upcoming renewal the reinsurance premium would increase \$201,280. I sent out requests to other agencies to see if anyone could come in with a better quote. I also asked WEA (Wisconsin Education Association) to give us a quote and they refused based on our past year's experience. I received a quote from Cottingham and Butler for reinsurance and other services they provide. Their quote for reinsurance was \$156,869 less than the quote the City received from Johnson Insurance. They also proposed a different way of working with our employees to reduce health care costs. They are proposing a wellness system that strives to make our employees healthier. All employees and their spouses will be required to take a screening that will cover 210 panels to determine their health quotient. They have found that by detecting cardiac conditions, COPD, Asthma, Diabetes (Pre-Diabetes), high Cholesterol problems early, that employers can save from \$200,000 to \$400,000 per year on medical payments. If employees take the screening, their plan will remain as it is. If they refuse, they will have to pay 10% of their premium (the Police Union believes they have a right to bargain this issue). In instances where a health problem is detected, the company will assign case workers (doctors and nurses) to an individual to ensure they are getting the proper care and getting the right medicines. If the employees refuse to follow these procedures, they will pay 10% of their premium. If they follow the procedures, the policy remains the same. The goal is to make everyone as healthy as they can be with proper care. With a healthier work force, large claims would be reduced and the City's reinsurance premiums should reflect this in lower premiums. The City will not see much of a reduction for the first year as the testing will be done in September or October, but savings should be significant during the second year and thereafter.

There are other reasons to change the TPA during this renewal. I found out that the service the current TPA utilizes to review claims gets paid twenty-five cents for every dollar they save. I cannot tell you how much staff time has been spent on trying to get legitimate claims paid. Cottingham and Butler have 25 in-house doctors and nurses that review claims. They are not paid by how much they save in claims. We have had instances where an employee got precertification for a procedure and then the claim was disputed by the firm that reviewed the claims.

The union and non-union employees have been presented the program and have agreed that they will work to make it successful. The goal is to create a healthier work force that will reduce claims and increase productivity by having fewer absences relating to health issues.

Recommendation: Renew the City's health insurance policy with Cottingham and Butler.

City of Lake Geneva Employee Benefits Meeting

Presented by | Cottingham & Butler



Cottingham & Butler

Cottingham & Butler
Dubuque, IA 52001 USA | 800.793.5235
www.CottinghamButler.com

Agenda

- New Direction In Medical Insurance
- Reason for change
- Health Risk Assessments
- Condition Management
- The Experience
- Questions



Cottingham & Butler

Cottingham & Butler
Dubuque, IA 52001 USA | 800.793.5235
www.CottinghamButler.com

New Direction in Medical Insurance

- Starting July 1, 2014, The City will be changing away from Cypress to SisCo.
- The City has hired a Disease/Condition Management company, HealthCorp, to assist members with certain chronic conditions
- The City will be offering Health Risk Assessments through HealthCheck360 for all enrolled employees and dependent spouses.
- These three programs will work together and you will have participation incentives
- There will be NO CHANGES to your plan design or network



Cottingham & Butler

Health Risk Assessments

- Beginning in September, nurses and phlebotomists from HealthCheck360 will come on-site to perform bio-metric (blood) assessments for all enrolled employees and dependent spouses.
- Each participant will be given a health score from 0-100 and a corresponding health goal.
- Scores at 71 and higher will be required to remain above a 71 at the following year's assessment to remain incentive eligible.
- Scores below a 71 will be asked to improve their score by 5 points, or score a 71 or above (whichever is easier)
- Those who refuse to take the assessment or fail at the health goal will pay more for their health insurance.



Cottingham & Butler

Condition Management

- 70% of all medical claims in the country are related to chronic conditions and 75% of all chronic condition claims are considered preventable.
- For members who suffer from certain medical conditions, The City has hired a firm of doctors and nurses to assist you and help navigate the healthcare system.
- The firm, HealthCorp, will help ensure best practices for dealing with certain conditions such as:
 - Asthma, COPD, High Blood Pressure, Diabetes (Pre-Diabetes), High Cholesterol, etc
- Failure to comply with Best Practices may result in increased costs for members and their families



Cottingham & Butler

The Experience

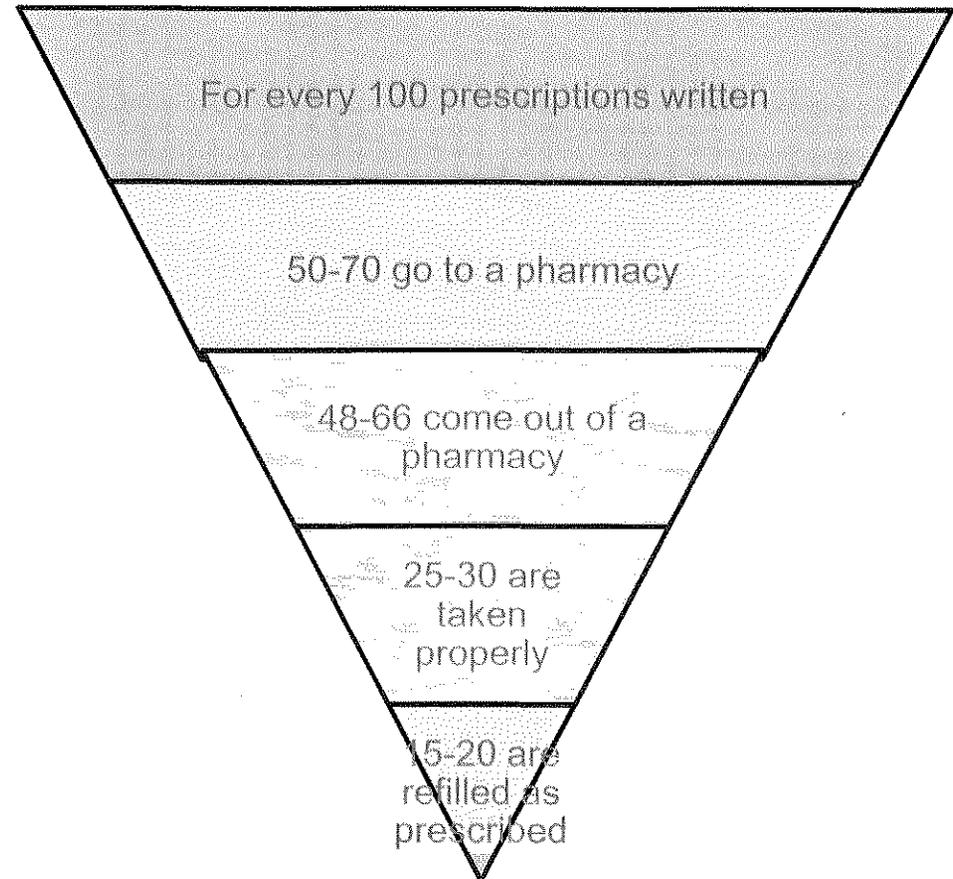
- For most employees, the only change they will experience is a new ID card.
- Employees/Adult Dependents who score below a 71 on their biometric HRA might become enrolled in health coaching. Licensed health coaches from Healthcheck360 will have conversations throughout the year to help build a personalized plan for improving your health score.
- Employees/Adult Dependents who are discovered to have a chronic condition (either through claims or from the biometric health assessment) will be enrolled in a condition management program. This will include doctors and nurses becoming personal health advocates that strive for adherence to best practices for the condition. The City is looking to reward those for doing the right thing.



Cottingham & Butler

The Experience

- Most people with chronic conditions do not manage them correctly.
- The mismanagement leads to more serious conditions in the future.
- The people at HealthCorp will become your personal healthcare concierge.



Cottingham & Butler

Conclusion

- The goal is to reduce the amount The City spends on health care each year without reducing the level of benefit.
- Making people healthier is the best way to reduce medical costs and combat medical trend.
- Those people who participate will be rewarded, while those who choose to not participate will pay more for their benefits.



AGENDA ITEM #14 CONT.

MOTION #14

Kupsik/Skates moved to approve the Conditional Use Application filed by Phillip Bona, N1749 East Beach Drive, Lake Geneva, WI 53147, to open an Indoor Commercial Entertainment (Restaurant) in a Central Business (CB) Zoning District located at 848 Main Street, Tax Key No. ZOP 00335; including staff recommendations and also the finding of facts noted in the staff report. The motion carried unanimously.

15. Review and Recommendation on an Application for Land Division Review for a Certified Survey Map submitted on by Ronald J. Amann, W3430 Park Drive, Lake Geneva, WI 53147 for land located in the extra-territorial plat review area at W3430 Park Drive, and being in the Town of Geneva.

DISCUSSION

ROBERS stated that this has already been approved by Geneva Town Board and the County, and our City engineer has also reviewed and any corrections have been made.

MOTION #15

Kupsik/Gibbs moved to approve the Application for Land Division Review for a Certified Survey Map submitted on by Ronald J. Amann, W3430 Park Drive, Lake Geneva, WI 53147 for land located in the extra-territorial plat review area at W3430 Park Drive, and being in the Town of Geneva. The motion carried unanimously.

DISCUSSION

Flower requested some clarification of packet information.

❖ **SUSPEND THE RULES AND GO TO ITEM #17 → MOTION #16**

Mayor Connors/Skates moved to suspend the rules to move to Item #17. The motion carried unanimously.

Go to Item #17, and then back to Item #16.

16. Review and Recommendation on an Application for Land Division Review for a Certified Survey Map submitted by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 to combine the properties at 421 Baker Street and 304 Wells Street, Tax Key No's ZOP 00352 and ZOP 00352A.

DISCUSSION

Robers commented on the CSM reviewed by Mr. Slavney.

Flower requested some clarification of property surrounding proposed location.

MOTION #19

Mayor Connors/Skates moved to approve the Application for Land Division Review for a Certified Survey Map submitted by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 to combine the properties at 421 Baker Street and 304 Wells Street, Tax Key No's ZOP 00352 and ZOP 00352A and the CSM to match the City engineer's letter. The motion carried unanimously.

❖ **SUSPEND THE RULES AND GO TO ITEM #18 → MOTION #20**

Mayor Connors/Skates moved to suspend the rules to move to Item #18. The motion carried unanimously.

Go to Item #18 now.

17. Public Hearing and recommendation on a Conditional Use Application filed by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 for a Group Development in the General Business (GB) zoning district on a CSM created by the combining of Tax Key No's ZOP 00352 and ZOP 00352A.

SPEAKER #1 Bethany Suza & Andrew Fritz – 327 Wrigley Drive, Lake Geneva
Bethany gave a brief presentation regarding the proposed group development.

DISCUSSION

Flower/Robers/Skates commented on some details of the recommendation for clarification.

AGENDA ITEM #17 CONT.

PUBLIC COMMENT - None

MOTION #17

Flower/Poetzinger moved to close the public hearing re the Conditional Use Application filed by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 for a Group Development in the General Business (GB) zoning district on a CSM created by the combining of Tax Key No's ZOP 00352 and ZOP 00352A. The motion carried unanimously.

DISCUSSION

Slavney stated that the applicant did a very good job of presentation; he saw no complications and recommended the approval. Mayor Connors/Robers commented on some staff meeting notes.

MOTION #18

Kupsik/Flower moved to approve the Conditional Use Application filed by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 for a Group Development in the General Business (GB) zoning district on a CSM created by the combining of Tax Key No's ZOP 00352 and ZOP 00352A, to include finding of fact as listed in the Staff report. The motion carried unanimously.

Go back to Item #16 now.

18. Review and Recommendation on an Application for Site Plan Review for landscape and parking lot alteration filled by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 for land located on a CSM created by the combining of Tax Key No's ZOP 00352 and ZOP 00352A.

SPEAKER #1 Bethany Suza – 327 Wrigley Drive, Lake Geneva

Ms. Suza gave a brief presentation regarding the proposed site plan.

Ms. Suza also discussed comments and a letter from the Fire Dept. as shown on a map she handed around for the Plan Commission to review.

DISCUSSION

Flowers/Skates and Ms. Suza discussed clarification on items such as dumpsters/garbage disposal method, as well as signage, landscaping and color scheme. Mayor Connors/Robers discussed sidewalks and tree issues briefly.

MOTION #21

Skates/Flower moved to approve the Application for Site Plan Review for landscape and parking lot alteration filed by Geneva Bay Club, 327 Wrigley Drive, Lake Geneva, WI 53147 for land located on a CSM created by the combining of Tax Key No's ZOP 00352 and ZOP 00352A including the staff recommendations, the City engineer's comments dated April 10, 2014 and a Fire Dept. letter dated April 1, 2014, and a further note that if trees were ever lost a sidewalk be considered to be placed in the area. The motion carried unanimously.

19. Public Hearing and recommendation on a Conditional Use Application filed by Paul Lauterbach, 914 Bennett Ct. Walworth, WI 53184 on behalf of Lake Geneva Tennis Club, to operate and Indoor Tennis Club (Physical Activity Studio) in the Planned Business Park (PBP) zoning district in a proposed building on Veterans Parkway Tax Key No's ZLGBP 200029 & ZLGBP 200030.

SPEAKER #1 Thomas Connelly (representing Lake Geneva Tennis LLC and Mr. Paul Lauterbach) - 914 Bennett Ct., Walworth, WI

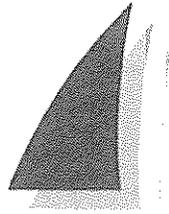
COMMENTS Mr. Connelly gave a brief presentation regarding the proposed recommendation and also submitted a letter dated April 21, 2014 from Lake Geneva Economic Development Corp. endorsing the LG Tennis LLC plans and recommends approval to the Commission. **The letter will be on file with the Clerk for any further review.*

DISCUSSION

Mr. Connelly and the Plan Commission discussed clarification of the lots and floor/site plan.

SPEAKER #2 Paul Lauterbach - 914 Bennett Ct., Walworth, WI

COMMENTS Mr. Lauterbach spoke on tournaments and what type of draw they would get. In general the number of participants would range from 32 - 50 participants with varying start times. Individuals would come from all over the Midwest area.



LAKE GENEVA
ECONOMIC DEVELOPMENT CORPORATION

"OUR LAKE MEANS BUSINESS"

June 25, 2014

City of Lake Geneva
626 Geneva Street
Lake Geneva, WI 53147

RE: Proposed tennis facility on Lots 48 & 49, Lake Geneva Business Park

Dear Sirs;

The group representing Lake Geneva Tennis, LLC has reached a tentative agreement with the Lake Geneva Economic Development Corporation for the purchase lots # 48 and or lot 49 located on Edwards Boulevard in the Lake Geneva Business Park in the City of Lake Geneva.

The LGEDC Board of Directors voted to accept their offer to purchase at their June monthly meeting. Later on 6/25/14 the LGEDC Architecture Review / Executive Committee reviewed their site plan, and the building specifications and materials. Their proposal will meet all of the "Declaration of Covenants, Conditions, and Restrictions. Lake Geneva Business Park Phase II dated May 1, 1996.

The Lake Geneva Economic Development Corporation endorses the LG Tennis LLC plans and recommends consideration for approval by The Lake Geneva Planning Commission and the City of Lake Geneva.

Thank you for your consideration of this project.

Sincerely,

Andrew J. Dahmeir
Executive Director
Lake Geneva Economic Development Corporation



SCAN WITH YOUR
MOBILE DEVICE'S
QR CODE READER.

APPLICATION FOR CONDITIONAL USE

City of Lake Geneva

SITE ADDRESS/PARCEL NO. AND FULL LEGAL DESCRIPTION REQUIRED (ATTACH SEPARATE SHEET IF NECESSARY):

Legal description described to be provided. See attached plot plan 48 49.

NAME AND ADDRESS OF CURRENT OWNER:

Lake Geneva Tennis LLC

TELEPHONE NUMBER OF CURRENT OWNER:

(262) 215-6426

NAME AND ADDRESS OF APPLICANT:

Paul Lauterbach

914 Bennett Ct. Walworth Wisconsin, 53184

TELEPHONE NUMBER OF APPLICANT:

(262) 215-6426

PROPOSED CONDITIONAL USE:

Indoor and outdoor tennis facility per city of Lake Geneva zoning ordinance article II. Land use regulations 98.206 section 4S. physical activity studio.

ZONING DISTRICT IN WHICH LAND IS LOCATED:

Lake Geneva Business Park lots 48 and 49.

NAMES AND ADDRESSES OF ARCHITECT, PROFESSIONAL ENGINEER AND CONTRACTOR OF PROJECT:

Architect: Robert P Yuhas

4820 Six Mile rd. Racine, Wisconsin 53402

Contractor: Gary Stark

Stark & Company, Inc. 255 Smythe dr. Williams Bay, Wisconsin 53191

Engineer: To be engaged

SHORT STATEMENT DESCRIBING ACTIVITIES TO BE CARRIED ON AT SITE:

Recreational tennis, instructional tennis, and tennis tournaments. Tennis programming for all ages and abilities.

CONDITIONAL USE FEE PAYABLE UPON FILING APPLICATION: \$400.00 [\$100 FOR APPLICATIONS UNDER SEC. 98-407(3)]

3/24/2014

DATE

Paul Lauterbach

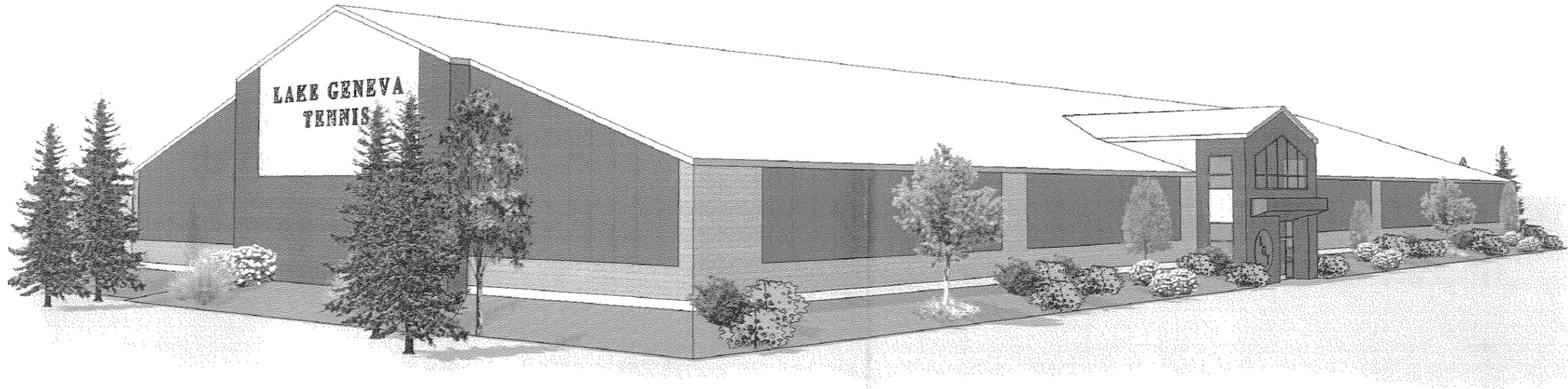
SIGNATURE OF APPLICANT

II. Application Submittal Packet Requirements

(c) The applicant is proposing a 38,000 sq ft steel frame, insulated panel, masonry trim building for use as a recreational and tennis teaching facility with future proposed outdoor tennis courts and applicable parking on lots 48 and 49 in the Lake Geneva Business Park.

(d) Attached is a proposed preliminary, conceptual plat showing the tennis facility and future recreational and outdoor tennis courts.

(e) The applicant believes that the proposed conditional use is appropriate and should be approved by the city of Lake Geneva as it currently meets all of the requirements of the previously approved declarations of covenants, conditions and restrictions of the Lake Geneva Business Park phase II approved by the city of Lake Geneva for the Geneva Lake Development Corporation. Further, per the city of Lake Geneva zoning ordinance section 98.905, the development, as proposed, does not adversely affect properties in the immediate area and conversely adds to the recreational nature already established by the proximity to Veteran's Recreation Park. As the facility will be for members only, it is none the less open to all residents of the city of Lake Geneva and the applicant anticipates the facility will be used to teach tennis for families in and around the Lake Geneva area. Lastly, the facility does not present an undue burden to any city utilities or the services of police, fire department and/or emergency workers.



NBS
 NIELSEN
 BUILDING
 SYSTEMS

4820 SIX MILE ROAD
 RACINE, WI 53402
 (262) 681-0676
 FAX
 (262) 681-1812
 www.nbs-inc.net

ARCHITECTS
 ENGINEERS
 CONTRACTORS
 DEVELOPERS
 PLANNERS

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PROJECT

PROPOSED NEW
 INDOOR TENNIS
 FACILITY FOR
 LAKE
 GENEVA
 TENNIS
 LAKE GENEVA
 BUSINESS PARK

REVISION DATES

DATE _____

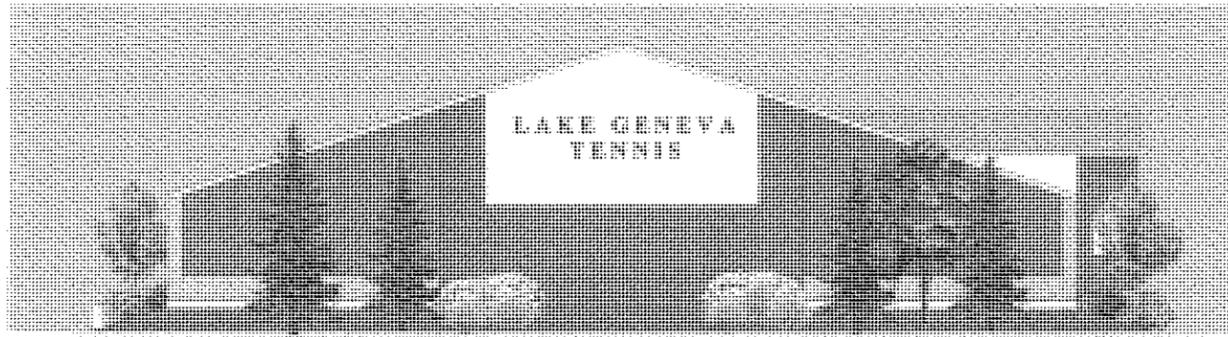
DRAWN BY _____ CHECK BY _____

SHEET TITLE _____

SHEET NUMBER _____

PROJECT NO. _____

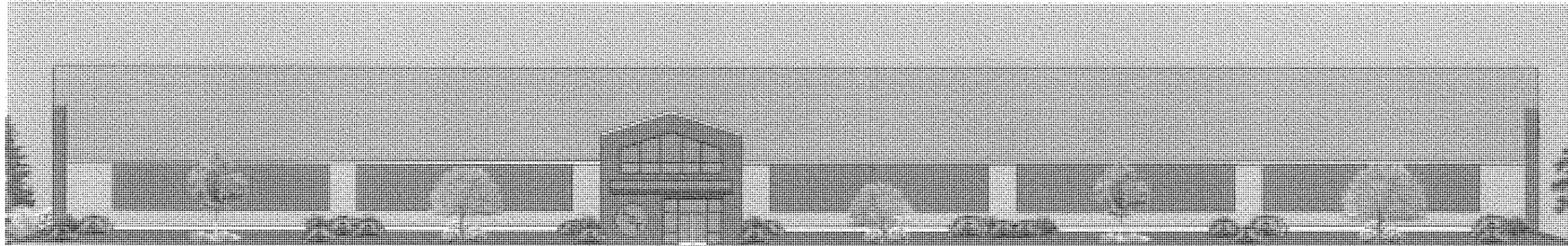
G:\PROJECTS\Lake Geneva Tennis Center\LGT RENDERING.dwg, 3/20/2014 12:19:20 PM



EAST ELEVATION

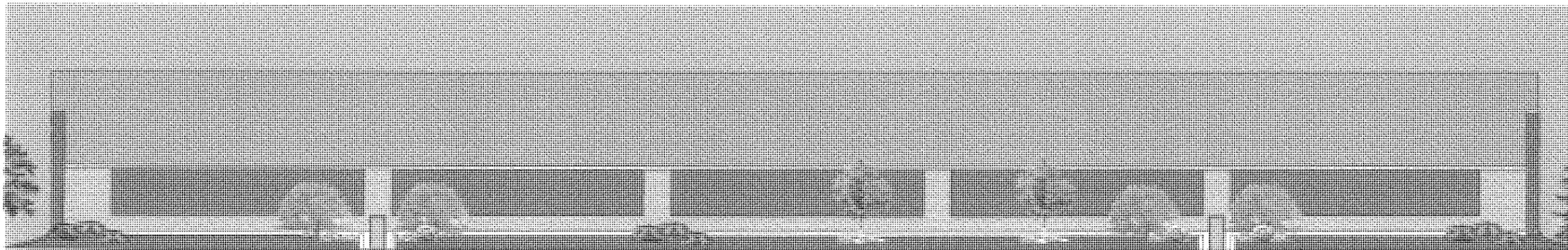
WEST ELEVATION SAME BUT OPPOSITE HAND

SCALE: 3/8" = 1'-0"



NORTH ELEVATION

SCALE: 3/8" = 1'-0"



SOUTH ELEVATION

SCALE: 3/8" = 1'-0"



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PROJECT

PROPOSED NEW
INDOOR TENNIS
FACILITY FOR

LAKE
GENEVA
TENNIS

LAKE GENEVA
BUSINESS PARK

REVISION DATES

DATE

DRAWN BY CHECK BY

SHEET TITLE

SHEET NUMBER

PROJECT NO.

CONDITIONAL USE RESOLUTION 14-R29

A resolution authorizing the issuance of a Conditional Use Permit to Paul Lauterbach, 914 Bennett Ct. Walworth, WI 53184 on behalf of Lake Geneva Tennis Club.

WHEREAS, the City Plan Commission has considered the application of Paul Lauterbach, 914 Bennett Ct. Walworth, WI 53184; and,

WHEREAS, the City Plan Commission held a Public Hearing thereon pursuant to proper notice given on April 21, 2014; and,

NOW, THEREFORE, BE IT RESOLVED, that the Zoning Administrator be, and is hereby authorized, to issue a Conditional Use Permit to operate and Indoor Tennis Club (Physical Activity Studio) in the Planned Business Park (PBP) Zoning District in a proposed building on Veterans Parkway Tax Key No's ZLGBP 200029 & ZLGBP 200030 pursuant to the requirement that a letter from the Lake Geneva Development Corporation be drafted to include them up until such time that land is sold to the Lake Geneva Tennis Club, City staff review and comments, City Engineer's letter dated April 10, 2014, and a sidewalk extend to the bike trail and bike rack at the entrance.

Granted by action of the Common Council of the City of Lake Geneva this 27th day of June, 2014.

James R. Connors, Mayor

ATTEST:

Sabrina Waswo, Acting City Clerk