



# REGULAR CITY COUNCIL MEETING

## MONDAY, JUNE 11, 2018 – 6:00 PM

### COUNCIL CHAMBERS, CITY HALL

#### Members:

Mayor Tom Hartz, Council President Ken Howell, Council Vice President John Halverson, Alderpersons: Selena Proksa, Doug Skates, Tim Dunn, Cindy Flower, Shari Straube, and Rich Hedlund

#### AGENDA

1. Mayor Hartz calls the meeting to order
2. Pledge of Allegiance – Alderperson Dunn
3. Roll Call
4. Awards, Presentations, and Proclamations
5. Re-consider business from previous meeting
6. 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.
7. Acknowledgement of Correspondence
8. Approve Regular City Council Meeting minutes of May 29, 2018, as prepared and distributed
9. **CONSENT AGENDA**– *Recommended by Finance, License and Regulation on June 5, 2018*  
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. 2018-2019 Original & Renewal Operator License applications filed by various applicants as listed in packet
  - b. **Discussion/Action regarding Renewal of 2018-2019 “Class A” Liquor & Class “A” 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) ALDI Inc Wisconsin d/b/a ALDI #56, 200 N. Edwards Blvd, Lake Geneva, Danielle Quale, Agent
    - 2) Cove Condominium Association Inc d/b/a The Cove of Lake Geneva (Gift Shop), 111 Center St, Patrick McCarthy, Agent
    - 3) Kwik Trip Inc d/b/a Kwik Trip 219, 710 Williams St, Jillian Ricker, Agent
    - 4) Maya Geneva Inc d/b/a Maya Geneva Inc, 605 Williams St, Wayne Schwartz, Agent
    - 5) Midwest Fuel Inc d/b/a Northside Mobil, 501 Interchange North, John Consolino, Agent
    - 6) Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
    - 7) QuickNSave LLC d/b/a QuickNSave, 1231 Grant St, Jatinder Dhillion, Agent
    - 8) Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink’s Piggly Wiggly, 100 East Geneva Sq, Mark Stinebrink, Agent
    - 9) Hare Krishna Liquor INC d/b/a Geneva Liquor, 797 Wells St, Dixit Patel, Agent
    - 10) Walmart Stores INC d/b/a Walmart Store #910, 201 S Edwards Blvd, Rebecca Edwards, Agent
    - 11) Target Corp d/b/a Target Store T2348, 660 N Edwards Blvd, Nicholas Schmidt, Agent

- 12) StopNGo of Madison INC d/b/a StopNGo Store # 265, 896 Wells St, Andrew Bowman, Agent
  - 13) New World Wine Shop INC d/b/a New World Wine Shop, 830 W Main St Suite G, Jerry Sibbing, Agent
  - 14) Prairie State Enterprises of Darien LLC d/b/a Lake Geneva Mobil, 350 N Edwards Blvd, Kenneth Kearns, Agent
  - 15) Queso Corp d/b/a The Cheese Box, 801 S Wells St, Zbigniew Boroweic, Agent
  - 16) Brutap LLC d/b/a Bruno's Liquors, 524 Broad St, James Sharkus, Agent
- c. **Discussion/Action regarding Renewal of 2018-2019 "Class A" Intoxicating Liquor License application filed by Lake Geneva School of Cooking LLC d/b/a Lake Geneva School of Cooking, 727 Geneva St, John Bogan, Agent, 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**
  - d. **Discussion/Action regarding Original Application for a "Class A" Intoxicating Liquor License for Lake-Ben INC d/b/a Cornerstone Shop & Gallery, 214 Broad St, Karin Bennett, Agent, 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**
  - e. **Discussion/Action regarding Renewal of 2018-2019 Class "A" Fermented Malt Beverage License application filed by Tienda El Rancho Inc d/b/a Tienda El Rancho, 1151 Elkhorn Rd, Mercedes Jaramillo, Agent, 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**
  - f. **Discussion/Action regarding Renewal of 2018-2019 "Class B" Intoxicating Liquor & Class "B" Fermented Malt Beverage License (Hotel Exemption) 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**
    - 1) Cove Condominium Association Inc d/b/a The Cove of Lake Geneva, 111 Center St, Patrick McCarthy, Agent
    - 2) Harbor Shores Hotel Management INC d/b/a Harbor Shores on Lake Geneva, 300 Wrigley Dr, William Strangeway, Agent
  - g. **Discussion/Action regarding Renewal of 2018-2019 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:**
    - 1) Beachside Hospitality Inc d/b/a Barrique Wine & Brew Bar, 835 Wrigley Dr, Nancy Trilla, Agent
    - 2) Geneva Java Inc d/b/a Geneva Java, 252 Center St, Halvar Petersen, Agent
    - 3) Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
    - 4) Plaza Media LLC d/b/a Geneva Theater, 244 Broad St, Shad Branen, Agent
    - 5) Martins Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 Main St, Yolanda Zavaleta, Agent
    - 6) Marsala's Pizza INC d/b/a Marsala's Pizza, 820 Williams St, Miguel Barcena, Agent
    - 7) Happy Restaurant INC d/b/a Happy Café, 526 Wells St, Yong Zhong Liang, Agent
    - 8) Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Justin Ochlek, Agent
    - 9) D & D Restaurant Group INC d/b/a Flat Iron Tap, 150 Center St, Edward Muisenga, Agent
    - 10) Sabai Sabai Thai Cuisine, INC d/b/a Sabai Sabai Thai Cuisine, 306 Center St, Jirapa Cox, Agent
  - h. **Discussion/Action regarding Original Application for a Class "B" Fermented Malt Beverage & "Class C" Wine License for Mama Cimino's LLC d/b/a Mama Cimos, 131 Wells St, John Boback, Agent, 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**
  - i. **Discussion/Action regarding Renewal of 2018-2019 Class "B" Fermented Malt Beverage 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**

- 1) PH Hospitality Group LLC d/b/a Pizza Hut, 801 Williams St, Kate Rath, Agent
- 2) KNMG Hotels LLC d/b/a Comfort Suites, 300 E Main St, Eric Schmitt, Agent
- 3) B & B Lake Geneva LLC d/b/a Board & Brush Lake Geneva, 262 Center St, Julie Selby, Agent

**j. Discussion/Action regarding Renewal of 2018-2019 “Class B” Intoxicating Liquor & Class “B” 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) American Legion Post 24 d/b/a American Legion, 735 Henry St, Charles Schlehlein, Agent
- 2) Harry’s Café & Place Inc d/b/a Harry’s Café, 808 Main St, James Chironis, Agent
- 3) Medusa Grill & Bistro LLC d/b/a Medusa Grill & Bistro, 501 Broad St, Gregory Anagnos, Agent
- 4) Popeyes Galley & Grog LTD d/b/a Popeye’s on Lake Geneva, 811 Wrigley Dr, Veronica Anagnos, Agent
- 5) Gleneagles LLC d/b/a Sopra, 724 W Main St, Alastair Cumming, Agent
- 6) Capitol Geneva LLC d/b/a Sprecher’s Restaurant & Pub, 111 Center St, Elizabeth Dion, Agent
- 7) Stone Soup LLC d/b/a Baker House, 327 Wrigley Dr, Charles Fritz IV, Agent
- 8) Mercedes or Bust LLC d/b/a The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
- 9) Samson Enterprises LLC d/b/a Northsiders, 642 W Main St, Eugene Grahler, Agent
- 10) 422 S. Wells St. LTD d/b/a Celebration on Wells, 422 S Wells St, Charles Lorenzi, Agent
- 11) L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jessica Bush, Agent
- 12) Chubby Kitty LLC d/b/a Fat Cat’s, 104 Broad St, Mark Basil, Agent
- 13) Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- 14) Sandal Inc d/b/a Lake Geneva Lanes, 192 E Main St, Franklin Guske, Jr, Agent
- 15) Geneva Bay Club LLC d/b/a Maxwell Mansion, 421 Baker St, Charles Fritz IV, Agent
- 16) DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
- 17) SS2 Inc d/b/a The Red Geranium Restaurant, 393 N Edwards Blvd, Troy Bartz, Agent
- 18) Two Thumbs Up LLC d/b/a Thumbs Up, 260 Broad St, Benjamin Barels, Agent
- 19) LG Hospitality Group LLC d/b/a Tuscan Tavern & Grill, 430 Broad St, James Georgalas, Agent
- 20) Oakfire LLC d/b/a Oakfire, 831 Wrigley Dr, David Scotney, Agent

**k. Discussion/Action regarding Renewal of 2018-2019 “Class B” Winery License & Class “B” Fermented Malt Beverage License application filed by Jackson Wine LLC d/b/a Studio Winery, 401 Sheridan Springs Rd., Kathleen Jackson, Agent, 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**

**l. Discussion/Action regarding Renewal of 2018-2019 Reserve “Class B” Intoxicating Liquor & Class “B” 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) Lake Aire LLC d/b/a Lake Aire Restaurant, 804 W Main St, George Argiropoulos, Agent
- 2) Harborside Pub & Grill LLC d/b/a Harborside Pub & Grill, 100 Broad St, Spyro Condos, Agent
- 3) Su Wings Corp d/b/a Su Wing’s Chinese, 743 North St, Siu Wing Leung, Agent
- 4) Bella Vista Suites on the Shores of Lake Geneva, INC d/b/a Bella Vista Suites on the Shores of Lake Geneva, 335 Wrigley Dr, Charles Lorenzi, Agent

**m. Discussion/Action of Event Permit application made by the Lake Geneva Business Improvement District for the event of Oktoberfest to be held on October 6, 2018 and October 7, 2018 at the 200 block of Broad Street and Flat Iron Park**

**n. Discussion/Action regarding Renewal of Taxi Cab Company License applications filed by Cruzin Transportation; 32200 45<sup>th</sup> St #58, Burlington, WI**

- 10. Finance, License, and Regulation Committee Recommendations of June 5, 2018- Ald. Howell**
- a. Discussion/Action on Employee Health Benefits regarding discontinuing Wellness Program with HealthCheck 360
  - b. Discussion/Action on Employee Health Benefits regarding continuing Transparency Program with DirectPath
  - c. Discussion/Action on **Resolution 18-R44** regarding change in 2018-2019 COBRA rates
  - d. Discussion/Action on **Resolution 18-R45** regarding discontinuing the working spousal surcharge as it relates to health insurance (*Personnel Committee recommended approval 3-2, with Proksa and Flower voting no on June 5, 2018 & Finance, License, & Regulation Committee **did not** recommend approval 2-3, with Howell, Hedlund, and Proksa voting no on June 5, 2018*)
  - e. Discussion/Action regarding employee health insurance premium share
  - f. Discussion/Action regarding Pay Request #1 from Willkomm Excavating and Grading INC for the Main Street Construction Contract in the amount of \$192,340.67
- 11. Discussion/Action regarding Event Permit Application made by Doug Skates for the event of Jazz at Rushwood to be held on June 21, 2018 from 5:00 p.m. to 9:00 p.m. at Rushwood Park (*Item not considered by Park Board or the Finance, License, and Regulation Committee*)**
- 12. Presentation of Accounts – Ald. Howell (Recommended by Finance, License and Regulation Committee on June 5, 2018)**
- a. Purchase Orders (none)
  - b. Prepaid Bills in the amount of \$47,198.62
  - c. Regular Bills in the amount of \$135,333.29
- 13. Motion to go into Closed Session pursuant to Wis. Stat. 19.85(1)(c) considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility regarding employee contracts, pay, and benefits for 1) Jim Flower, Code Enforcement Officer / Assistant Building Inspector**
- 14. Motion to return to open session pursuant to Wisconsin Statutes 19.85 (2) and take action on any items discussed in closed session**
- 15. 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.*

6/8/2018 4:00 PM

cc: Aldermen, Mayor, City Admin., Attorney, Dept. Heads, Media

**REGULAR CITY COUNCIL MEETING MINUTES  
TUESDAY, MAY 29, 2018 – 6:00 PM  
COUNCIL CHAMBERS, CITY HALL**

**Members:** Mayor Tom Hartz, Council President Ken Howell, Council Vice President John Halverson, Alderpersons: Selena Proksa, Doug Skates, Tim Dunn, Cindy Flower, Shari Straube, and Rich Hedlund

Mayor Hartz called the meeting of the Common Council to order at 6:00 p.m.

Aldersperson Skates led the Council in the Pledge of Allegiance.

Roll Call:

Present: Proksa, Skates, Dunn, Straube, Hedlund, Howell, Halverson, and Flower

Absent: None

Guests: Mayor Hartz, City Administrator Oborn, City Attorney Draper, City Clerk Kropf, and Public Works Director Earle

Awards, Presentations, and Proclamations

None

Re-consider business from previous meeting

None

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.

Mary Jo Fesenmaier; 1085 Lakeshore Dr; Spoke in opposition of the purchase of the shade structure and the bleachers for the City Skate Park.

Charlene Klein; 817 Wisconsin St; Spoke in opposition of the approval of the General Development Plan for the Hampton Inn.

Janet Uhling; 3273 Lockwood Blvd; Spoke in opposition of the approval of the General Development Plan for the Hampton Inn.

Acknowledgement of Correspondence

Clerk Kropf noted that there was one item of correspondence regarding the Hampton Inn GDP and it was distributed to the City Council.

Approve Regular City Council Meeting minutes of May 14, 2018, as prepared and distributed

Motion by Skates to approve the May 14, 2018 City Council Minutes, second by Hedlund. Motion carried 8-0.

**CONSENT AGENDA**– *Recommended by Finance, License and Regulation on May 22, 2018*

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.

-2018-2019 Operator (Bartender) License applications filed by various applicants listed in packet

-Event Permit Application filed by the Lake Geneva Public Library for the events of Music in the Library to be held June 8, 2018, June 22, 2018, July 13, 2018, July 27, 2018, August 10, 2018, and August 24, 2018 on the south lawn of the library facing the beach(*Applicant is requesting waiver of all fees*)

**-Renewal of Massage Establishment License applications filed by the following:**

- 1) Element Massage Studio, 647 W Main St
- 2) Lake Geneva Massage Therapy, 905 Marshall St
- 3) Loosen Up LTD, 201 Broad St

- 4) Healing Muscle Therapies, 201 Broad St Suite D
- 5) The Therapeutic Touch, 601 W Main St
- 6) Clear Waters Salon Spa, 734 Main St

-Agent Change Request filed by SS2 INC d/b/a The Red Geranium Restaurant, 393 N Edwards Blvd, from Lyle Swatek to Troy Bartz

Motion by Howell to approve the consent agenda, second by Halverson. No discussion. Motion carried 8-0.

### **Finance, License, and Regulation Committee Recommendations of May 22, 2018 - Ald. Howell**

Discussion/Action regarding Renewal of Taxi Cab Company License applications filed by the following (Approval contingent upon favorable review of Insurance by City Attorney)

- N&T Enterprises INC d/b/a Lakes Area Taxi, 112 S 4<sup>th</sup> St, Delavan, WI
- Senior Cab, W3099 Krueger Rd, Lake Geneva, WI

Motion by Howell to approve, second by Hedlund. No discussion. Motion carried 8-0.

Discussion/Action on **Resolution 18-R42** placing the “Closing Dark Store Loopholes” referendum question on the November 2018 ballot (Request made by Alderperson Flower and Alderperson Proksa)

Motion by Howell to approve, second by Flower. Howell noted that the City is looking to close the dark store loophole and other cities are having this referendum to let state legislators know that the legislation has to be changed. Mayor Hartz asked where the money to fund this was coming from. City Administrator Oborn noted that this would be paid for out of the elections budget. Mayor Hartz then asked if there was enough money in the elections budget to which the City Administrator indicated that there wasn't and it would have to be paid from contingency. Motion carried 8-0.

Discussion/Action on **Resolution 18-R37** amending the Schedules of Fees to provide for an Administrative Fee for the Tourist Rooming House/Short-term Rentals Annual City License in the amount of \$2,000

Motion by Howell to approve, second by Hedlund. Howell noted that this amount is an estimate to help cover the costs associated with City services cost. He added that this amount can be changed at any time to reflect the actual costs for City staff time. Mayor Hartz noted that his concern with this is the loss of residential housing more specifically the loss of students and state school funding in the City. Motion carried 8-0.

Discussion/Action regarding purchase of Shade Structure in the amount of \$8,000.00 to be paid from Park Impact Fees for placement at City Skate Park/Dunn Field

Motion by Howell to approve, second by Hedlund. Howell noted that the placement of this structure is to help benefit the parents as they sit and watch their children. The City Attorney noted that the impact funds may not be appropriate for this purchase. Skates added that at the time this was discussed, they decided to use the park fees not the impact fees. City Attorney Draper added that the use of park fees would be appropriate for this purchase. Motion carried 8-0.

Motion by Howell to withdraw his initial motion, second by Hedlund.

Motion by Howell to continue this item until the time that the City Attorney can review if the use of Park Impact Fees can be used for this purchase, second by Hedlund. Motion carried 8-0.

Discussion/Action regarding purchase of bleachers in the amount of \$2,400.00 to be paid from Park Impact Fees for placement at City Skate Park/Dunn Field

Motion by Howell to continue this item until the time that the City Attorney can review if the use of Park Impact Fees can be used for this purchase, second by Hedlund. Motion carried 8-0.

Discussion/Action regarding the purchase of a fluid drive coupler replacement for the Public Works current Vac-All unit in the amount of \$5,550.00

Motion by Howell to approve the purchase of the fluid drive coupler replacement in the amount of \$5,562.44, second by Hedlund. Howell noted that this part has already been purchased and that this is a cleanup item. Motion carried 8-0.

Discussion/Action regarding the purchase of a new Public Works Department Vac-All unit from R.N.O.W. INC in the amount of \$253,045.00 to be paid from the Equipment Replacement Fund

Motion by Howell to approve, second by Hedlund. Howell noted that this piece of equipment will be used to clean the stormwater catch basins and will clean up leaves/brush. He added that this machine will also replace the probable purchase of a new street sweeper for 2023. Flower would like to see that the equipment replacement fund balance sheets change as items are discussed/approved. Motion carried 8-0.

### **Planning Commission Recommendations of May 21, 2018- Ald. Skates**

Discussion/Action on a Land Division, for a Condominium Plat, to create two condominium lots for an existing duplex building currently located on South Stone Ridge Drive at 530 & 532 South Stone Ridge Drive situated in the Two-Family Residential – 6 (TR-6) zoning, filed by Judith E. Castleman, 530 South Stone Ridge Drive, Lake Geneva, WI 53147 Tax Key Nos. ZSR00066.

Motion by Skates to approve, second by Straube. Skates noted that this was to accommodate two utility lines coming into the property. Motion carried 8-0.

Discussion/Action on **Resolution 18-R38** an application for a Conditional Use Permit filed by Ryan Finley, 805 Cumberland Trail, Lake Geneva, WI 53147 to install a 48” fence along the property line abutting Townline Road. The property zoned SR-4 and allows for a maximum street side fence height of 36” & 60% opaqueness. Tax Key No. ZTT00041.

Motion by Skates to approve, second by Proksa. Skates noted that this is at the end of the subdivision and is looking to construct a fence. Motion carried 8-0.

Discussion/Action on **Resolution 18-R39** an application for a Conditional Use Permit filed by Renee T. Wu, 527 Forest Glen Dr, Fontana, WI 53125 to operate a restaurant located at 239 Cook Street, Lake Geneva, WI 53147 located in the Central Business (CB) zoning, Tax Key No. ZOP00253.

Motion by Skates to approve, second by Flower. Skates noted that this is a new ownership with no problems. Motion carried 8-0.

Discussion/Action on **Resolution 18-R40** an application for a Conditional Use Permit filed by William and Carol Dick, 723B Geneva Street, Lake Geneva WI, 53147 to operate a Commercial Indoor Lodging at 723 Geneva Street, located in the Central Business (CB) zoning, Tax Key No. ZOP000158.

Motion by Skates to approve, second by Halverson. Skates noted that both the upper and lower units can be used in this limited conditional use. Motion carried 7-0, with Dunn abstaining.

Discussion/Action on **Resolution 18-R41** an amendment to the Precise Implementation Plan (PIP) for property located in the Summerhaven of Lake Geneva Condominiums located on Lake Geneva Blvd, filed by McMurr II LLC. The request is to amend the existing PIP to complete Phase 1 of the development. Overlapping Multiple Tax Key Nos. ZSUM00101 – ZSUM00247.

Motion by Skates to approve, second by Hedlund. Skates noted that this was slight change of the PIP as the number of units in the subdivision was being lowered. Motion carried 8-0.

Discussion/Action on a Certified Survey Map (CSM) Land Division for the applicant Dodge Street Properties LLC, 500 Stone Ridge Drive, Lake Geneva, WI 53147, to divide the property zoned SR-4 for, 2 lots as .93 acres and 1 parcel at 1.09 acres located to the north of Dodge Street, and west of Freemont Ave located in the SR-4 zoning district. Tax Key No. ZYUP00053.

Motion by Skates to approve, second by Hedlund. Skates noted that this is a land division for a proposed project and staff review was favorable. Motion carried 8-0.

Discussion/Action on an application for a General Development Plan for the Hampton Inn located at 1111 N. Edwards Blvd, filed by 1111 N. Edwards Blvd LLC, to construct a 5 story, 92 unit, Hampton Inn hotel at the South East corner of the Sheridan Springs Rd and North Edwards Blvd intersection adjacent to the Highway 12 corridor. Located in the Planned Industrial (PI) zoning district, Tax Key Nos. ZA468000003 & ZA468000004.

Motion by Skates to approve, second by Hedlund. Skates stated that there was some flexibilities in regards to the number of stories and setbacks for this development. He added that this is part of the GDP process and will need to see more information as the development continues. Halverson is happy with the plan and gave the developers credit for using that space so creatively. Flower noted that she wants this development to happen but is worried that too much is being put in that space. She reviewed a list of unknown issues that she has compiled related to the project in regards to project land

grade, access to the site, and general plan questions. She suggests that the Council consider a continuance versus outright approving the plan. Mayor Hartz noted that the questions the Alderperson Flower asked is something that is discussed during the precise implementation plan. Motion carried 6-2, with Proksa and Flower voting noe.

Announce opening the annual plan amendment process and review of draft public participation plan to amend the City of Lake Geneva's Comprehensive Plan.

Skates noted that this is just an announcement of the annual plan amendment process. No action was taken.

Discussion/Action regarding Resolution 18-R43 Temporary 4-Way Stop Signs at the Intersection of Geneva Street and Board Street.

Mayor Hartz read the resolution and identified that this resolution would allow the continued placement of the temporary stop signs at Geneva Street and Broad Street and that the Police Department enforce the traffic control devices. Director of Public Works Earle noted that he does find issue with the temporary stop when you consider the traffic on Main Street. He noted that when cars were traveling north on Broad Street from Wrigley Drive they were obeying the lights on Main Street but then the stop sign was causing the traffic to backup in the intersection. Council discussion included needing to perform a study to determine the need and what kind of traffic calming device would be placed.

Motion by Heldund to refer this item to the Public Works Committee for further investigation and to approve Resolution 18-R43 to state that the temporary stop sign will remain until June 25, 2018, second by Howell. Motion carried 8-0.

**Mayoral Appointments**

-Appointment of Christine Brookes to the Historic Preservation Committee with a term to expire May 1, 2021

Motion by Halverson to approve, second by Skates. No discussion, Motion carried 8-0.

**Presentation of Accounts – Ald. Howell (Recommended by Finance, License and Regulation Committee on May 22, 2018)**

Purchase Orders

None

Prepaid Bills in the amount of \$11,631.23

Motion by Howell to approve, second by Hedlund. No discussion. Motion carried 8-0.

Regular Bills in the amount of \$153,657.07

Motion by Howell to approve, second by Skates. No discussion. Motion carried 8-0.

**Motion to go into Closed Session pursuant to Wis. Stat. 19.85(1)(e)** deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session with regard to Firefighters Union Labor Agreement

Motion by Hedlund to go into closed session, second by Proksa. Motion carried on a roll call vote 7-1, with Howell voting noe. The Common Council convened into closed session at 7:41 p.m.

**Motion to return to open session pursuant to Wisconsin Statutes 19.85 (2) and take action on any items discussed in closed session**

Motion by Hedlund to reconvene the Council into open session, second by Howell. Motion carried on a roll call vote 8-0. The Council reconvened in open session at 7:50 p.m.

Motion by Heldund to approve the Firefighters Union Labor Agreement as discussed in closed session, second by Skates. No discussion. Motion carried on a roll call vote 8-0.

**Adjournment**

Motion by Howell to adjourn the meeting of the Common Council, second by Straube. Motion carried 8-0. The May 29, 2018 meeting of the Common Council adjourned at 7:51 p.m.

THESE MINUTES ARE NOT OFFICIAL UNTIL APPROVED BY THE COMMON COUNCIL

**Originals Operators**

Charles Holwick  
Steven Sparks  
Amor Sanchez  
Sara Birdd  
Candice Sabielny  
Howard Koller  
Ryan Fritz  
Heather Heilgeist  
Isabella Alioto  
Shelley Weise

**Operator Renewals**

Amy Yachik  
Jake Meredith  
Andrew Newcomb  
Lexey Pfenninger  
Mirage Goff  
Dianne Watson  
Teresa Schneider  
James Gray  
Terry Galstad  
Kevin Dickey  
Maxwell Hall  
Varsha Shah  
Christina Anchondo  
Zachary Carroll  
Mary Bayner  
Christopher Cummins  
Christina Hughen  
Pamela Rossmiller-Peters  
Charles Phinisee  
Michelle Norgard  
Carly Sinclair  
Lina Kruger  
Jeremiah Van Dan  
Dean Loptich  
Kimberly Kurowski  
Angela Fischer  
Cherlyn Steadman  
Kimberely Helmer  
Jane Andreas  
Denise Bader  
Cindy Gale

Treasha Warren  
Andrew Wesdowski  
Freda Pryga  
Kristen Mihelich  
Scott Fazel  
Kyle Cary  
Kaitlyn Trower  
Amanda Hack  
Patel Ashwinkupiar  
Wayne Schwartz  
Sean Payne  
Jean Morales  
Eric Rude  
Ashley Principato  
Laura Dye  
Hannah Schultz  
Tristan Levy  
Paul Ochalek  
April Hein  
Gayle Krahn  
Jennifer Aranda  
Nicholas Schmidt  
Jeannine Waits  
Kiersten Ries-Squires  
Kirby Mazzanti  
Kevin Andersen  
Nicholas Grimme  
Charles Rude  
Alexander Klotz  
Amanda Morales  
Jessica Jenner  
Calli Brellentnin  
Connie Howen  
Mises Garcia  
Keisie Rammel  
Chaz Wagner  
Catherine Petrassi  
Kenneth Lindberg  
Deneen Lightenauer  
Brandon Frank  
Kathleen Consolino  
Rebecca Sprowl  
Kevin Smith  
Paul Wasyliv



# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
PFORTMILLER		TERRY	E	
Home Address (street/route)	Post Office	City	State	Zip Code

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 **ALDI, INC (WISCONSIN)**  
(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? NEVER
- 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.)  
N/A
- 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. N/A
- 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. N/A  
(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. N/A N/A  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

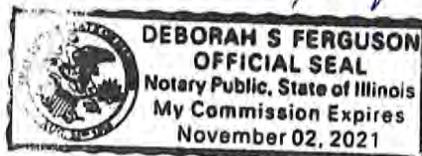
Employer's Name	Employer's Address	Employed From	To
Borhart & Spellmeyer	2295 Valley Creek, Elgin, IL	01/95	05/95
Coopers & Lybrand	203 W. LaSalle, Chicago, IL	07/82	12/94

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 April, 2018  
Deborah S. Ferguson  
(Clerk/Notary Public)

My commission expires 11-2-21

Terry E. Poffelt  
(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)
QUALE	DANIELLE	Marie
Home Address (street/route)	Post Office	City
		State Zip Code

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 **ALDI #56**

(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? 1983 - present
- 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
Aldi	200 North Edwards Blvd. Lake Geneva WI	2008	2018
Hardees	1235 S. Green Bay Rd. Racine WI	2001	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 10<sup>th</sup> day of April, 20 18

Tanell Fortney  
(Clerk/Notary Public)



Danielle Quale  
(Signature of Named Individual)

My commission expires 06/26/21



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# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)	(middle name)	
YOUNGSTROM		CHARLES	ERNEST	
Home Address (street/route)	Post Office	City	State	Zip Code

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 **ALDI, INC (WISCONSIN)**  
(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? NEVER
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.)  
N/A
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. N/A
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. N/A  
(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. N/A N/A  
(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
ALDI, INC.	1200 N. KIRK RD, BATAVIA, IL	08/01/1983	Present.
Employer's Name	Employer's Address	Employed From	To
N/A			

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 10th day of April, 2018

Jeanette Meyer  
(Clerk/Notary Public)

Charles Ernest Youngstrom  
(Signature of Named Individual)

My commission expires 1/4/19



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) 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 ▶ 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>KAYE ROSE LOWEMAN</u>		
Vice President/Member	<u>JAMES ALAN PATERA</u>		
Secretary/Member	<u>PATRICK JOSEPH MCCARTHY</u>		
Treasurer/Member	<u>MARK WILLIAM DUSKI</u>		
Agent ▶	<u>PATRICK JOSEPH MCCARTHY</u>		
Directors/Managers	<u>MARK WILLIAM DUSKI</u>		

C. 1. Trade Name ▶ THE COVE OF LAKE GENEVA Business Phone Number 262-249-9460

2. Address of Premises ▶ 111 CENTER STREET 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) A. GIFT SHOP AND 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 they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

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

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

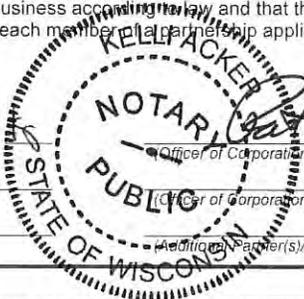
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law, and that the rights and responsibilities conferred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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of May, 2019

[Signature]  
(Clerk/Notary Public)

My commission expires 3/9/2020



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-1020042-03</u>	FEIN Number: <u>39-1819821</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*pd 5/18*

**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Duski</b>	(first name) <b>Mark</b>	(middle name) <b>William</b>
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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 **Core Condominium Association, 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? \_\_\_\_\_
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 <b>Village of Villa Park</b>	Employer's Address <b>20 S. Ardmore, Villa Park, IL</b>	Employed From <b>04-07-1980</b>	To <b>05-04-2012</b>
Employer's Name <b>Reliable Ambulance</b>	Employer's Address <b>Chicago IL</b>	Employed From <b>03/1978</b>	To <b>03/1980</b>

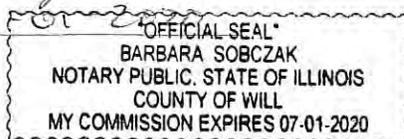
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 14<sup>th</sup> day of May, 2018  
Barbara Sobczak  
(Clerk/Notary Public)

Mark A. Duski  
(Signature of Named Individual)

My commission expires 07-01-2020



**AUXILIARY QUESTIONNAIRE  
ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	Lowman	Kaye	Rose

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 Core Condominium Association, 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? \_\_\_\_\_
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>The Write Staff</u>	Employer's Address <u>882 Bosworth Field Rd</u>	Employed From <u>1990</u>	To <u>Present</u>
Employer's Name <u>Village of Hoffman Estates</u>	Employer's Address <u>12004 Cannon Dr. Hoffman Estates</u>	Employed From <u>1977</u>	To <u>1990</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.

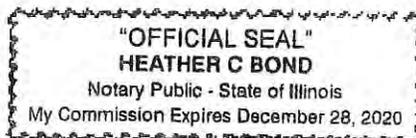
Subscribed and sworn to before me

this 12 day of May, 2018

Heather Bond  
(Clerk/Notary Public)

My commission expires 12/28/2020

Kaye Lowman  
(Signature of Named Individual)



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) <u>Patera</u>	(first name) <u>James</u>	(middle name) <u>Alan</u>
--	------------------------------	------------------------------

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 Cove Condominium Association, 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? \_\_\_\_\_
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>Jewel Food</u>	Employer's Address <u>1200 Boughton Bolingbrook, IL</u>	Employed From <u>1-9-78</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 11<sup>th</sup> day of May, 2018  
Nicki Mcintyre  
(Clerk/Notary Public)

James Patera  
(Signature of Named Individual)

My commission expires May 25, 2018



# 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

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 Association, 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:

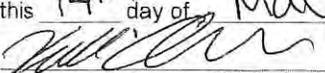
- How long have you continuously resided in Wisconsin prior to this date? 55 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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
Pinnacle Real Estate Group	474 Commerce Dr., Madison, WI	8-1-2009	Present
Kingswood Sales	10 Kingswood Circle, Verona, WI	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 14th day of May, 2018  
  
(Clerk/Notary Public)

My commission expires 3/9/2020



  
(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)
Wadlington	Sandra	L

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.
- Board Member of Core Condominium Association, 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 <u>Darden Restaurants</u>	Employer's Address <u>Orlando FL</u>	Employed From <u>10.25-1994</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 10th day of May, 20 18  
Cynthia A. Barrows  
(Clerk/Notary Public)

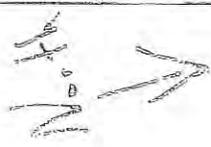
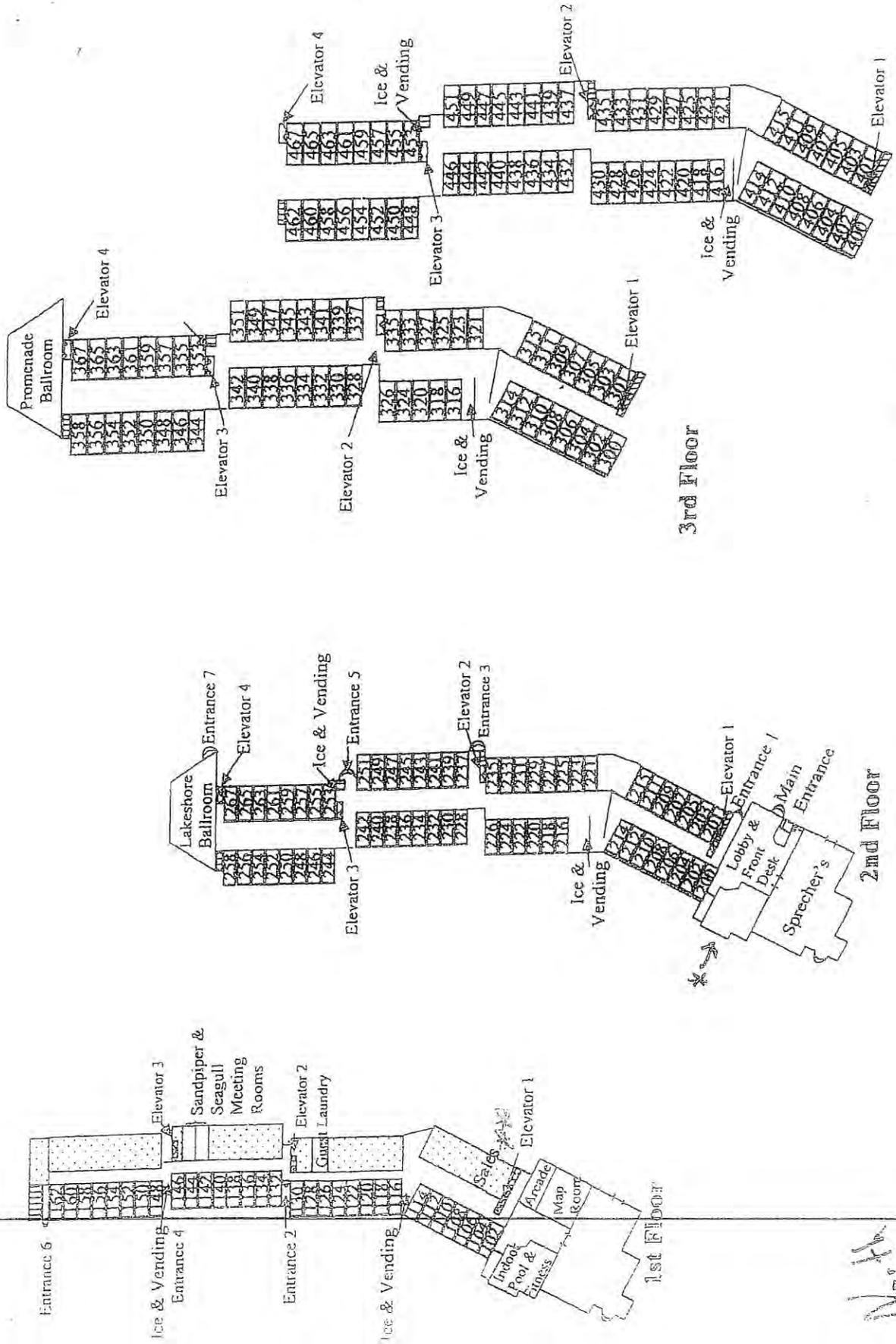
Sandra L Wadlington  
(Signature of Named Individual)

My commission expires 08/21/2020  
Cynthia A. Barrows



Class A

# Property Map



\* Sale of alcohol - Gift Shop  
 \* Storage



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L0781734048

THE COVE OF LAKE GENEVA CONDOMINIUM  
 ASSOCIATION  
 111 CENTER ST  
 LAKE GENEVA WI 53147-2087

Wisconsin Department of Revenue Seller's Permit

Legal/real name: THE COVE OF LAKE GENEVA CONDOMINIUM ASSOCIATION  
 Business name: THE COVE OF LAKE GENEVA  
 111 CENTER ST  
 LAKE GENEVA WI 53147-2087

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1020120042-03

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Lake Geneva 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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 2107, La Crosse, WI 54602-2107

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>President, Donald Paul Zietlow</u>		
Vice President/Member			
Secretary/Member	<u>Asst. Secretary, Mark Scott Zietlow</u>		
Treasurer/Member	<u>Treasurer, Jeffrey James Wrobel</u>		
Agent	<u>Jillian Louise Ricker</u>		
Directors/Managers	<u>Donald P. Zietlow and Mark S. Zietlow</u>		

C. 1. Trade Name KWIK TRIP 219 Business Phone Number 262/249-0523

2. Address of Premises 710 Williams 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
One-story frame construction with storage in lockable walk-in cooler & cabinetry

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

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

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

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

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

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

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

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

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

### SUBSCRIBED AND SWORN TO BEFORE ME

this 5<sup>th</sup> day of April 2018  
Gena Holthaus (Clerk/Notary Public)  
Donald P. Zietlow (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Jeffrey James Wrobel (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires 3/1/20  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 17, 2018</u>	Date reported to county board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-0000287614-03</u>	FEIN Number: <u>39-1036365</u>
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>500.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

*4/17/2018*

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000287614-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Kwik Trip, Inc.</b>			Federal Employer Identification No. (FEIN) <b>39-1036365</b>	
Trade or Business Name (if different than Legal Name) <b>KWIK TRIP 219</b>			Telephone Number <b>( 608)791-7385</b>	
Business Address (License Location) <b>710 Williams St</b>			Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
City <b>Lake Geneva</b>			of <b>Lake Geneva City of</b>	
State <b>WI</b>	ZIP Code <b>53147</b>	Business Telephone <b>( 262)249-0523</b>		
Mailing Address (if different than Business Address) <b>P.O. Box 2107</b>			City <b>La Crosse</b>	State <b>WI</b>
			ZIP Code <b>54602-2107</b>	County <b>Walworth</b>

Organization (check one)

Sole Proprietor     
  Wisconsin Corporation – Enter date incorporated: 10/07/1964  
 Partnership     
  Out-of-State Corporation – Are you registered to do business in Wisconsin?     YES     NO  
 Other (describe) \_\_\_\_\_

- YES     NO    1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES     NO    2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES     NO    3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES     NO    4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- YES     NO    5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES     NO    6. Does the applicant understand that they may not sell single cigarettes?
- YES     NO    7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES     NO    8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold     over counter     through vending machine     both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 5<sup>th</sup> day of April, 2018  
Gena Holthaus  
 (Clerk / Notary Public)  
 My commission expires 3/19/20









**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 **City of Lake Geneva** County of **Walworth**  
 Village of \_\_\_\_\_  
 City \_\_\_\_\_

The undersigned duly authorized officer(s)/members/managers of **Kwik Trip, 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 **Kwik Trip 219**  
(trade name)

located at **710 Williams St., Lake Geneva, WI 53147**

appoints **Jillian L. Ricker**

\_\_\_\_\_ (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?

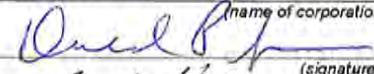
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

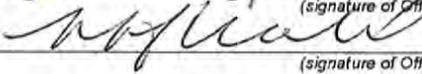
Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No **All my life.**

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

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

For: **Kwik Trip, Inc.**  
(name of corporation/organization/limited liability company)

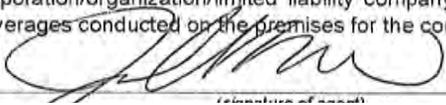
By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, **Jillian L. Ricker**, 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.

 **3/13/18**  
(signature of agent) (date)

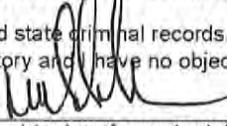
Agent's age \_\_\_\_\_

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 **4.18.18** by   
(date) (signature of proper local official) Title **Police Chief**  
(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)
	Ricker	Jillian	Louise

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 **Kwik Trip, 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? **All my life**
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.

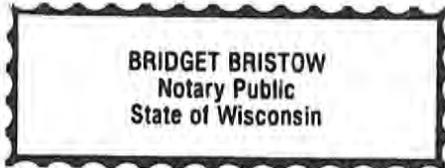
Employer's Name	Employer's Address	Employed From	To
Roger & Marv's Super Valu	3401 - 80 <sup>th</sup> St., Kenosha, WI 53142	5/03	10/04
TG's Sports Bar	4120 - 7 <sup>th</sup> Ave., Kenosha, WI 53140	8/02	10/02

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

Notary Public this 13<sup>th</sup> day of March, 2018  
  
(Clerk/Notary Public)  
 My commission expires 05/14/2019

  
(Signature of Named Individual)  
 Jillian L. Ricker





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L1965508000

ATTN DEANNA HAFNER  
 KWIK TRIP, INC.  
 PO BOX 2107  
 LA CROSSE WI 54602-2107

**Wisconsin Department of Revenue Seller's Permit**

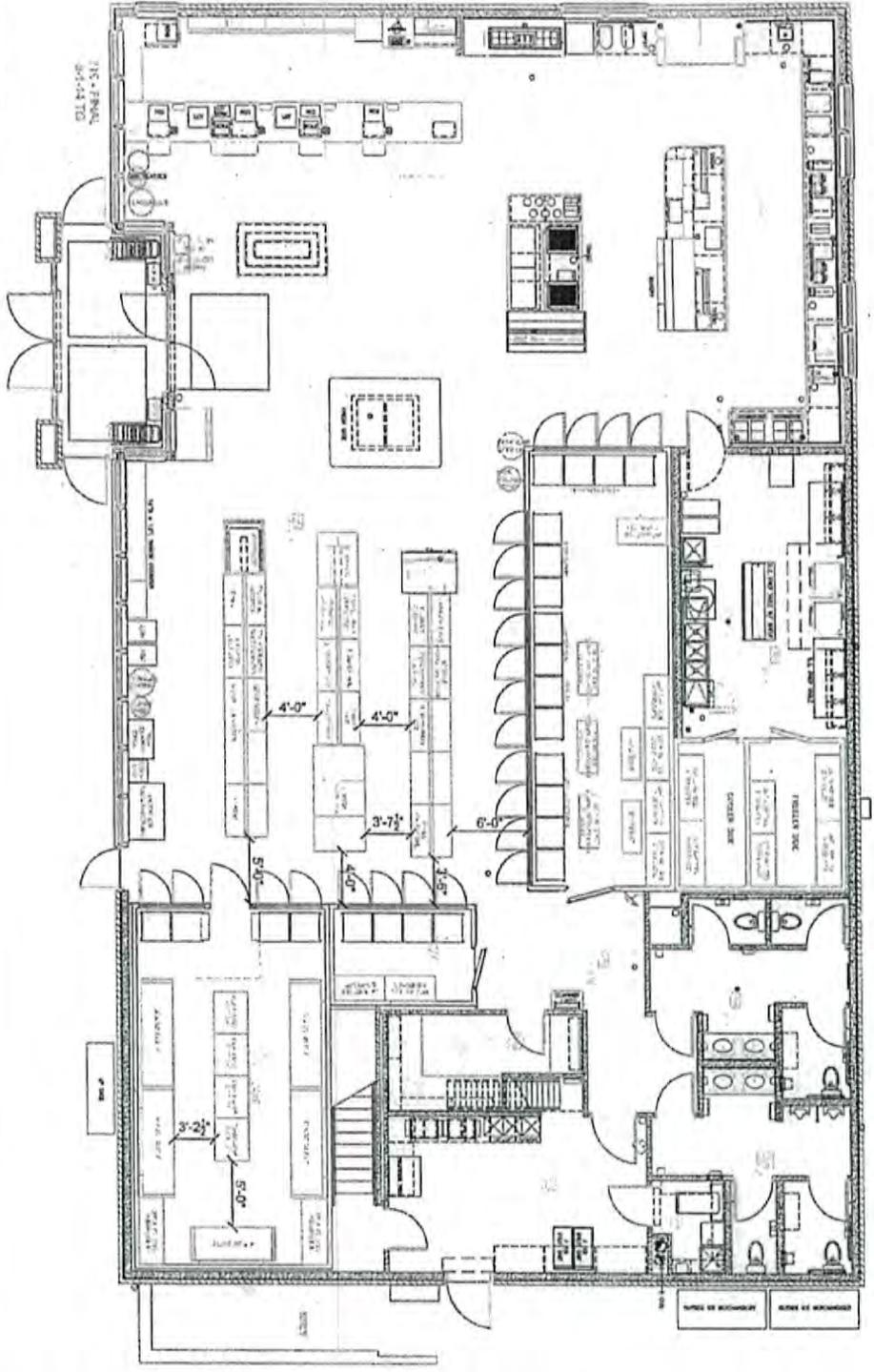
**Legal/real name:** KWIK TRIP, INC.  
**Business name:** KWIK TRIP 219  
 710 WILLIAMS ST  
 LAKE GENEVA WI 53147-1443

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000287614-03



FLOOR PLAN  
DATE: 8-1-88



PRODUCT LAYOUT	
CONVENIENCE STORE #219	
MERCHANDISING	
WILLIAMS STREET	
LAKE GENEVA, WI	
DATE:	8-1-88
BY:	[Signature]
NO.:	219

STREET LIGHTING BY:  
F. J. LORBER  
4300 W. WISCONSIN  
MILWAUKEE, WI 53227  
TEL: 261-1111

**STORIES**  
**Kwik**  
**TRIP**  
**STORIES**  
**Star**  
**STORIES**

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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

Applicant's WI Seller's Permit No.: 456102921698802		FEIN Number: 814710508	
<b>LICENSE REQUESTED ▶</b>			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	100 -
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$	500 -
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	25 -
<b>TOTAL FEE</b>		\$	1025 -

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** SHIKHA DADHWAL **Home Address** 2605 BRIAR TRL APT-105 SCHAUMBURG IL 60173 **Post Office & Zip Code** \_\_\_\_\_

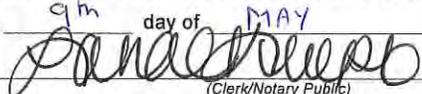
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MAYA GENEVA INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

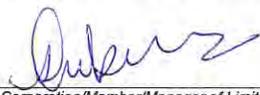
<b>Title</b>	<b>Name (Inc. Middle Name)</b>	<b>Home Address</b>	<b>Post Office &amp; Zip Code</b>
President/Member	<u>SHIKHA DADHWAL</u>	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>WAYNE WARREN SCHWARTZ</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ MAYA GENEVA INC Business Phone Number 2622482248  
 2. Address of Premises ▶ 605 WILLIAMS ST LAKE GENEVA 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) GAS STATION/CONVINENCE STORE/BEER COOLER/LIQUOR BEHIND COUNTER
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler 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.)

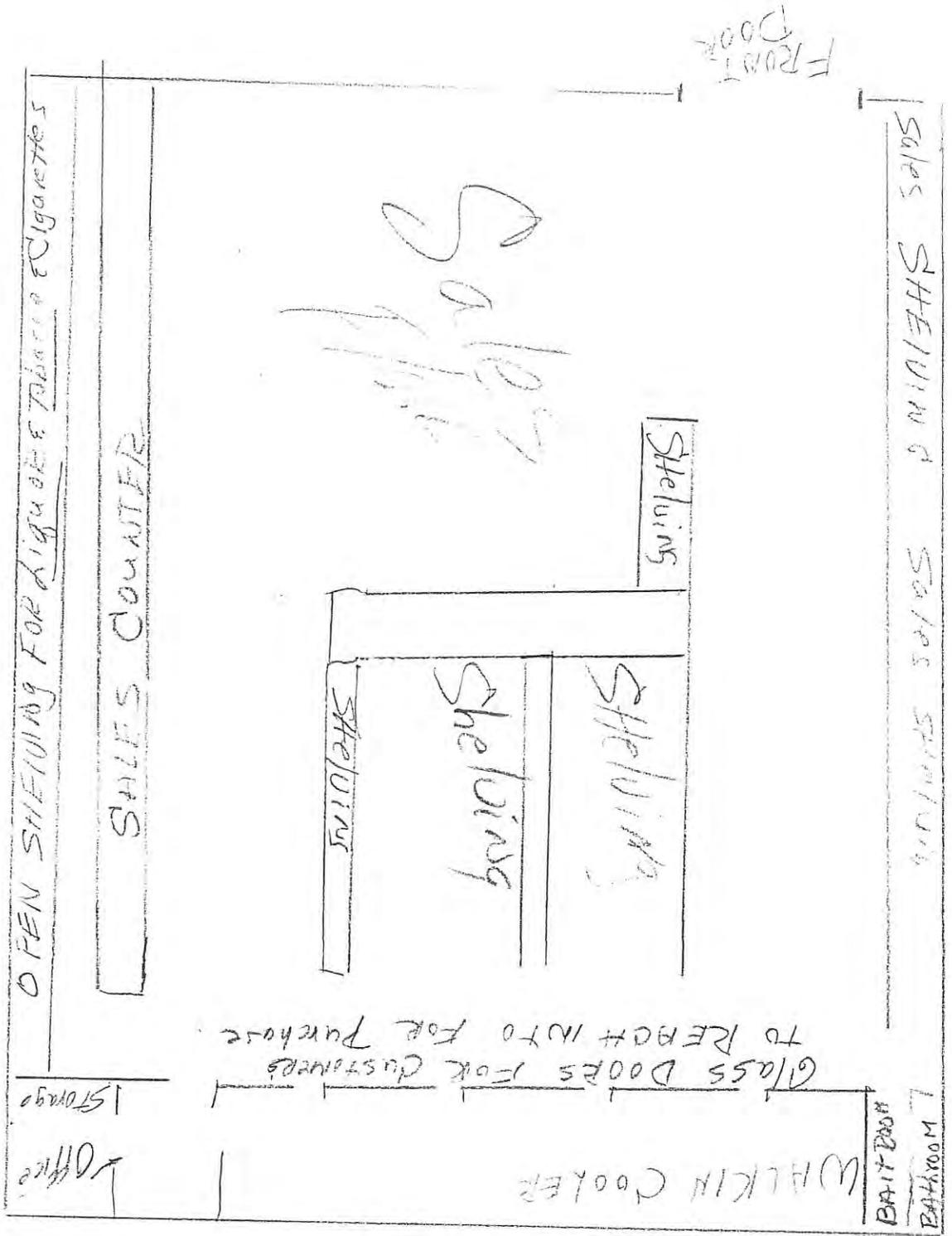
**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 9<sup>th</sup> day of MAY, 20 18  
  
 \_\_\_\_\_  
(Clerk/Notary Public)

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

<b>TO BE COMPLETED BY CLERK</b>		
Date received and filed with municipal clerk <u>May 10, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

*Handwritten note:* full full 100510-5

605 WILLIAMS STREET





# Wisconsin Responsible Beverage Seller Training

## Wayne Warren Schwartz

has met all training requirements and successfully completed the above course and/or exam.

Date of Completion: 05/10/2017

*Kelly Bailey*  
Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613



# Wisconsin Responsible Beverage Seller Training

## Shikha Dadhwal

has met all training requirements and successfully completed the above course and/or exam.

Certification Number: SL 78882

Date of Completion: 12/28/2016

*Kelly Bailey*  
Authorized Signature

ServerLicense.com is approved by the Wisconsin Department of Revenue and fully complies with statutes 125.04 and 125.17. Present this certificate to your local municipal clerk's office to receive your Operator's or Retail license.

Diversys Learning, Inc.  
1101 Arrow Point Drive, Suite 302  
Cedar Park, TX 78613

Renewable

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01/2018 ending 6/30/2019

TO THE GOVERNING BODY of the: [X] City of Lake Geneva

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

Table with columns: TYPE, FEE. Rows include Class A beer (\$100), Class A liquor (\$500), and TOTAL FEE (\$1025).

1. The named [X] CORPORATION/NONPROFIT ORGANIZATION

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

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Row 1: President, John J. Consolino.

3. Trade Name: Northside Mobil Business Phone Number: 262-248-2910
4. Address of Premises: 501 Interchange N Lake Geneva 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? [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 2/15/05 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [X] No

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Liquor Dept, Sales @ Counter, Storage in Lig Dept in office

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes
(b) If yes, under what name was license issued? Midwest Fuel, Inc dba Northside Mobil
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [X] Yes
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 20 day of April 2018. Notary Public Seal for Kathleen B. Consolino.

My commission expires 4/10/2009. Signature of Officer of Corporation/Member/Manager of Limited Liability Company/Partner.

TO BE COMPLETED BY CLERK

Table with columns: Date received and filed with municipal clerk (4/24/2018), Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.





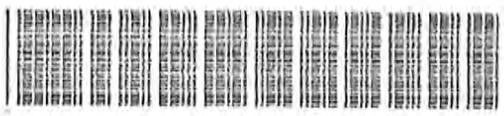
WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2778 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

MIDWEST FUEL INC  
 501 INTERCHANGE N  
 LAKE GENEVA WI 53147-8918

Letter ID L1813091296



### Wisconsin Business Tax Registration Certificate

**Expiration date:** July 31, 2019  
**Legal/real name:** MIDWEST FUEL INC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1027389639-02
Withholding Tax	Withholding Tax	036-1027389639-04

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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 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  
 President/Member Alexander Gourlay  
 Vice President/Member Mark Weisz  
 Secretary/Member Amelia Legutki  
 Treasurer/Member Alan Nielsen  
 Agent Suzanne Tiedke, Store Manager  
 Directors/Managers \_\_\_\_\_

- 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, consumption, 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 15,795 sq ft  
 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 officer (VP)  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 18th day of April, 2018  
ERIC E. LYLES  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 My Commission Expires 08/12/2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-0000455404-05</u>		FEIN Number: <u>36-1924025</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>	<u>300.00</u>	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$ <u>100</u>	<u>300.00</u>	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	<u>25.00</u>	
<b>TOTAL FEE</b>	\$	<u>625.00</u>	

*pd 4/20/18*

# Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

pd.#100 ck-# 47186116  
4/20/2018

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number  
456-0000455404-05

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered 07/01/18-06/30/19
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <b>Walgreen Co.</b>			Federal Employer Identification No. (FEIN) <b>36-1924025</b>		
Trade or Business Name (if different than Legal Name) <b>Walgreens #05600</b>			Telephone Number <b>(847) 527-4897</b>		
Business Address (License Location) <b>351 Edwards Blvd.</b>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City <b>Lake Geneva</b>	State <b>WI</b>	ZIP Code <b>53147</b>	of <b>Lake Geneva</b>		
Business Telephone <b>(262) 548-7885</b>			County <b>Walworth</b>		
Mailing Address (if different than Business Address) <b>PO Box 901</b>			City <b>Deerfield</b>	State <b>IL</b>	ZIP Code <b>60015</b>

Organization (check one)

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

- YES  NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES  NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, [revenue.wi.gov/forms/excise/ctp-129.pdf](http://revenue.wi.gov/forms/excise/ctp-129.pdf).)
- YES  NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES  NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES  NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES  NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES  NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES  NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at [www.doj.state.wi.us/dls/tobacco-directory](http://www.doj.state.wi.us/dls/tobacco-directory) may be sold in Wisconsin?

Cigarettes / Tobacco will be sold  over counter  through vending machine  both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

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

SUBSCRIBED AND SWORN TO BEFORE ME

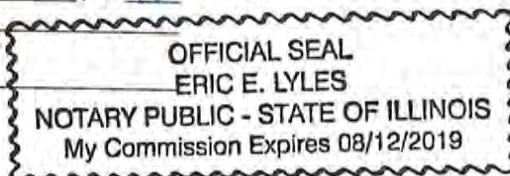
this 18 day of April, 20 18

(Clerk / Notary Public)

My commission expires \_\_\_\_\_

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

Amelia Legutki



**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. Lake Geneva, WI 53147

appoints Suzanne Tiedke

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? 30 yrs

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

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

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

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

**ACCEPTANCE BY AGENT**

I, Suzanne Tiedke, 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] 4/15/18

**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 4-25-18 by [Signature] Title [Signature]  
(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)
	TIDICE	Suzanne	marie

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:

1. How long have you continuously resided in Wisconsin prior to this date? 30 yr
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.

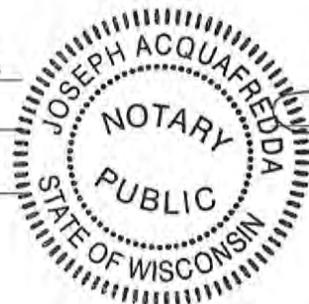
Employer's Name	Employer's Address	Employed From	To

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 17<sup>th</sup> day of APRIL, 2018

[Signature]  
(Clerk/Notary Public)  
 My commission expires 10/20/2018



[Signature]  
(Signature of Named Individual)



Printed on Recycled Paper

Wisconsin Department of Revenue



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-261-6248  
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

WALGREEN CO.  
 PO BOX 901  
 DEERFIELD IL 60015-0901

Letter ID: L1898514880  
 Batch Index: 15849984-249

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: WALGREEN CO.  
 BUSINESS NAME: WALGREENS 5600  
 351 N EDWARDS BLVD  
 LAKE GENEVA WI 53147-4563

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000455404-05

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	Weisz	Mark	Dave

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
WBAI	108 Wilmot Road, Deerfield, IL	March 2016	Present
Avon Products	777 3rd Ave., New York, NY	2013	2016

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 18<sup>th</sup> day of April, 2018

(Clerk/Notary Public)

OFFICIAL SEAL  
 ERIC E. LYLES  
 NOTARY PUBLIC - STATE OF ILLINOIS  
 My Commission Expires 08/12/2019

Mark Weisz  
 (Signature of Named Individual)

My commission expires





Renewal

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 2018 ending 06/30 2019

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

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

Applicant's WI Seller's Permit No. / FEIN Number: <u>4511027384913-0245-3813817</u>	
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>500-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625</u> <i>prh/2018</i>

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): ▶ DHILLON JATINDER  
SINGH QUICKNSAVE LLC

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>OWNER MEMBER JATINDER S DHILLON</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JATINDER S DHILLON</u>		
Directors/Managers			

3. Trade Name ▶ QUICK N SAVE Business Phone Number 262-203-5148  
4. Address of Premises ▶ 1231 GRAVE ST Post Office & Zip Code ▶ LAKE GENEVA WIS 5347

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 2011 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.)* QUICK N SAVE RACINE

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

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 register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
this 20th day of April, 2018  
[Signature]  
(Clerk/Notary Public)

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/20/2018</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

From: Jatinder Singh quickmartllc09@yahoo.com  
Subject: QUICK N SAVE SP  
Date: Apr 9, 2015, 3:48:58 PM  
To: QUICKNSAVE11@YAHOO.COM

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WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**State of Wisconsin** ® DEPARTMENT OF REVENUE

REGISTRATION UNIT  
2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
PHONE: 608-265-2778 FAX: 608-261-6248  
EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

JATINDER P SINGH  
QUICKNSAVE LLC OWNED BY JATINDER SINGH  
1173 HIDDEN CREEK LN  
BURLINGTON WI 53105

Letter ID: L0439166464  
Batch Index: 1690634752-25

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: QUICKNSAVE LLC OWNED BY JATINDER SINGH  
BUSINESS NAME: QUICKNSAVE  
1231 GRANT ST  
LAKE GENEVA WI 53147

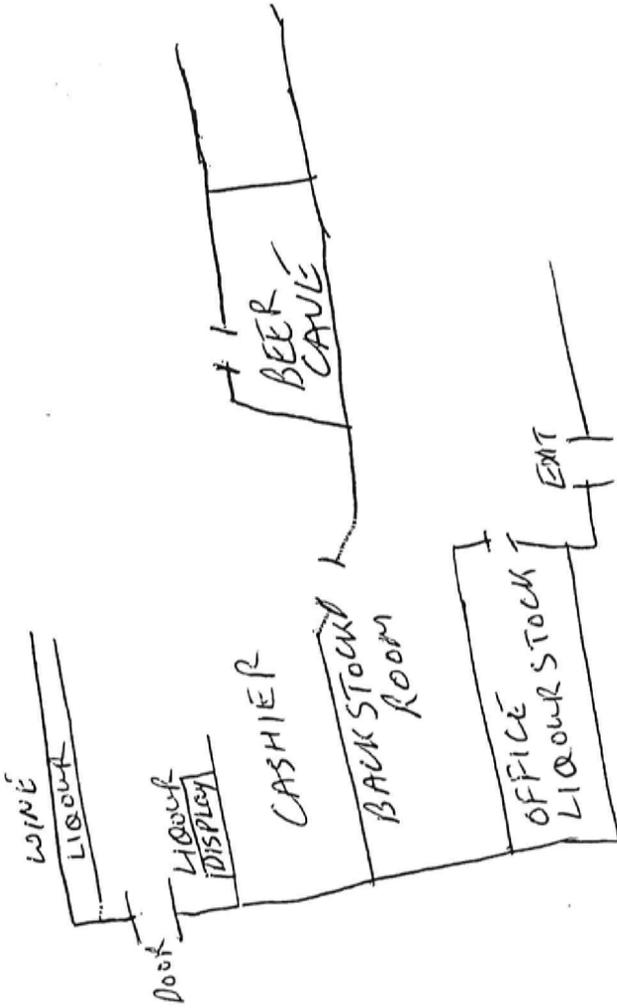
The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027384913-02



QUICK N SAVE  
1231 GRANT ST



Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 18 ; ending 06/30 20 19 ;

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of LAKE GENEVA

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

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): STINEBRINK'S LAKE GENEVA FOODS LLC

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include President/Member MANAGER MARK EDWARD STINEBRNK, Vice President/Member MEMBER BRETT MICHAEL STINEBRINK, Secretary/Member NONE, Treasurer/Member NONE, Agent MARK STINEBRINK, Directors/Managers NONE.

3. Trade Name STINEBRINK'S PIGGLY WIGGLY Business Phone Number 262-248-8798
4. Address of Premises 100 E. GENEVA SQ Post Office & Zip Code LAKE GENEVA WI 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 [x] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state and date of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [x] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [x] No

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

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

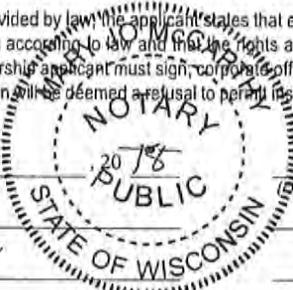
10. Legal description (omit if street address is given above): ~~Special Use District~~ Grocery Store
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [ ] No
(b) If yes, under what name was license issued? STINEBRINK'S LAKE GENEVA FOODS LLC

- 12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [x] Yes [ ] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [x] Yes [ ] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of Apr. 1
[Signature]
(Clerk/Notary Public)
My commission expires 06/16/2018



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

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk (4/1/2018), Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.

Handwritten note: 625 + 118



**RENEWAL ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

Submit to municipal clerk.

For the license period beginning \_\_\_\_\_ 20 \_\_\_\_\_ ;  
ending \_\_\_\_\_ 20 \_\_\_\_\_ ;

TO THE GOVERNING BODY of the:  Town of  
 Village of  
 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): **HARE KRISHN LIQUOR**  
PATEL DIXIT R

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>OWNER</u>	<u>DIXIT R PATEL</u>		
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>DIXIT PATEL</u>		
Directors/Managers				

3. Trade Name **GENEVA LIQUOR** Business Phone Number 262-248-5000  
4. Address of Premises **7975 WELLS ST LAKE GENEVA WI** 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 \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? DIXIT PATEL  
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 10 day of April  
Nancy Elder  
(Clerk/Notary Public)  
My commission expires July 2017

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



**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/10/18</u>	Date reported to council/board	Date provided license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

C180410-3

47-4434465

Applicant's WI Seller's Permit No.: FEIN Number:  
456-102-8A-1990-02

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>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)			Social Security Number		
PATEL DIXIT R			237-99-7346		
Home Address (street/route)		Post Office	City	State	Zip Code

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.
- DIXIT PATEL of HARE KRISHNA LIQUOR 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? 13 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. CHRISTIANOS INC RACINE, WI ALCHOCOL AND CIGARETTE PERMIT  
(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 license, 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
VARSHA SHAH	903 S WELLS ST, LAKE GENEVA	09/01/2018	04/05/2018
DIXIT PATEL	6536 BISCAYNE AVE MT PLEASAN	11/01/2015	04/05/2018

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 10 day of April, 2018  
Nancy Elder  
(Clerk/Notary Public)  
 My commission expires July 2019



Dixit Patel  
(Signature of Named Individual)



Printed on Recycled Paper

Geneva Liquors 797 S Wells Street

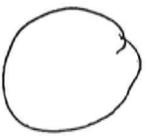
Wine Cooler

Beer Cooler

Beer Cave

Wine

Wine Displays



Beer Displays

Liquor

Wine

Door

Liquor

Front Parking

Road

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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 WI Seller's Permit No.: <u>456-1020028180-05</u>		FEIN Number: <u>71-0862119</u>	
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>500</u>
<input type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
	Publication fee	\$	<u>25</u>
<b>TOTAL FEE</b>		\$	<u>625</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  
 ▶ Wal-Mart Stores East, LP 702 SW 8th Street, Licensing Dept 8916 Bentonville, AR 72716-0500

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>See List Attached</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Rebecca A. Edwards,</u>		
Directors/Managers	<u>See List Attached</u>		

C.1. Trade Name ▶ Walmart #910 Business Phone Number (262) 248-2266

2. Address of Premises ▶ 201 South Edwards Boulevard 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 room, 1 story, approximately 188,249 sq. ft.

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

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. Deletion of one corporate officer and change of agent  Yes  No

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 6 day of March  
Lakeisha James (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Lakeisha James (Clerk/Notary Public) **NOTARY PUBLIC - ARKANSAS** Andy Moes (Official of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires Nov. 15, 2023 My Commission Expires Nov 15, 2023  
 Commission No. 12396580 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 17, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

**WAL-MART STORES EAST, LP**

**Attachment to  
Renewal Alcohol Beverage License Application  
for Walmart #910**

**PREMISES DESCRIPTION**

Walmart #910  
201 South Edwards Blvd.  
Lake Geneva, WI

1 room, 1 story, approximately 188,249 sq. ft. Product is located in coolers and on shelves and end caps in Grocery Department and displayed in seasonal aisles and main aisle in Grocery. Overstock of beer is located on pallets in Receiving area; overstock of alcohol is located in locked room in Receiving area (Managers and Receiving Clerk are only employees with access). Records/receipts are located in Invoice Office in back room.

**WAL-MART STORES EAST, LP**  
**Renewal Alcohol Beverage License Application**

**Response to Item B:**

<u>Title</u>	<u>Name</u>
President and CEO	Michael Scott Moore
Senior Vice President and Chief Ethics and Compliance Officer	Cynthia Petersen Moehring
Treasurer	Matthew W. Allen
Assistant Secretary	Andrea Marie Lazenby

The above officers/directors own less than 1% of the stock of Wal-Mart Stores, Inc., a public corporation.

The above officers/directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Wal-Mart Stores, Inc., Wal-Mart Stores East, Inc., Wal-Mart Stores East, LP, Wal-Mart Louisiana, LLC and Wal-Mart Stores Texas, LLC.

WSE Management, LLC and WSE Investment LLC own the limited and general partnership interests in Wal-Mart Stores East, LP.

WSE Management, LLC	General Partner	1%
WSE Investment LLC	Limited Partner	99%

**Response to Item C.6.a:**

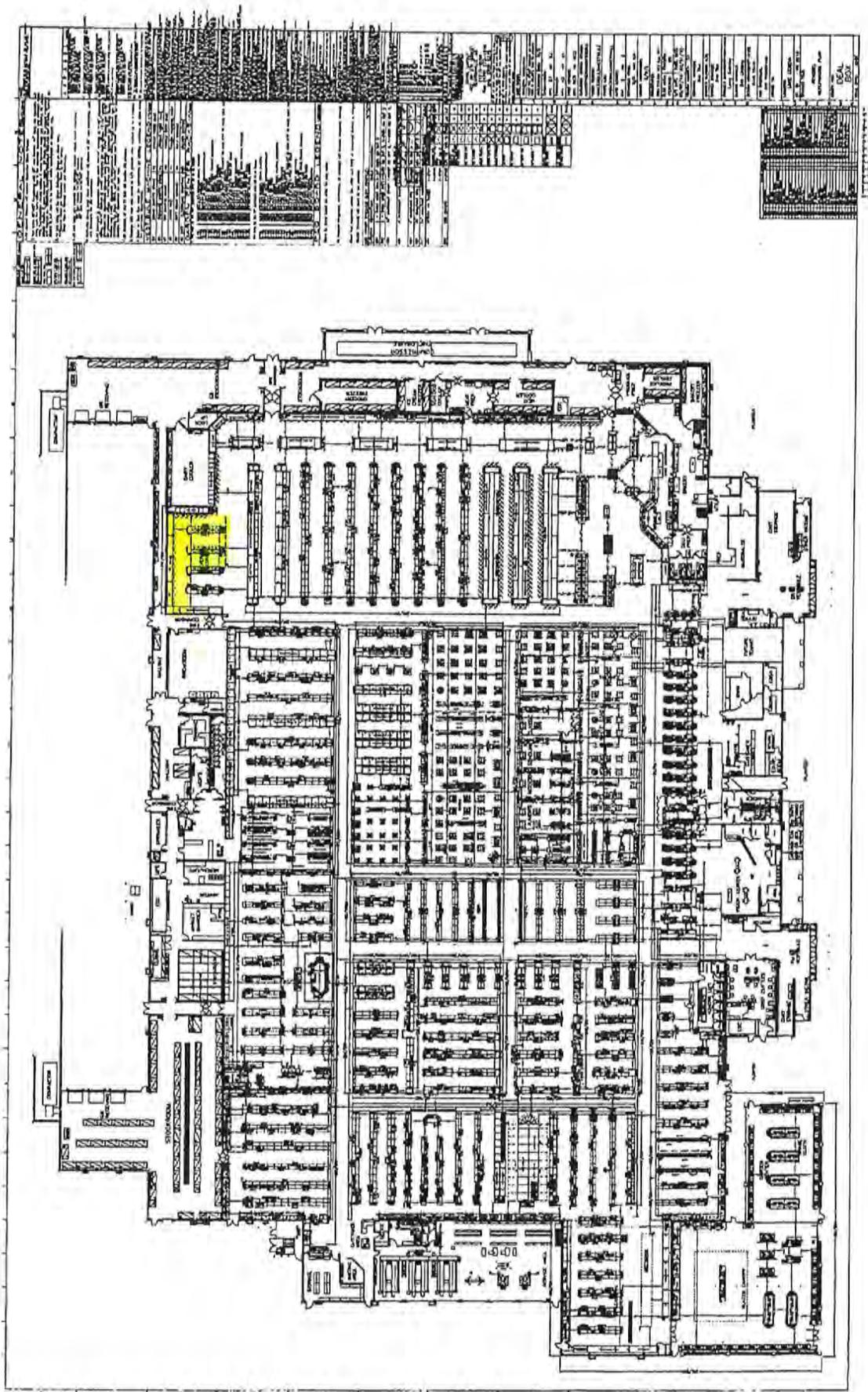
From time to time, Walmart and its affiliated entities have had minor convictions for violations of laws related to such things as sales of alcoholic beverages or tobacco to minors, invoicing issues, and similar minor violations. Such convictions have resulted in various administrative or regulatory penalties. Any assessed orders or sanction have been complied with, satisfied or settled.

Wal-Mart Stores Inc. pled guilty to a misdemeanor under the Clean Water Act as well as the Federal Insecticide Fungicide Rodenticide Act. Neither of the misdemeanors involves a crime of moral turpitude or a crime relating to the license(s) at issue.

Additionally, as disclosed in its public filings, lawsuits relating to alleged violations of the U.S. Foreign Corrupt Practices Act and other alleged crimes or misconduct in connection with foreign subsidiaries including Wal-Mart de Mexico, S.A.B. de C.V. ("Walmex") and whether prior allegations of such violations and/or misconduct were appropriately handled by Walmart have been filed by several of Walmart's shareholders against it, its current directors, certain of its former directors, certain of its current and former officers and certain of Walmex's current and former officers. Walmart is assessing and responding to the shareholder lawsuits, and its internal investigation and review are on-going.

**Response to Item C.6.b:**

Wal-Mart Stores, Inc. directly and through its subsidiaries, operates numerous retail stores and clubs. Walmart holds licenses to sell alcoholic beverages in many of its retail outlets. From time to time, Walmart has been charged with minor violations related to such things as sales of alcoholic beverages to minors, invoicing issues, and similar minor violations that have resulted in administrative or regulatory action. Any assessed orders or sanction have been complied with, satisfied or settled.





**WAL-MART STORES EAST, LP  
ATTACHMENT TO ALCOHOL BEVERAGE LICENSE APPLICATION**

<b>Store #</b>	<b>Store Address</b>	<b>City</b>	<b>Zip</b>	<b>License Type</b>	<b>County</b>
802	300 6TH AVE WEST	MONROE	53566	Beer/Wine/Liquor	Green County
847	601 E LEFFLER ST	DODGEVILLE	53533	Beer/Wine/Liquor	Iowa County
882	38020 US HIGHWAY 18	PRAIRIE DU CHIEN	53821	Beer/Wine/Liquor	Crawford County
910	201 S EDWARDS BLVD	LAKE GENEVA	53147	Beer/Wine/Liquor	Walworth County
958	1800 PROGRESSIVE PKWY	PLATTEVILLE	53818	Beer/Wine/Liquor	Grant County
965	222 W MCCOY BLVD	TOMAH	54660	Beer/Wine/Liquor	Monroe County
971	1133 N MAIN ST	VIROQUA	54665	Beer/Wine/Liquor	Vernon County
979	1600 W Wisconsin St	Sparta	54656	Beer/Wine/Liquor	Monroe County
1007	2401 US HWY 14 E	RICHLAND CENTER	53581	Beer/Wine/Liquor	Richland County
1012	120 FRANCES LN	BEAVER DAM	53916	Beer/Cider	Dodge County
1138	7202 WATTS RD	MADISON	53719	Beer/Wine/Liquor	Dane County
1167	3500 BRUMBACK BLVD	KENOSHA	53144	Beer/Wine/Liquor	Kenosha County
1176	1800 US HIGHWAY 51	STOUGHTON	53589	Beer/Wine/Liquor	Dane County
1202	4331 8TH ST S	WISCONSIN RAPIDS	54494	Beer/Wine/Liquor	Wood County
1267	1905 MCCOY ROAD	SUN PRAIRIE	53590	Beer/Wine/Liquor	Dane County
1274	1362 W MAIN ST	WHITEWATER	53190	Beer/Wine/Liquor	Walworth County
1276	3711 S TAYLOR DR	SHEBOYGAN	53081	Beer/Wine/Liquor	Sheboygan County
1277	611 STATE HIGHWAY 54	BLACK RIVER FALLS	54615	Beer/Wine/Liquor	Jackson County
1305	3800 DEERFIELD DR	JANESVILLE	53546	Beer/Wine/Liquor	Rock County
1316	1536 EGG HARBOR RD	STURGEON BAY	54235	Beer/Wine/Liquor	Door County
1366	3500 E MAIN ST	MERRILL	54452	Beer/Wine/Liquor	Lincoln County
1394	10600 W LAYTON AVE	GREENFIELD	53228	Beer/Wine/Liquor	Milwaukee County
1396	920 HWY 12	BARABOO	53913	Beer/Wine/Liquor	Sauk County
1430	351 S WASHBURN ST	OSHKOSH	54904	Beer/Wine/Liquor	Winnebago County
1447	3705 TOWER AVE	SUPERIOR	54880	Beer/Cider	Douglas County
1449	4115 CALUMET AVE	MANITOWOC	54220	Beer/Cider	Manitowoc County
1453	2440 W MASON ST	GREEN BAY	54303	Beer/Wine/Liquor	Brown County
1471	1717 N SHAWANO ST	NEW LONDON	54961	Beer/Wine/Liquor	Waupaca County
1515	W190N9855 APPLETON AVE	GERMANTOWN	53022	Beer/Wine/Liquor	Washington County
1551	6701 S 27TH ST	FRANKLIN	53132	Beer/Wine/Liquor	Milwaukee County
1571	250 E WOLF RUN	MUKWONAGO	53149	Beer/Wine/Liquor	Waukesha County

1635	2000 S WEST AVE	WAUKESHA	53189	Beer/Wine/Liquor	Waukesha County
1643	377 N ROLLING MEADOWS DR	FOND DU LAC	54937	Beer/Wine/Liquor	Fond du Lac County
1650	825 E GREEN BAY AVE	SAUKVILLE	53080	Beer/Wine/Liquor	Ozaukee County
1669	3915 GATEWAY DR	EAU CLAIRE	54701	Beer/Wine/Liquor	Eau Claire County
1678	2863 HERITAGE DR	DELAFIELD	53018	Beer/Wine/Liquor	Waukesha County
1679	3107 MARKET PL	ONALASKA	54650	Beer/Wine/Liquor	La Crosse County
1727	861 COUNTY RD F	BERLIN	54923	Beer/Wine/Liquor	Green Lake County
1776	1901 MARKET WAY	WATERTOWN	53094	Beer/Wine/Liquor	Jefferson County
1799	2950 NEW PINERY ROAD	PORTAGE	53901	Beer/Wine/Liquor	Columbia County
1819	180 CEDAR FALLS RD	MENOMONIE	54751	Beer/Cider	Dunn County
1828	250 CROSSROADS DR	PLOVER	54467	Beer/Wine/Liquor	Portage County
1908	2292 MAIN ST	GREEN BAY	54311	Beer/Wine/Liquor	Brown County
1931	2121 LINCOLN ST	RHINELANDER	54501	Beer/Wine/Liquor	Oneida County
1982	955 MUTUAL WAY	APPLETON	54913	Beer/Wine/Liquor	Outagamie County
2127	4300 RIB MOUNTAIN DR	WAUSAU	54401	Beer/Wine/Liquor	Marathon County
2271	1244 EAST GREEN BAY	SHAWANO	54166	Beer/Wine/Liquor	Shawano County
2335	4198 NAKOOSA TRL	MADISON	53714	Beer/Wine/Liquor	Dane County
2421	2212 GLACIER DR	SAINT CROIX FALLS	54024	Beer/Wine/Liquor	Polk County
2509	810 S IRISH RD	CHILTON	53014	Beer/Wine/Liquor	Calumet County
2510	8760 NORTHRIDGE WAY	MINOCQUA	54548	Beer/Wine/Liquor	Oneida County
2532	2785 MILWAUKEE RD	BELOIT	53511	Beer/Wine/Liquor	Rock County
2545	2900 ROOSEVELT RD	MARINETTE	54143	Beer/Wine/Liquor	Marinette County
2658	1515 W PARADISE DR	WEST BEND	53095	Beer/Wine/Liquor	Washington County
2668	3049 S OAKES RD	STURTEVANT	53177	Beer/Wine/Liquor	Racine County
2813	2001 N CENTRAL AVE	MARSHFIELD	54449	Beer/Wine/Liquor	Marathon County
2936	10330 W SILVER SPRING RD	MILWAUKEE	53225	Beer/Wine/Liquor	Milwaukee County
2958	3701 E CALUMET ST	APPLETON	54915	Beer/Wine/Liquor	Calumet County
2986	1155 W WINNECONNE AVE	NEENAH	54956	Beer/Wine/Liquor	Winnebago County
3245	15594 STATE HIGHWAY 77	HAYWARD	54843	Beer/Wine/Liquor	Sawyer County
3247	1819 E GENEVA STREET	DELANAN	53115	Beer/Wine/Liquor	Walworth County
3268	200 E STATE HIGHWAY 64	ANTIGO	54409	Beer/Wine/Liquor	Langlade County
3322	411 PEWAUKEE RD	PEWAUKEE	53072	Beer/Wine/Liquor	Waukesha County
3324	4433 VANGUARD DR	SHEBOYGAN	53083	Beer/Wine/Liquor	Sheboygan County
3488	1901 MILWAUKEE AVE	BURLINGTON	53105	Beer/Wine/Liquor	Racine County
3497	428 WALTON DR	PLYMOUTH	53073	Beer/Cider	Sheboygan County

3499	1520 STATE HWY 26	JEFFERSON	53549	Beer/Wine/Liquor	Jefferson County
3505	130 COMMERCE ST	WISCONSIN DELLS	53965	Beer/Wine/Liquor	Sauk County
3643	1010 N 8TH ST	MEDFORD	54451	Beer/Wine/Liquor	Taylor County
3857	2151 ROYAL AVE	MONONA	53713	Beer/Wine/Liquor	Dane County
4281	800 W 10TH ST S	LADYSMITH	54848	Beer/Wine/Liquor	Rusk County
4677	W159S6530 MOORLAND RD	MUSKEGO	53150	Beer/Wine/Liquor	Waukesha County
5090	1415 LAWRENCE DR	DE PERE	54115	Beer/Wine/Liquor	Brown County
5127	4622 MORMON COULEE RD	LA CROSSE	54601	Beer/Wine/Liquor	La Crosse County
5373	2786 COMMERCIAL BLVD	CHIPPEWA FALLS	54729	Beer/Wine/Liquor	Chippewa County
5438	15333 W NATIONAL AVE	NEW BERLIN	53151	Beer/Wine/Liquor	Waukesha County
5667	222 N CHICAGO AVE	SOUTH MILWAUKEE	53172	Beer/Wine/Liquor	Milwaukee County
5668	5301 S 76TH ST	GREENDALE	53129	Beer/Wine/Liquor	Milwaukee County
5669	4140 W GREENFIELD AVE	WEST MILWAUKEE	53214	Beer/Wine/Liquor	Milwaukee County
5695	5625 WASHINGTON AVE	MOUNT PLEASANT	53406	Beer/Wine/Liquor	Racine County
6394	6300 W. BROWN DEER ROAD	BROWN DEER	53223	Beer/Wine/Liquor	Milwaukee County

**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 WAL-MART STORES EAST, LP  
(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 WALMART STORE #910  
(trade name)

located at 201 S. EDWARDS BOULEVARD, LAKE GENEVA, WI 53147

appoints REBECCA A. EDWARDS  
(name of appointed agent)

(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?

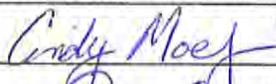
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

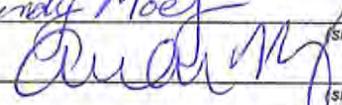
Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 36 YEARS

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

For: WAL-MART STORES EAST, LP  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

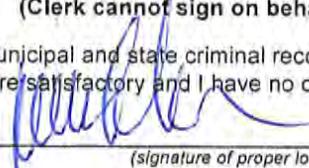
I, REBECCA A. EDWARDS, hereby accept this appointment as agent for the  
(print/type agent's name)

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 of agent) Agent's a \_\_\_\_\_  
Date of bi \_\_\_\_\_

**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk not 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 4-18-18 by  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 WAL-MART STORES EAST, LP  
(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 WALMART STORE #910  
(trade name)

located at 201 S. EDWARDS BOULEVARD, LAKE GENEVA, WI 53147

appoints REBECCA A. EDWARDS

(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? 36 YEARS

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

For: WAL-MART STORES EAST, LP  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, REBECCA A. EDWARDS, 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.

Rebecca Edwards 2/28/18 Agent's ac  
(signature of agent) (date)

\_\_\_\_\_ Date of bli  
(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 4-18-18 by \_\_\_\_\_ 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)
EDWARDS	REBECCA	ANN

- 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 **WAL-MART STORES EAST, LP**  
(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? 36 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
WALMART #1776	1901 MARKET WAY, WATERTOWN, WI	02/2015	02/2018
WALMART #3322	411 PEWAUKEE ROAD, PEWAUKE, WI	02/2013	02/2015

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

Subscribed and sworn to before me

this 28 day of February  
Lisa R. Zibell  
(Clerk/Notary Public)



Rebecca Edwards  
(Signature of Named Individual)

My commission expires 11/21/21



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
Moore	Michael	Scott
Home Address (street/route)		

- Applying for an alcohol beverage license as an individual.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Michael Moore** of **Wal-Mart Stores East, LP**  
(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
Wal-Mart Stores, Inc	702 SW 8th Street Bentonville, AR 72716	January 1988	Current
Employer's Name	Employer's Address	Employed From	To

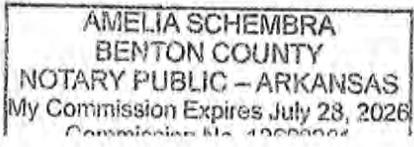
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 24 day of January, 2018  
Amelia Schembra  
(Clerk/Notary Public)  
 My commission expires 7/23/20

Michael Moore  
(Signature of Named Individual)



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)
Moehring		Cynthia	Petersen
Home Address (street/route)	Post Office	City	State

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Cynthia Moehring of Wal-Mart Stores East, LP  
(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
Wal-Mart Stores, Inc	702 SW 8th Street Bentonville, AR 72716	June 1999	Current
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 January, 2018  
Takeisha James  
(Clerk/Notary Public)

Cynthia P. Moehring  
(Signature of Named Individual)

My commission expires NOV. 15, 2023

TAKEISHA JAMES  
 BENTON COUNTY  
 NOTARY PUBLIC - ARKANSAS  
 My Commission Expires Nov. 15, 2023  
 Commission No. 12396580



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)
Allen		Matthew	William
Home Address (street/route)			

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Matthew Allen of Wal-Mart Stores East, LP  
(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
Wal-Mart Stores, Inc	702 SW 8th Street Bentonville, AR 72716	June 2008	Current
Employer's Name	Employer's Address	Employed From	To
IMG Worldwide, Inc		May 2007	May 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 January, 2018  
Amelia Schembra  
(Clerk/Notary Public)  
 My commission expires 7/28/21

[Signature]  
(Signature of Named Individual)



AMELIA SCHEMBRA  
 BENTON COUNTY  
 NOTARY PUBLIC - ARKANSAS  
 My Commission Expires July 28, 2026

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
Lazenby		Andrea	Marie
Home Address (street/number)			

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.
- Andrea Lazenby of Wal-Mart Stores East, LP  
(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
Wal-Mart Stores, Inc	702 SW 8th Street Bentonville, AR 72716	March 2007	Current
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<sup>th</sup> day of January, 20 18  
C Chambers  
(Clerk/Notary Public)

Andrea Lazenby  
(Signature of Named Individual)

My commission expires 01-01-2026



Wisconsin Department of Revenue

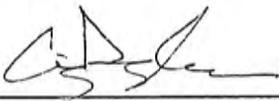
# WISCONSIN SELLER / SERVER CERTIFICATION

**Trainee Name:** Rebecca Edwards

**School Name:** 360training.com, Inc.

**Date of Completion:** 02/27/2018

**Certification #:** WJ-74893

I,  \_\_\_\_\_

Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



## Corporate Headquarters

6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P. 877.881.2235

**WAL-MART**  
**CORPORATE OFFICERS**

<b>NAME AND TITLE</b>	<b>BUSINESS ADDRESS</b>
Michael S. Moore EVP & CAO, Walmart U.S.	702 S.W. 8th Street Bentonville, AR 72716
Cynthia P. Moehring Senior VP & Chief Ethics Compliance Officer	702 S.W. 8th Street Bentonville, AR 72716
Matthew W. Allen Assistant Treasurer	702 S.W. 8th Street Bentonville, AR 72716
Andrea M. Lazenby Assistant Secretary	702 S.W. 8th Street Bentonville, AR 72716

The above officers/ directors own less than 1% stock of Wal-Mart Stores, Inc., a public corporation.

The above officers/directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Wal-Mart Stores East, Inc., Wal-Mart Stores East, LP, Wal-Mart Louisiana, LLC, Wal-Mart Stores Texas, LLC.

WSE Management, LLC and WSE Investment, LLC own the limited and general partnership interest in Wal-Mart East, LP.

WSE Management, LLC	General Partner	1%
WSE Investment, LLC	Limited Partner	99%



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

HANNAH KEENER / DEPT 8916  
 WAL-MART STORES EAST, LP  
 508 SW 8TH ST  
 BENTONVILLE AR 72712-6272

Letter ID L1360058336



### Wisconsin Business Tax Registration Certificate

**Expiration date:** December 31, 2019  
**Legal/real name:** WAL-MART STORES EAST, LP

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1020028180-05
Local Exposition Tax	Local Exposition Tax	014-1020028180-04
Premier Resort Tax	Premier Resort Tax	020-1020028180-03
Excise Cigarette	OS Cigarette Mult Retail	409-1020028180-07
Police & Fire Protection Fee	Police & Fire Protection Fee	800-1020028180-09



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L0372692896

WAL-MART STORES EAST, LP  
 702 SW 8TH ST DEPT 8916  
 BENTONVILLE AR 72716-0500

**Wisconsin Department of Revenue Seller's Permit**

**Legal/real name:** WAL-MART STORES EAST, LP  
**Business name:** WAL-MART SUPERCENTER 910  
 201 S EDWARDS BLVD  
 LAKE GENEVA WI 53147-4507

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1020028180-05



Department of the Treasury  
Internal Revenue Service

MEMPHIS TN 37501-0046

In reply refer to: 0322904340  
Oct. 24, 2002 LTR 147C  
71-0862119 000000 00 000  
00983

WAL-MART STORES EAST LP  
% WSE MANAGEMENT LLC GEN PTR  
702 SW 8TH ST 0555  
BENTONVILLE AR 72716-6209028

Employer Identification Number: 71-0862119  
IRS Control Number:

Dear Taxpayer:

We received your request OF Aug. 14, 2002 asking us to verify your employer identification number (EIN) and name.

This letter confirms that your employer identification number (EIN) as shown on our records is 71-0862119 and your name as shown on our records is WAL-MART STORES EAST LP

Please attach a copy of this letter to a copy of the "B" Notice you received and return both items to the payer(s) who requested verification of your EIN.

If you have any questions, please call STRICKIE WILKINSON at 901-546-3887 between the hours of 7:00 AM CST and 2:00 PM CST. If the number is outside your local calling area, there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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) Home Address Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 33 S 6th St CC-1028, Minneapolis, MN 55402

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	See Attached List		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	Nicholas Schmidt		
Directors/Managers			

C. 1. Trade Name Target Store T2348 Business Phone Number 262-248-5610

2. Address of Premises 660 N 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) No change, see description on file

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

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

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

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

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

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

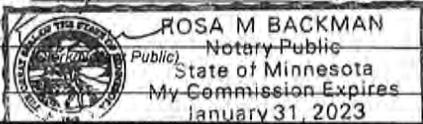
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of April, 2018

Rosa M Backman  
  
 My commission expires \_\_\_\_\_

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

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

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

## TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No: 456-000026531-04	FEIN Number: 41-0215170
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

*pd 4/18/18*

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
Brown-Wiese	Janine	Lisa	

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 Target Corporation  
(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? not a resident of WI
- 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. See attached list  
(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.

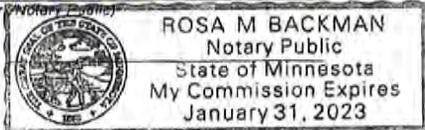
Employer's Name	Employer's Address	Employed From	To
Target Corporation	1000 Nicollet Mall, Minneapolis, MN	3/2010	Present
Fairview Health Services	2450 Riverside Dr., Minneapolis, MN	9/2008	3/2010

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 11 day of April, 2018

*Rosa M Backman*  
(Clerk/Notary Public)



My commission expires

\*\*Other name(s) & date(s) of birth ever used (including maiden and former married name(s): Janine Lisa Brown

*Janine Lisa Brown*  
(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)		(first name)	(middle name)	
Haaland		Corey	Lee	
Home Address (street/route)	Post Office	City	State	Zip Code

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 Target Corporation  
(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? not a resident of WI
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. See attached list  
(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
Target Corporation	1000 Nicollet Mall, Minneapolis, MN	7/1990	Present
Ernst & Young	Minneapolis, MN 55403	8/1986	5/1989

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

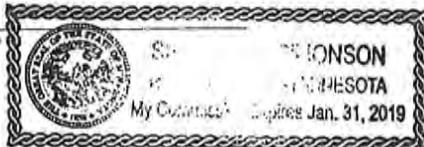
this 11 day of April, 2019

  
(Clerk/Notary Public)

\*\*Other name(s) & date(s) of birth ever used (including maiden and former married name(s):

  
(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)  
Schmidt Nicholas M.

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 Target Corporation  
(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? 12 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. see attached list  
(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>Manpower</u>	Employer's Address <u>100 Manpower Pl, Milwaukee, WI</u>	Employed From <u>3/2006</u>	To <u>9/2010</u>
Employer's Name <u>Target</u>	Employer's Address <u>660 N. Edwards Blvd, Lake, WI</u>	Employed From <u>10/2002</u>	To <u>Present</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 12<sup>TH</sup> day of April, 2018  
Maury Wilhois  
(Clerk/Notary Public)

My commission expires 2/14/2020

[Signature]  
(Signature of Named Individual)





**TARGET CORPORATION OFFICERS**

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>% OF OWNERSHIP</u>
Janine L. Brown-Wiese	Vice President Tax	33 S. 6th Street, CC-1028 Minneapolis, MN 55402	Negligible (Less than 1%)
Corey L. Haaland	Senior Vice President Treasurer	33 S. 6th Street, CC-1028 Minneapolis, MN 55402	Negligible (Less than 1%)

**Target Corporation is a publicly held corporation**



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**State of Wisconsin • DEPARTMENT OF REVENUE**

REGISTRATION UNIT  
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902  
 PHONE: 608-266-2776 FAX: 608-261-6248  
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

TARGET CORPORATION  
 PO BOX 9401  
 MINNEAPOLIS MN 55440-9401

Letter ID: L0429820736

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: TARGET CORPORATION  
 BUSINESS NAME: TARGET STORE T2348  
 660 N EDWARDS BLVD  
 LAKE GENEVA WI 53147

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

Tax Type	Account Type	Filing Number	Account Number
Sales & Use	Seller's Permit		456-0000026531-04



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company STOP-N-GO OF MADISON, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) 2934 FISH HATCHERY RD, MADISON

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>ANDREW J BOWMAN</u>		
Vice President/Member			
Secretary/Member	<u>KEVIN O'BRIEN</u>		
Treasurer/Member	<u>ANDREW J BOWMAN</u>		
Agent	<u>ANDREW J BOWMAN</u>		
Directors/Managers	<u>ANDREW J BOWMAN</u>		

C. 1. Trade Name STOP-N-GO #265 Business Phone Number 262-248-4582

2. Address of Premises 896 WELLS STREET 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 39'X60' ALCOHOL STORED IN COOLER

5. Legal description (omit if street address is given above): \_\_\_\_\_ & BACK ROOM

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 4th day of April, 2018  
Jody L. McBride  
(Clerk/Notary Public)  
 My commission expires 10-30-18

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 17, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: 456000015686103	FEIN Number: 39-1018040
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 1.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 5.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*pd 4/17/18*

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
BOWMAN	ANDREW	J

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, Treas, Agent** of **Stop-N-Go of Madison, 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? Life
- 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.)  
Underage drinking
- 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. see attached  
(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
Stop-N-Go of Madison	2934 Fish Hatchery Rd Madison, WI	03/01/1990	
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 4th day of April, 2018  
Jody K. McBride  
(City/Notary Public)

Andrew J. Bowman  
(Signature of Named Individual)

My commission expires 10-30-18



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
O'BRIEN		KEVIN	R

- 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 **Stop-N-Go of Madison, 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. see attachment  
(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
Ft Dearborn Partners Inc	101 Wacker Dr #1150 Chicago, IL	09/15/2006	09/17/2010
KOB Consulting	405 West Haven, Arlington Heights, IL	06/30/2002	09/14/2006

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 4th day of April, 2018  
Jody McBride  
(Clerk/Notary Public)

[Signature]  
(Signature of Named individual)

My commission expires 10-30-18





WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@wisconsin.gov  
website: revenue.wi.gov

Letter ID L1796944912

STOP-N-GO OF MADISON, INC.  
2934 FISH HATCHERY RD STE 200  
FITCHBURG WI 53713-3175

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** STOP-N-GO OF MADISON, INC.  
**Business name:** STOP N GO 265  
896 S WELLS ST  
LAKE GENEVA WI 53147-2446

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

<b>Tax Type</b>	<b>Account Type</b>	<b>Account Number</b>
Sales & Use Tax	Seller's Permit	456-0000156861-03



STOP-N-GO OF MADISON, INC. \* ROCKFORD STOP-N-GO, INC.  
 2934 Fish Hatchery Road, Madison, WI 53713-3175  
 Phone: (608) 271-4433 \* Fax: (608) 271-1222  
 www.stop-n-go.com

Stop-N-Go  
 License Ownership

Store	License Holder
200	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Oregon, WI
211	Stop-N-Go of Waukesha, Inc. (Andrew J. Bowman, Agent) Brodhead, WI
214	Stop-N-Go of Southern WI, Inc. (Andrew J. Bowman, Agent) Edgerton, WI
216	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Fort Atkinson, WI
221	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Fort Atkinson, WI
222	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Cambridge, WI
227	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Barneveld, WI
229	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Platteville, WI
230	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Town of Burke, WI
231	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Madison, WI
232	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Cottage Grove, WI
253	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Madison, WI
255	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Madison, WI
256	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) DeForest, WI
259	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Cottage Grove, WI
262	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Beloit
265	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Lake Geneva, WI
271	Winnebago Foods, Inc. (Andrew J. Bowman, Agent) Pewaukee, WI
273	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Hartland WI
276	Stop-N-Go of Beloit, Inc (Andrew J. Bowman, Agent), Hartford, WI
278	Stop-N-Go of Madison, Inc. (Darlene McKerrow, Agent) Waukesha, WI
284	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Madison, WI
285	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Fitchburg, WI
287	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Madison, WI
299	Stop-N-Go of University Avenue, Inc. (Andrew J. Bowman, Agent) Monroe, WI
Spirits of Delavan	Stop-N-Go of Madison, Inc. (Andrew J. Bowman, Agent) Delavan, WI

- **Andrew Joseph Bowman:** President and Treasurer, BOD for all stores
- **Kevin O'Brien:** Secretary, BOD for all stores
- **Robert Lindeman:** BOD for all stores
- All stores hold a Class A Beer license. Stores #222, #227, #229, #230, #231, #232, #265, #276, #299, and Spirits of Delavan hold Class A Beer and Class A Liquor.
- Stop-N-Go of Madison owned 100% by Bowman Farms

OUR MISSION  
 100% CUSTOMER SATISFACTION...EVERY STORE...EVERY TIME



Le newill

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01/2018 20 18 ;  
ending 06/30 20 19 ;

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

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

456-1028896518-02

Applicant's WI Seller's Permit No.: \_\_\_\_\_ FEIN Number: 47-3418492

LICENSE REQUESTED		Class A
TYPE		FEE
<input checked="" type="checkbox"/> Class A beer	\$	100-
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input checked="" type="checkbox"/> Class A liquor	\$	500-
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A
<input type="checkbox"/> Class B liquor	\$	
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$	25.00
<b>TOTAL FEE</b>	\$	625.00

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):  
Jerry Thomas Sibling New World Wine Shop 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.

President/Member Jerry Thomas Sibling Title President Name Jerry Thomas Sibling Home Address \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Jerry Thomas Sibling  
 Directors/Managers \_\_\_\_\_

3. Trade Name New World Wine Shop Business Phone Number 262-912-4080  
 4. Address of Premises 830 W Main St Post Office & Zip Code Lake Geneva WI 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 \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

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

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

10. Legal description (omit if street address is given above): Fancy Fair Mall - Unit G

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 register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
this 19th day of April, 20 18  
[Signature]  
(Clerk/Notary Public)  
My commission expires 2/5/2021

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

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>4/19/18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

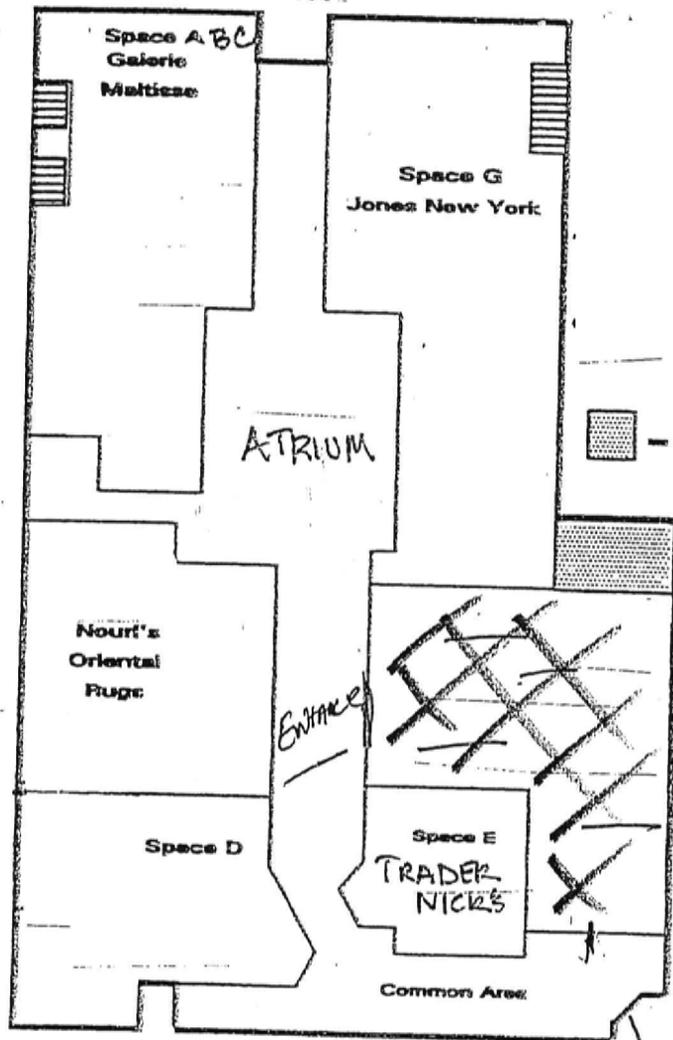
JS W/W/W

"A"

830 West Main St  
Lake Geneva WI 53147

FIRST FLOOR

Fancy Faire Mall



Area included in LeCookery

NEW WORLD WINE SHOP INC

Wine Liquor Display Retail

Wine Liquor Storage

Rear Entrance

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PRAIRIE STATE ENTERPRISES OF DARIEN, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 22285 N. PEPPER RD., UNIT 101, LAKE BARRINGTON, IL 60010  
 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>MEMBER RICHARD JAMES MISTRETTA</u>		
Vice President/Member	<u>MEMBER KENNETH BARTHOLOMEW KEARNS</u>		
Secretary/Member	_____		
Treasurer/Member	_____		
Agent ▶	<u>MEMBER KENNETH BARTHOLOMEW KEARNS</u>		

 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ LAKE GENEVA MOBIL Business Phone Number (262) 248-2305  
 2. Address of Premises ▶ 350 N. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE, 1 STORY MASONRY & FRAME W/ COOLERS,
5. Legal description (omit if street address is given above): \_\_\_\_\_ OFFICES & 2 RESTROOMS
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 6 day of APRIL, 2018  
James M. Heidrich OFFICIAL SEAL James M. Heidrich (Clerk/Notary Public)  
My commission expires MAY 23, 2020  
\_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
\_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
\_\_\_\_\_ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/11/2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456 DDD 2342302</u> FEIN Number: <u>510416880</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*Oct 4/11/2018*

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
MISTRETТА	RICK	JAMES

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 PRAIRIE STATE ENTERPRISES OF DARIEN, 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? 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)
- Named individual must list in chronological order last two employers.

Employer's Name MISTRETТА, INC.	Employer's Address 695 CENTRAL AVE., HIGHLAND PK., IL	Employed From 01/01/1990	To 03/01/2003
Employer's Name 3M LANIER	Employer's Address OUT OF BUSINESS	Employed From 01/01/1989	To 12/31/1989

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 APRIL, 20 18

James M. Heidrich  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires MAY 23, 2020



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
KEARNS	KENNETH	BARTHOLOMEW
Home Address (street/route)	Post Office	City
		State Zip Code

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.
- C.O.O.** of **PRAIRIE STATE ENTERPRISES OF DARIEN, 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? 10 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)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
BONCOSKY OIL	739 N. STATE ST., ELGIN, IL	07/01/1997	12/31/2002
Employer's Name	Employer's Address	Employed From	To
UNO-VEN	4 CROFTON CT., CARY, IL	01/01/1995	06/30/1997

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 APRIL, 20 18

James M. Heidrich  
(Clerk/Notary Public)

Kenneth B. Kearns  
(Signature of Named Individual)

My commission expires MAY 23, 2020



**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 PRAIRIE STATE ENTERPRISES OF DARIEN, 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 LAKE GENEVA MOBIL

(trade name)  
located at 350 N. EDWARDS BLVD, LAKE GENEVA, WI 53147

appoints KENNETH KEARNS

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? 10 YEARS

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

For: PRAIRIE STATE ENTERPRISES OF DARIEN, LLC  
(name of corporation/organization/limited liability company)

By: Kenneth B. Kearns member  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

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

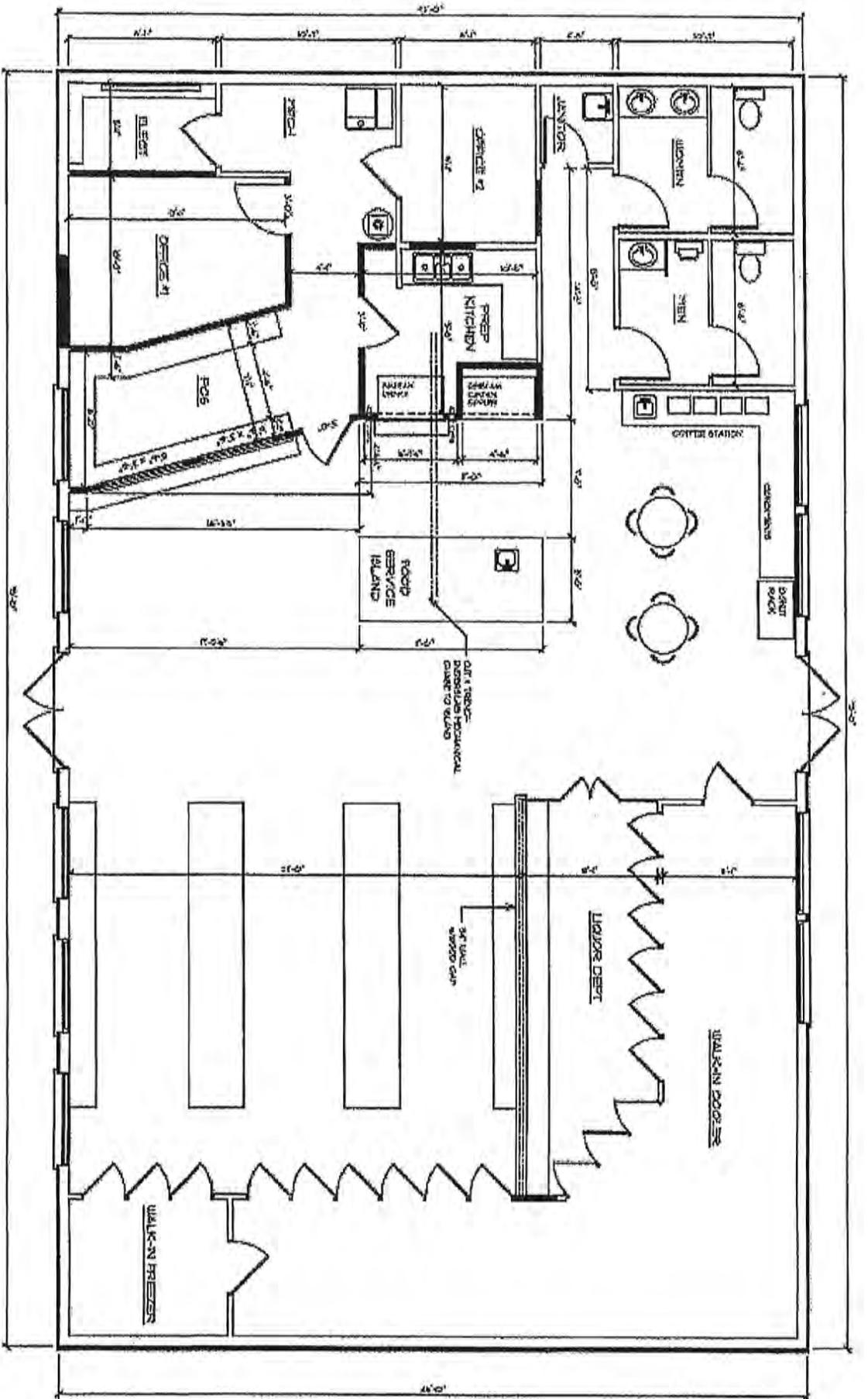
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Kenneth B. Kearns member 4-5-18 Agent's ag  
Date of bir

**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.

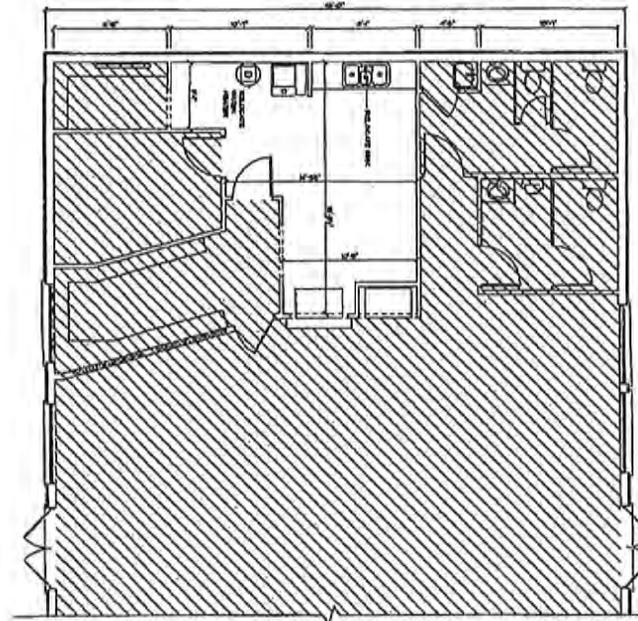
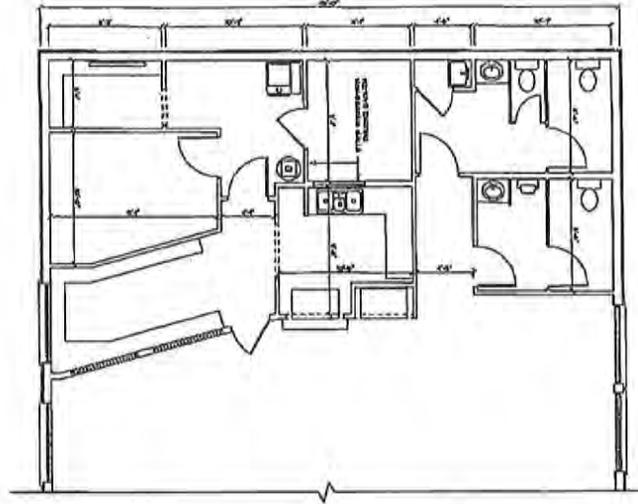
Approved on 4-16-18 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



**NEW FLOOR PLAN**  
**SCALE: 1/4" = 1' 0"**

- NOTES:
- ALL DIMENSIONS ARE IN 1'S
- THE FACE OF WALLS
- IS UNLESS SPECIFIED
- FINISHES ARE AS NOTED
- WALLS UNLESS SPECIFIED
- STAIRS AND ELEVATORS
- ARE TO BE LOCATED AS SHOWN

**LAKE GENEVA MOBIL**  
 350 N EDWARDS BLVD  
 LAKE GENEVA, WI 53147



NOTES:  
 ALL DIMENSIONS ARE TO  
 FACE UNLESS NOTED  
 OTHERWISE.

SHEET NO.  
**1**

DATE  
 9-29-15

**LAKE GENEVA MOBIL**  
 350 N EDWARDS BLVD  
 LAKE GENEVA, WI 53147  
 FLOOR PLAN

**LAKWOOD**  
 CONSTRUCTION  
 SERVICES  
 601 INTERCHANGE NORTH  
 LAKE GENEVA, WI 53147  
 262-248-2510 FAX: 262-749-8158



Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07-01-2018 ending 06-30-2019

Table with columns: TYPE, FEE. Includes rows for Class A beer, Class B beer, Class C wine, Class A liquor, Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE (\$6,250.00).

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [X] City of Lake Geneva

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

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

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

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

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.

Title Name Home Address Business Phone Number
President/Member Zbigniew J Borowiec
Vice President/Member Cheryl Ann Borowiec
Secretary/Member
Treasurer/Member
Agent Zbigniew J Borowiec
Directors/Managers

3. Trade Name The Cheese Box Business Phone Number 262-248-3440

4. Address of Premises 801 S wells St Post Office & Zip Code Lake Geneva WI

- 5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? [ ] Yes [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 11/2013 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [X] No

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

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [ ] No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [X] Yes [ ] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes [ ] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes [ ] No

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

SUBSCRIBED AND SWORN TO BEFORE ME this 25th day of April, 2018

[Signature of Clerk/Notary Public] My commission expires 2/15/2021

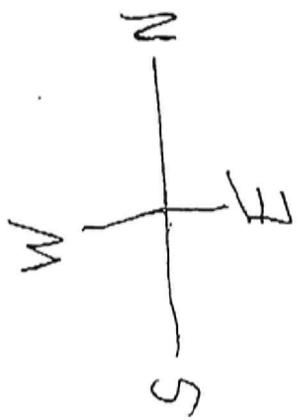
[Signature of Cheryl A. Borowiec] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK OF WISCONSIN

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

OUR WEIRD ST. LAMB CENTER WI 5:14

Cheese Box



front door

cooler  
beer/wine

wine/beer  
(top of cooler)

Beer (top of coolers)

counter

Storage  
room

liquor + beer

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) SHARKUS, JAMES ELIOT Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

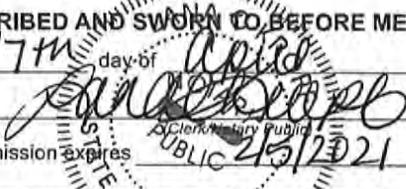
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BRUTAP LLC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

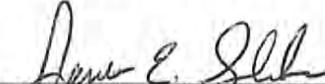
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JAMES SHARKUS</u>		
Directors/Managers			

C. 1. Trade Name BRUNO'S LIQUORS Business Phone Number 262-248-6407  
 2. Address of Premises 524 BROAD 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BRICK BUILDING SELLING PACKAGE GOODS
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 17th day of April, 2018  
  
 My commission expires \_\_\_\_\_

  
 (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>April 17, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.   FEIN Number: 456-1027154523-(   27-3223289	
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	\$ 600
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
SHARKUS	JAMES	ELIOT
Home Address (street/route)	Post Office	City
		State
		Zip Code

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OWNER** of BRUTAP 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? 20 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
BUENA VISTA PALACE		01/04/1991	02/18/1998
Employer's Name	Employer's Address	Employed From	To
WOLFMAN JACKS		07/12/1990	01/03/1991

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.

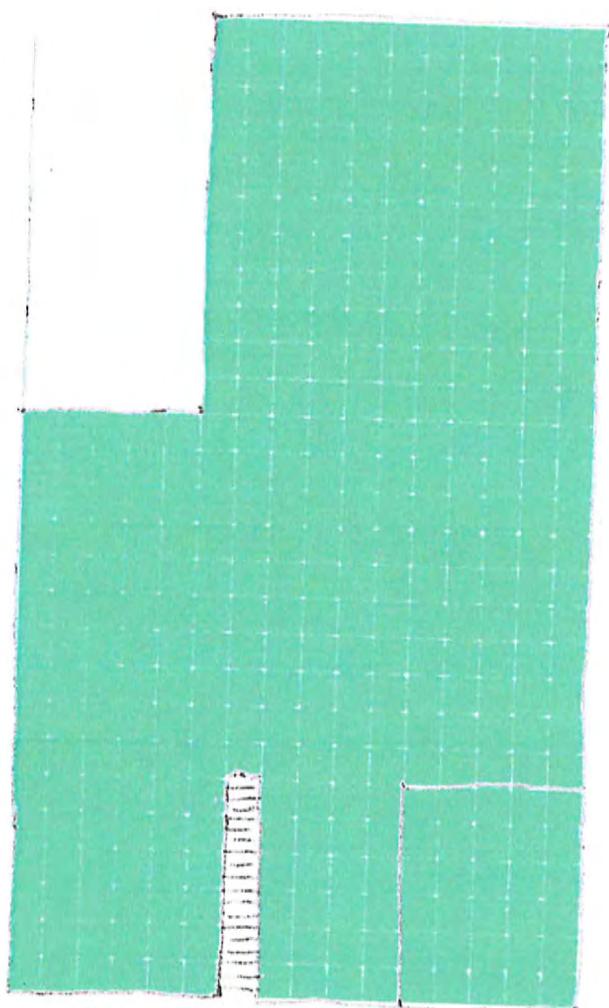
Subscribed and sworn to before me  
this 17th day of April, 2018  
  
My commission expires 2/5/2021

  
(Signature of Named Individual)

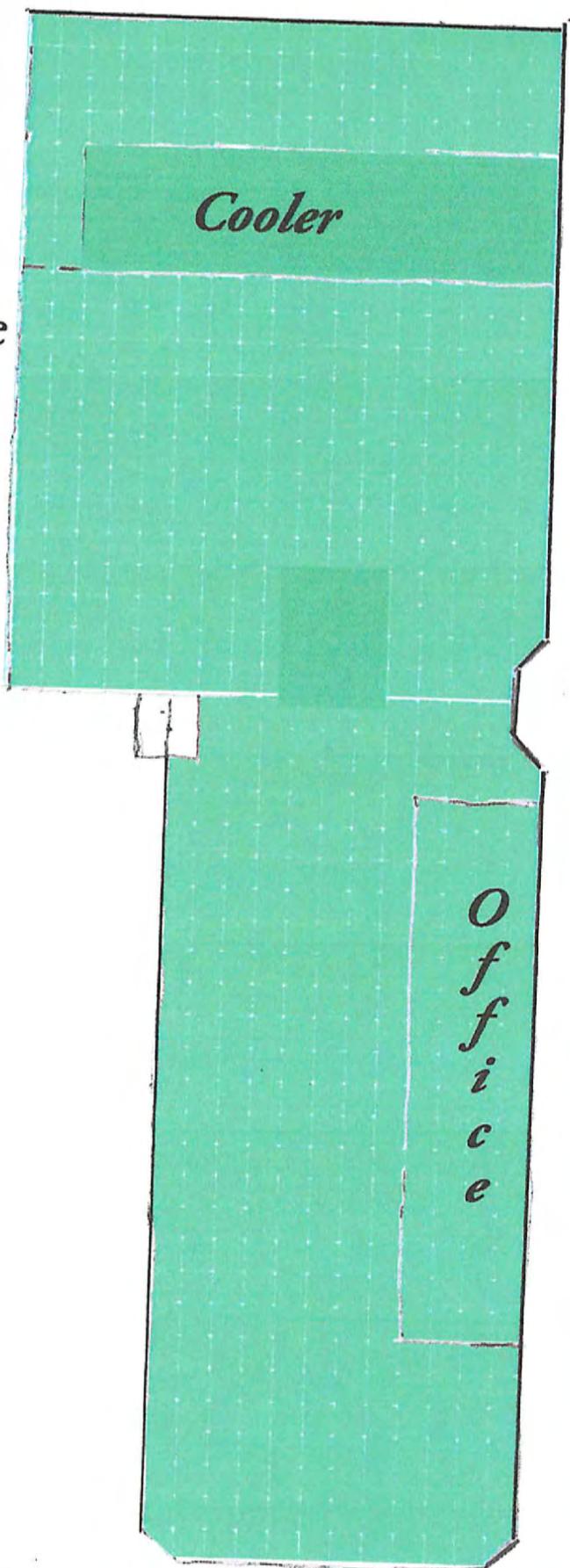


Printed on  
Recycled Paper

Areas in blue have liquor storage



*Basement*



*Main Floor*

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  
 Village of } Lake Geneva  
 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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Lake Geneva School of Cooking 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)  
 President/Member John Bernard Began  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent John Bernard Began  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name Lake Geneva School of Cooking Business Phone Number (262) 248-3933  
 2. Address of Premises 727 Geneva 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) retail area within Geneva Village Shops, kitchen area
5. Legal description (omit if street address is given above): for cooking, office/basement for storage
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of April, 20 18

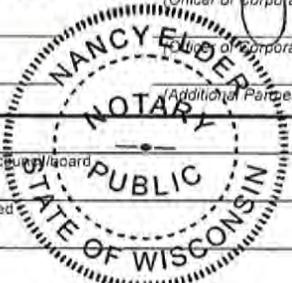
[Signature]  
(Clerk/Notary Public)

My commission expires July 2019

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

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

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



## TO BE COMPLETED BY CLERK

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

Applicant's WI Seller's Permit No. <u>456-1026618393-03</u>	FEIN Number: <u>26-2852617</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	<b>\$ <u>525</u></b>



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

LAKE GENEVA SCHOOL OF COOKING LLC  
 727 GENEVA ST  
 LAKE GENEVA WI 53147

Letter ID L1862792032



## Wisconsin Business Tax Registration Certificate

**Expiration date:** June 30, 2018  
**Legal/real name:** LAKE GENEVA SCHOOL OF COOKING LLC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

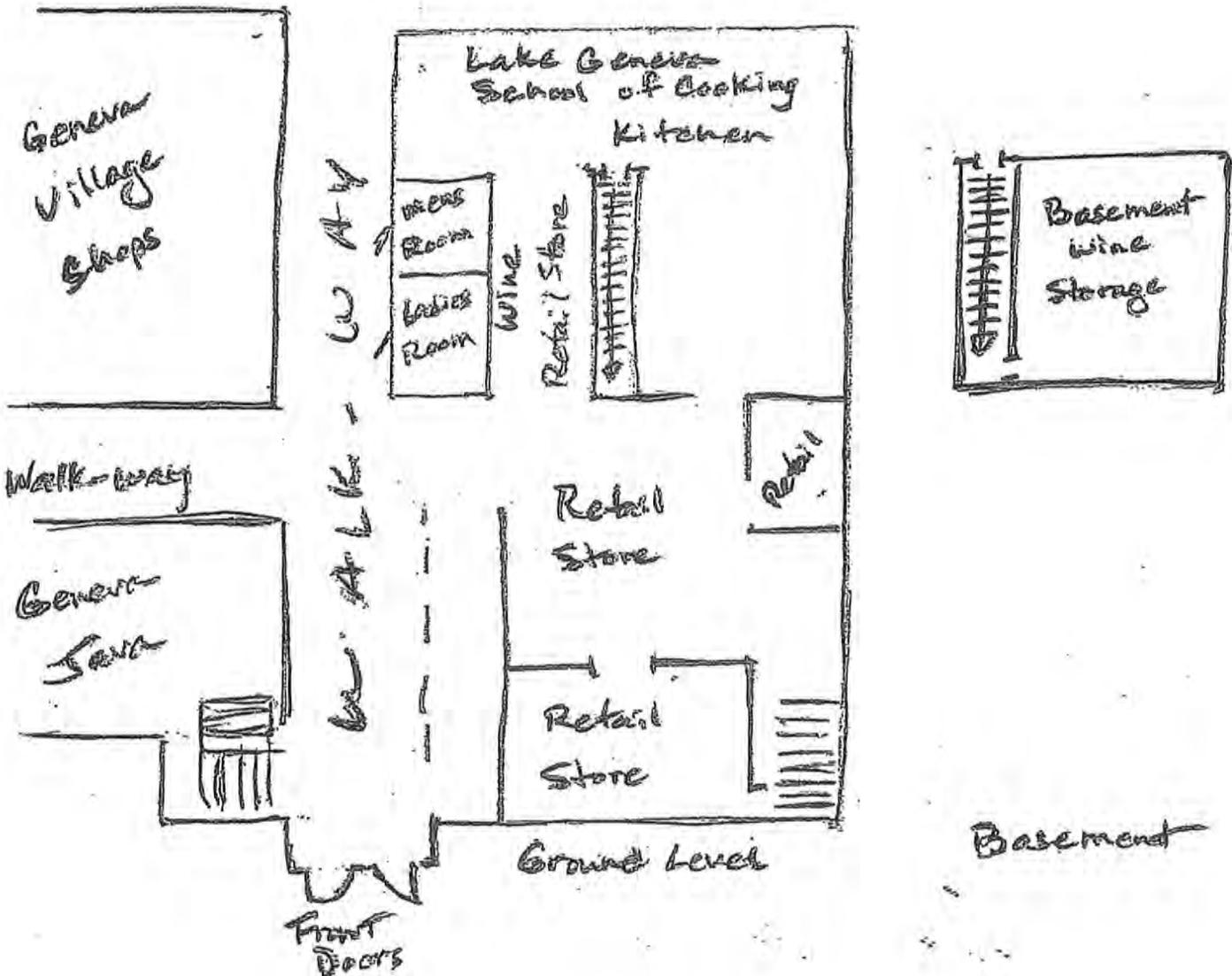
Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax <i>(seller's permit)</i>	456-1026678393-03
Withholding Tax	Withholding Tax	036-1026678393-04



JOHN BOGAN CEC  
CHEF/OWNER

727 Geneva Street  
Lake Geneva, Wisconsin 53147  
262-242-3933

[www.lakegenesaschoolofcooking.com](http://www.lakegenesaschoolofcooking.com)  
[info@lakegenesaschoolofcooking.com](mailto:info@lakegenesaschoolofcooking.com)



# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ;  
ending June 30 20 19

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

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

*Scanner*

Applicant's WI Seller's Permit No.: FEIN Number:	
<u>4510-000018094203 / 39-1476289</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	<b>\$ <u>525-</u></b>

*1025-  
pd 1/2/2018*

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): LAKE-BEN INC.

dba CORNERSTONE SHOP & GALLERY

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
President/Member	<u>BRUCE BENNETT</u>
Vice President/Member	<u>KARIN BENNETT</u>
Secretary/Member	<u>KARIN BENNETT</u>
Treasurer/Member	<u>BRUCE BENNETT</u>

Agent Karin M Bennett

Directors/Managers

3. Trade Name CORNERSTONE SHOP & GALLERY Business Phone Number 262 248 6988  
4. Address of Premises 214 BROAD ST Post Office & Zip Code LAKE GENOVA WI 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 \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RETAIL STORE 214 BROAD ST LAKE GENOVA WI

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 2nd day of April, 20 18

[Signature]  
(Clerk/Notary Public)

My commission expires 2/5/2021

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

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

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/2/18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>BENNET</b>	(first name) <b>KARIN</b>	(middle name) <b>M</b>
--	------------------------------	---------------------------

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 **LAKE-BEN INC, 100 CORNERSTONE SHOP & GALLERY**  
(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 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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 <b>LAKE-BEN INC.</b>	Employer's Address <b>344 BROAD ST LG WI 53147</b>	Employed From <b>2007</b>	To <b>2018</b>
Employer's Name <b>ARTUPIA</b>	Employer's Address <b>267 BROAD ST. LG WI 53147</b>	Employed From <b>2003</b>	To <b>2007</b>

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 2nd day of April, 2018  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 2/5/2021



**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 LAKE-BEN 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

LAKE-BEN INC. DBA COINTEGRATIVE SHOP & GALLERY

located at 214 BROAD ST LAKE GENEVA WI 53147  
(trade name)

appoints KARIN M BENNETT

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 YEARS

Place of residence last year

For: LAKE-BEN INC.  
(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, KARIN M BENNETT, 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.

4/2/10

Ag:

7 Dat

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

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

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

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of LAKE-BEN 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 LAKE-BEN INC. NBA CONCRETE SHOP & GALLERY

located at 214 BROAD ST LAKE GENEVA WI 53147  
(trade name)

appoints KARIN M BENNET

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 YEARS

Place of residence last year \_\_\_\_\_  
For: LAKE-BEN INC.  
(name of corporation/organization/limited liability company)  
By: [Signature]  
(signature of Officer/Member/Manager)  
And: Karin Bennet  
(signature of Officer/Member/Manager)

KARIN M BENNET ACCEPTANCE BY AGENT  
I, \_\_\_\_\_, 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.

**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 4-4-18 by [Signature] Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)

# Serving Alcohol Incorporated

is proud to present this certificate to

**Karin Bennett**

for successful completion of the online course

**Wisconsin Alcohol Seller-Server**



PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- \* CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- \* OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- \* RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- \* DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECORD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- \* ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

Verify online at [servingalcohol.com](http://servingalcohol.com)

**Verification Code**  
GbZBgXPWZQ

**Date Issued**  
Mar 31st, 2018

**APPROVED BY THE STATE OF WISCONSIN**  
STATE STATUTES: 125.04, 125.17, 134.67, 134.88

**VALID FOR 2 YEARS**

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Wisconsin Bartender License

**Name: Karin Bennett**

**Certification Date: Mar 31st, 2018**

**Certificate Code: GbZBgXPWZQ**

**Verify Online: servingalcohol.com**

**WI SS: 125.04, 125.17, 134.67, 134.88**

SERVING ALCOHOL INC

VALID FOR 2 YEARS



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L1008968544



LAKE -BEN, INCORPORATED  
 214 BROAD ST  
 LAKE GENEVA WI 53147-1810

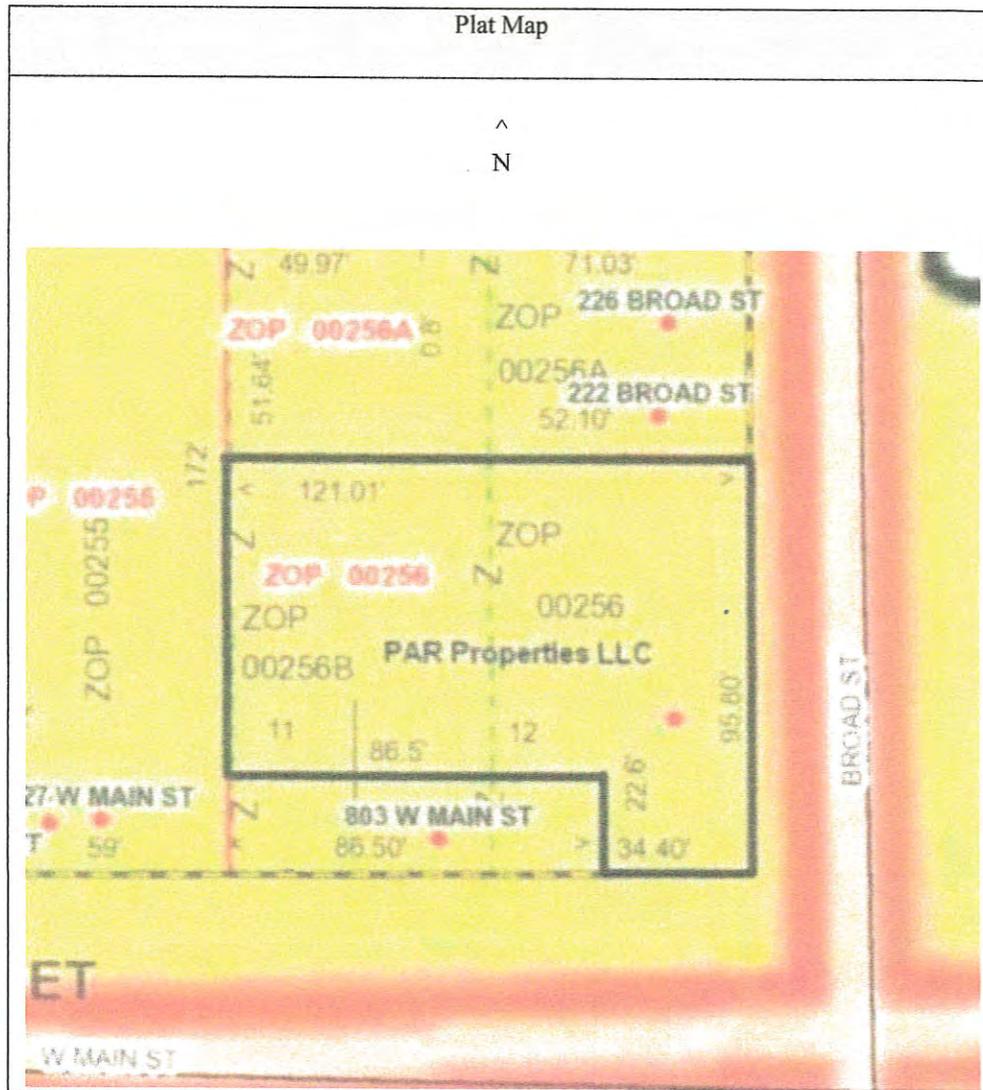
## Wisconsin Business Tax Registration Certificate

Expiration date: April 30, 2018  
 Legal/real name: LAKE -BEN, INCORPORATED

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000180942-03
Withholding Tax	Withholding Tax	036-0000180942-04

*Federal 29-1476289*



- 1 level retail operation
- basement area used for some inventory storage
- office where invoices kept is located on 1st floor
- upstairs office where owners have a desk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/2019  
(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 Tienda el Rancho Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1151 Elkhorn Rd Lake Geneva WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)
President/Member	<u>Gerardo Jaramillo</u>
Vice President/Member	<u>Mercedes Jaramillo</u>
Secretary/Member	<u>Mercedes Jaramillo</u>
Treasurer/Member	<u>Gerardo Jaramillo</u>
Agent	<u>Mercedes Jaramillo</u>

C. 1. Trade Name Tienda el Rancho Inc Business Phone Number (262) 249-0698  
 2. Address of Premises 1151 Elkhorn Rd Lake Geneva WI Post Office & Zip Code 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) it's stored in the restaurant area in a 3 door
5. Legal description (omit if street address is given above): Cooler @ in outside locked walking cooler.
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 16th day of May, 2018  
[Signature]  
(Clerk/Notary Public)  
 My commission expires 2/5/2021

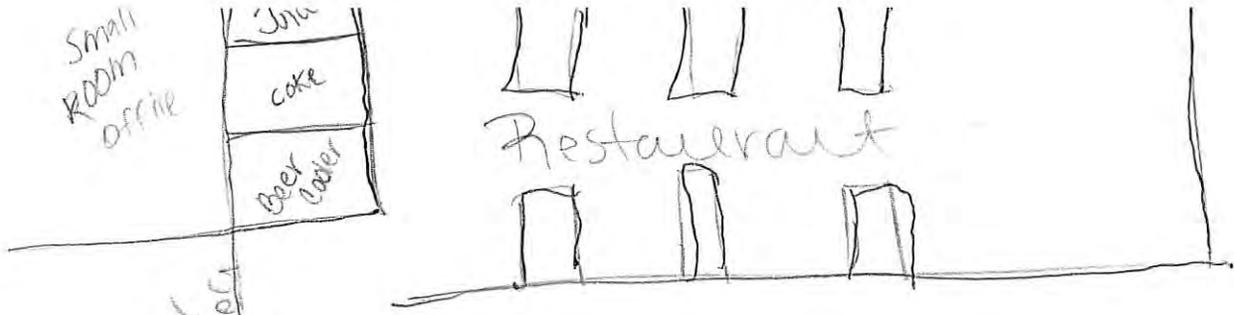
[Signature: Mercedes Jaramillo]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
[Signature]  
(Additional Partner(s)/Member/Manager of Limited Liability Company if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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>May 16, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456-1020048704-03  
 Applicant's WI Seller's Permit No.: FEIN Number:  
456-10200 20-2479235

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 type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>(125-)</u> pd 5/16/18

# Tienda El Rancho



Cash Register Area

Entrance  
EXIT

Wash Room

Day's Cooler

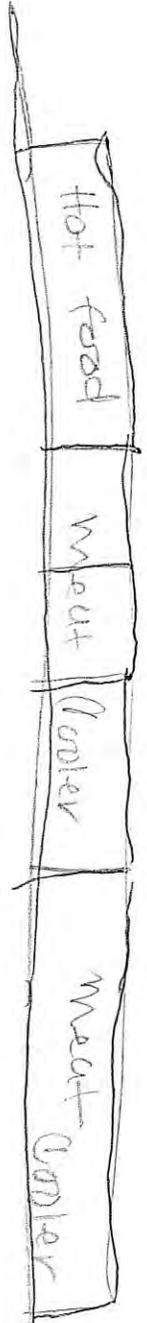
Dish Wash Room

Groceries

Groceries

Groceries

Exit door  
back



Kitchen

Meat Department

Beer Cooler

Exit door



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

TIENDA EL RANCHO, INC.  
 529 SPRING ST  
 LAKE GENEVA WI 53147-1241

Letter ID	L0540004064
	

## Wisconsin Business Tax Registration Certificate

**Expiration date:** March 31, 2019  
**Legal/real name:** TIENDA EL RANCHO, INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1020048704-03
Withholding Tax	Withholding Tax	036-1020048704-04

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) 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 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>KAYE ROSE LOWEMAN</u>		
Vice President/Member	<u>JAMES ALAN PATERA</u>		
Secretary/Member	<u>PATRICK JOSEPH MCCARTHY</u>		
Treasurer/Member	<u>MARK WILLIAM DUSKI</u>		
Agent	<u>PATRICK JOSEPH MCCARTHY 1</u>		
Directors/Managers	<u>MARK WILLIAM DUSKI</u>		

C. 1. Trade Name THE COVE OF LAKE GENEVA

Business Phone Number 262-249-9460

2. Address of Premises 111 CENTER STREET

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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) B. INDOOR POOL, OUTDOOR POOL, MEETING

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 14th day of May, 2018

[Signature]  
 (Clerk/Notary Public)

My commission expires 3/9/2020

**NOTARY PUBLIC**  
 KELLI ACKER  
 STATE OF WISCONSIN  
 (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>5/16/2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. <u>456-1020042-03</u>	FEIN Number: <u>39-1819821</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	\$ <b>625</b>

pd 5/16/18

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>Duski</b>	(first name) <b>Mark</b>	(middle name) <b>William</b>
---	-----------------------------	---------------------------------

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 **Core Condominium Association, 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 <b>Village of Villa Park</b>	Employer's Address <b>205 Ardmore, Villa Park, IL</b>	Employed From <b>04-07-1980</b>	To <b>05-04-2012</b>
Employer's Name <b>Reliable Ambulance</b>	Employer's Address <b>Chicago IL</b>	Employed From <b>03/1978</b>	To <b>03/1998</b>

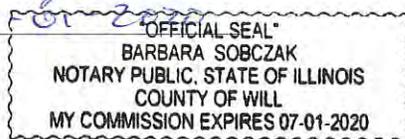
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 14<sup>th</sup> day of May, 20 18  
Barbara Sobczak  
(Clerk/Notary Public)

Mark W. Duski  
(Signature of Named Individual)

My commission expires 07-01-2020



Printed on Recycled Paper

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	Lowman	Kave	Rose

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 Core Condominium Association, 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 <u>The Write Staff</u>	Employer's Address <u>882 Bosworth Field Rd</u>	Employed From <u>1990</u>	To <u>Present</u>
Employer's Name <u>Village of Hoffman Estates</u>	Employer's Address <u>12004 Cannon Dr. Hoffman Estates</u>	Employed From <u>1977</u>	To <u>1990</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 12 day of May, 2018

Heather Bond  
(Clerk/Notary Public)

My commission expires 12/28/2020

Kave Lowman  
(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)
Patera	James	Alan

- 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 Core Condominium Association, 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 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 <u>Jewel Food</u>	Employer's Address <u>1200 Boughton Bolingbrook, IL</u>	Employed From <u>1-9-78</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 11<sup>th</sup> day of May, 2018  
Nicki McIntyre  
(Clerk/Notary Public)

My commission expires May 25, 2018

[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)
	McCarthy	Patrick	Joseph

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 Association, 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:

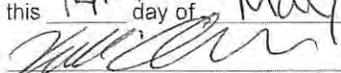
- How long have you continuously resided in Wisconsin prior to this date? 55 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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)

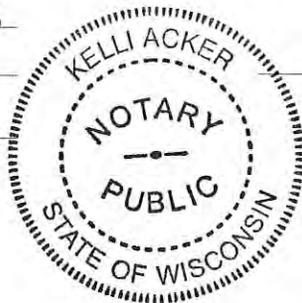
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Pinnacle Real Estate Group	474 Commerce Dr., Madison, WI	8-1-2009	Present
Kingswood Sales	10 Kingswood Circle, Verona, WI	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 14th day of May, 2018  
  
(Clerk/Notary Public)



  
(Signature of Named Individual)

My commission expires 3/9/2020



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)
Wadlington	Sandra	L

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.
- Board Member of Cove Condominium Association, 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 <u>Darden Restaurants</u>	Employer's Address <u>Orlando FL</u>	Employed From <u>10.25-1994</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 10th day of May, 20 18  
Cynthia A. Barrows  
(Clerk/Notary Public)

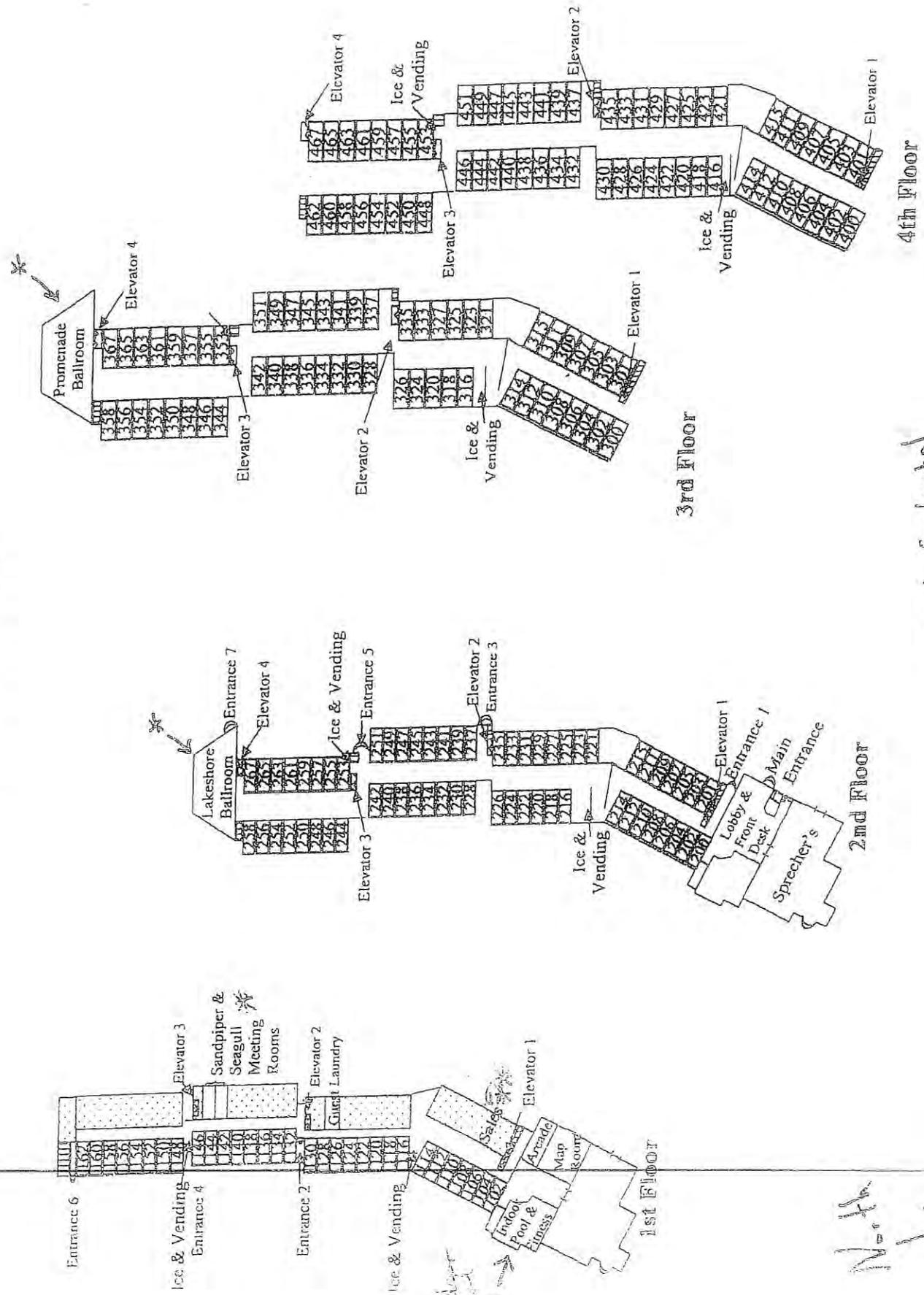
Sandra L Wadlington  
(Signature of Named Individual)

My commission expires 08/21/2020  
Cynthia A. Barrows

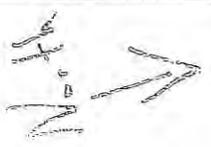


Class B

# Property Map



\* Sale of alcohol  
 \* Storage



# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/1/2018 20 18  
 ending 6/30 20 19

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

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>4516 00 001 72510802 / 39 199 4760</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>600.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>625.00</u></b>

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION  
 hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): 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>Samuel K Bayer Jr</u>		
Vice President/Member	<u>Kevin Elliott</u>		
Secretary/Member	<u>George Hesch</u>		
Treasurer/Member	<u>Kevin O'Connell</u>		
Agent	<u>William Strangeway</u>		
Directors/Managers			

3. Trade Name Harbor Shores on Lake Geneva Business Phone Number 262-248-9181  
 4. Address of Premises 300 Wrigley Drive 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 9/19/12 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No
- (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

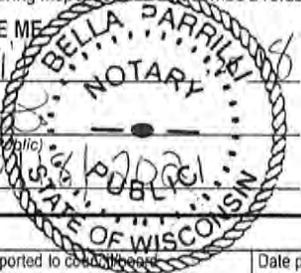
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

10. Legal description (omit if street address is given above): located in lower level storage, office, restaurant

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? Harbor Shores Hotel Mgmt (2017-12)
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME this 4th day of April  
Bella Parrille  
 (Clerk/Notary Public)



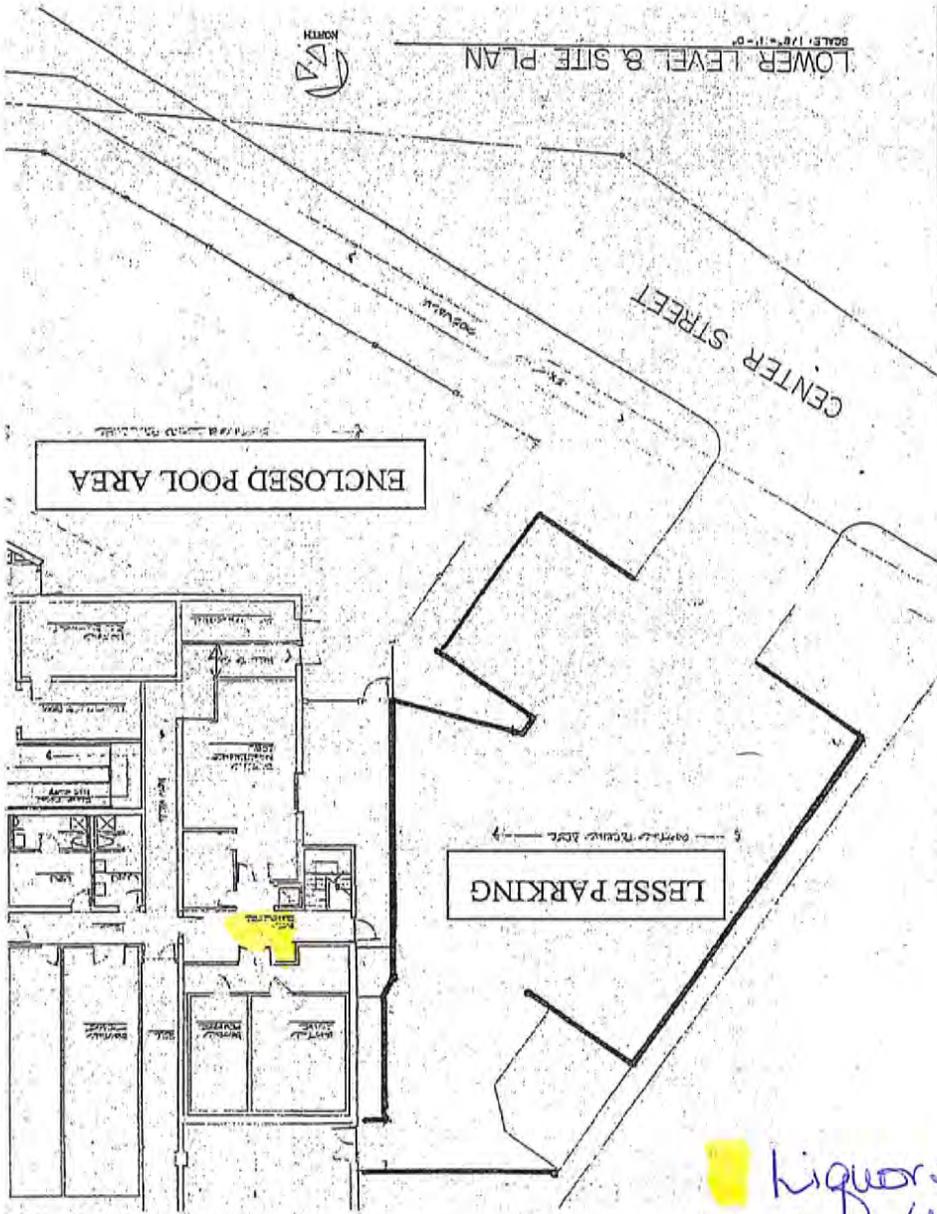
William Strangeway  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
 \_\_\_\_\_  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

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

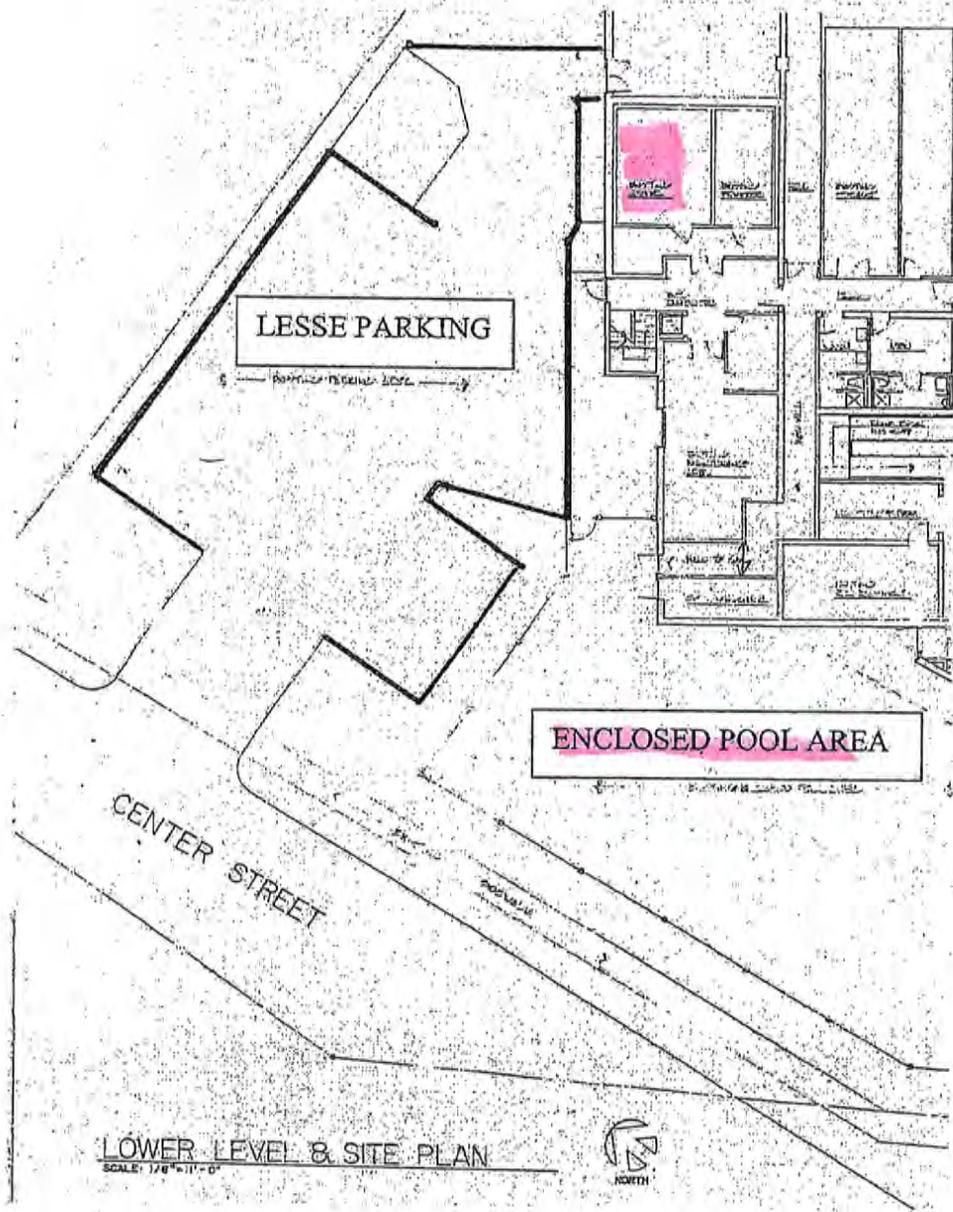
LOWER LEVEL & SITE PLAN

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



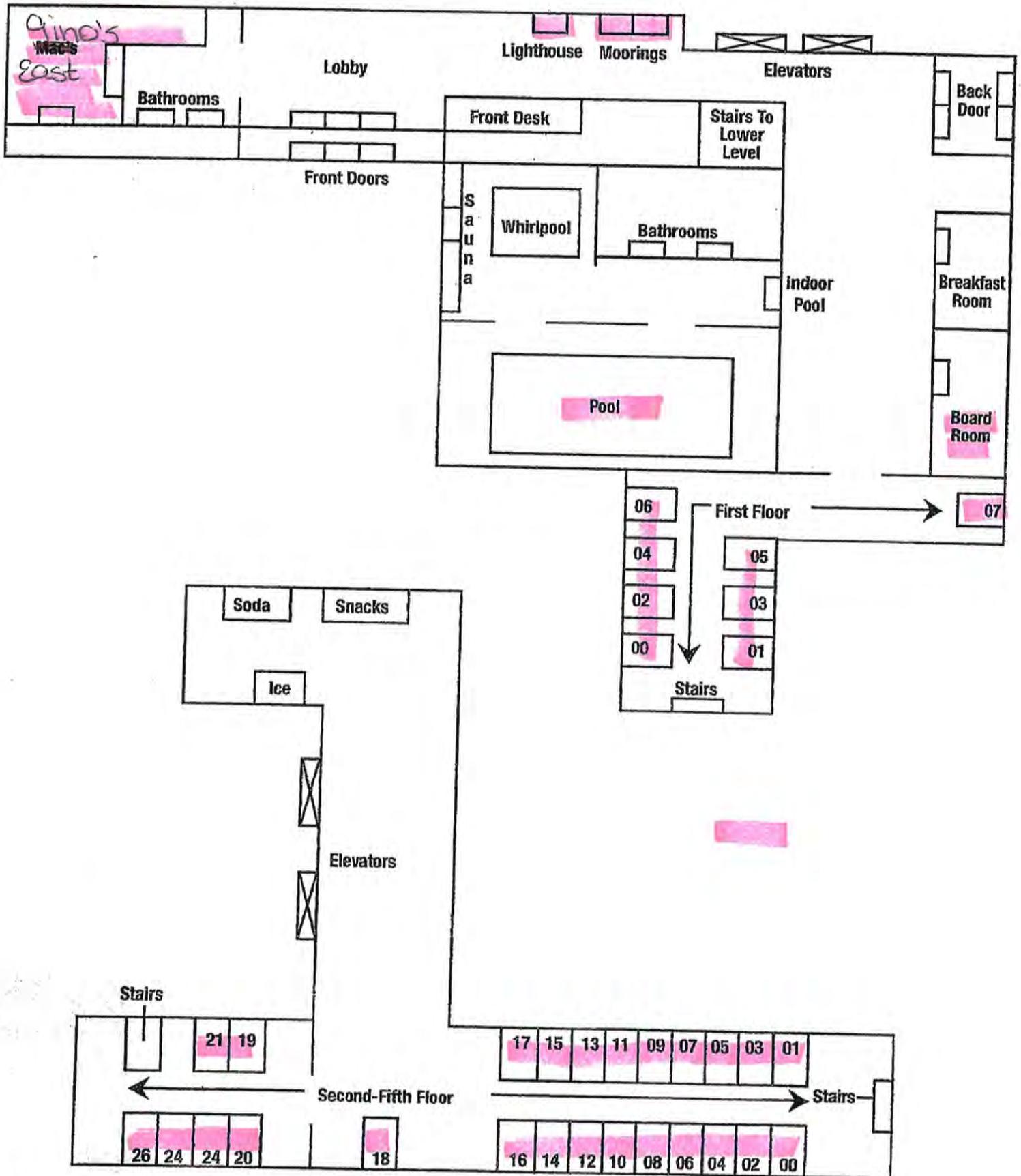
liquor storage  
(dry)

Beer/cellar  
Storage



- liquor served
- meeting rooms
- pools
- Restaurant
- hotel rooms

# Property Layout





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@revenue.wi.gov  
 website: revenue.wi.gov

HARBOR SHORES HOTEL MANAGEMENT INC  
 300 WRIGLEY DR  
 LAKE GENEVA WI 53147-2049

Letter ID L1387600736



### Wisconsin Business Tax Registration Certificate

Expiration date: May 31, 2018  
 Legal/real name: HARBOR SHORES HOTEL MANAGEMENT INC

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000172568-02
Withholding Tax	Withholding Tax	036-0000172568-03

## 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 Agent 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

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 (Completed 3/1/18 10/29/18)

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 3 yrs

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

For: Harbor Shores Hotel Agent Inc  
(name of corporation/organization/limited liability company)

By: Charmie Constantine  
(signature of Officer/Member/Manager)

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

### ACCEPTANCE BY AGENT

I, William 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 Strangeway 4/7/18 Agent's age

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 4-19-18 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)  
Strangewald William E

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 & Casino 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? 31 yr
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>NORTHWESTERN Mutual</u>	Employer's Address <u>Milwaukee, WI</u>	Employed From <u>December 2017</u>	To <u>Present</u>
Employer's Name <u>MODIS Engineering</u>	Employer's Address <u>Milwaukee, WI</u>	Employed From <u>June 2016</u>	To <u>December, 2017</u>

The undersigned, being just 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 7<sup>th</sup> day of April, 2018  
Amanda Mae Silbar  
(Clark/Notary Public)

William E Strangewald  
(Signature of Named Individual)

My commission expires 12-1-18

**AMANDA MAE SILBAR  
NOTARY PUBLIC  
STATE OF WISCONSIN**



Printed on Recycled Paper

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) (first name) (middle name)  
Wesley Adams

- 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 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:

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 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.

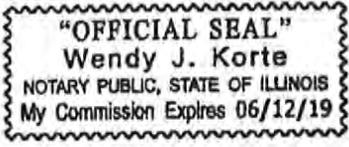
Employer's Name	Employer's Address	Employed From	To

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<sup>nd</sup> day of April, 20 18  
Wendy J Korte  
(Notary/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 6/12/19



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
Weaver	Samuel	TR	Wood

- 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 & Casino 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 3rd day of APRIL 2018  
JULIA I. AMENDA  
(Clerk/Notary Public)

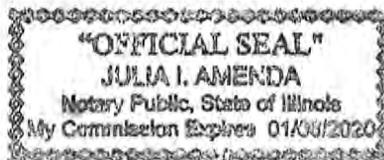
Samuel Wood  
(Signature of Named Individual)

My commission expires 01/06/2020



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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)  
Eltast Kavin S

Home Address (street/route)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

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
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 2nd day of APRIL, 2018  
[Signature]  
(Clerk/Notary Public)

[Signature]  
(Signature of Named Individual)

My commission expires 11/16/21



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2018 ending: 6-30-2019  
(MM DD YYYY) (MM DD YYYY)

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

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 BEACHSIDE HOSPITALITY, INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 4411 BEACHSIDE, CRISTAL LAKE, IL 60014  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>THOMAS W. TRULLA</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>NANCY L. TRULLA</u>		
Directors/Managers			

C. 1. Trade Name BARRIQUE BISTRO & WINE BAR Business Phone Number 815-248-1948  
 2. Address of Premises 835 WINDLEY DR, LAKE GENEEVA, 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 110 SQ. FT. DINING ROOM, KITCHEN & BATHROOMS, BASEMENT & PATIO
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? (phone (608) 266-2776)  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 12 day of April, 20 18  
[Signature]  
(Clerk/Notary Public)  
 My commission expires 5/18/21

**OFFICIAL SEAL**  
**GINA REIBEL**  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 MY COMMISSION EXPIRES 05/18/21  
[Signature]  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/13/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>46-108815-2418-03</u>	<u>46-2588851</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ <u>N/A</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>225.00</u>

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <u>TRILLA</u>	(first name) <u>THOMAS</u>	(middle name) <u>WILLIAM</u>
--	-------------------------------	---------------------------------

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- OWNER of BEACHSIDE HOSPITALITY, INC.  
(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:

- 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
<u>6600 SPIRITS, INC.</u>	<u>1600 W. 159TH, ORLAND PARK, IL</u>	<u>2010</u>	<u>2013</u>
<u>BUTTERFIELD WINE CO.</u>	<u>NASH, CA.</u>	<u>2009</u>	<u>2010</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 12 day of April, 2018

Gina Reibel  
(Clerk/Notary Public)

My commission expires 5/18/21

[Signature]  
(Signature of Named Individual)



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)
TRILLA	NANCY	L.

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 BEACHSIDE HOSPITALITY, 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? \_\_\_\_\_
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>THE ARDEN RESORT</u>	Employer's Address <u>FONTANA, WI</u>	Employed From <u>2006</u>	To <u>Present</u>
Employer's Name <u>GENEVA INN</u>	Employer's Address <u>LAKE GENEVA, WI</u>	Employed From <u>2004</u>	To <u>2006</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 12 day of April, 2018

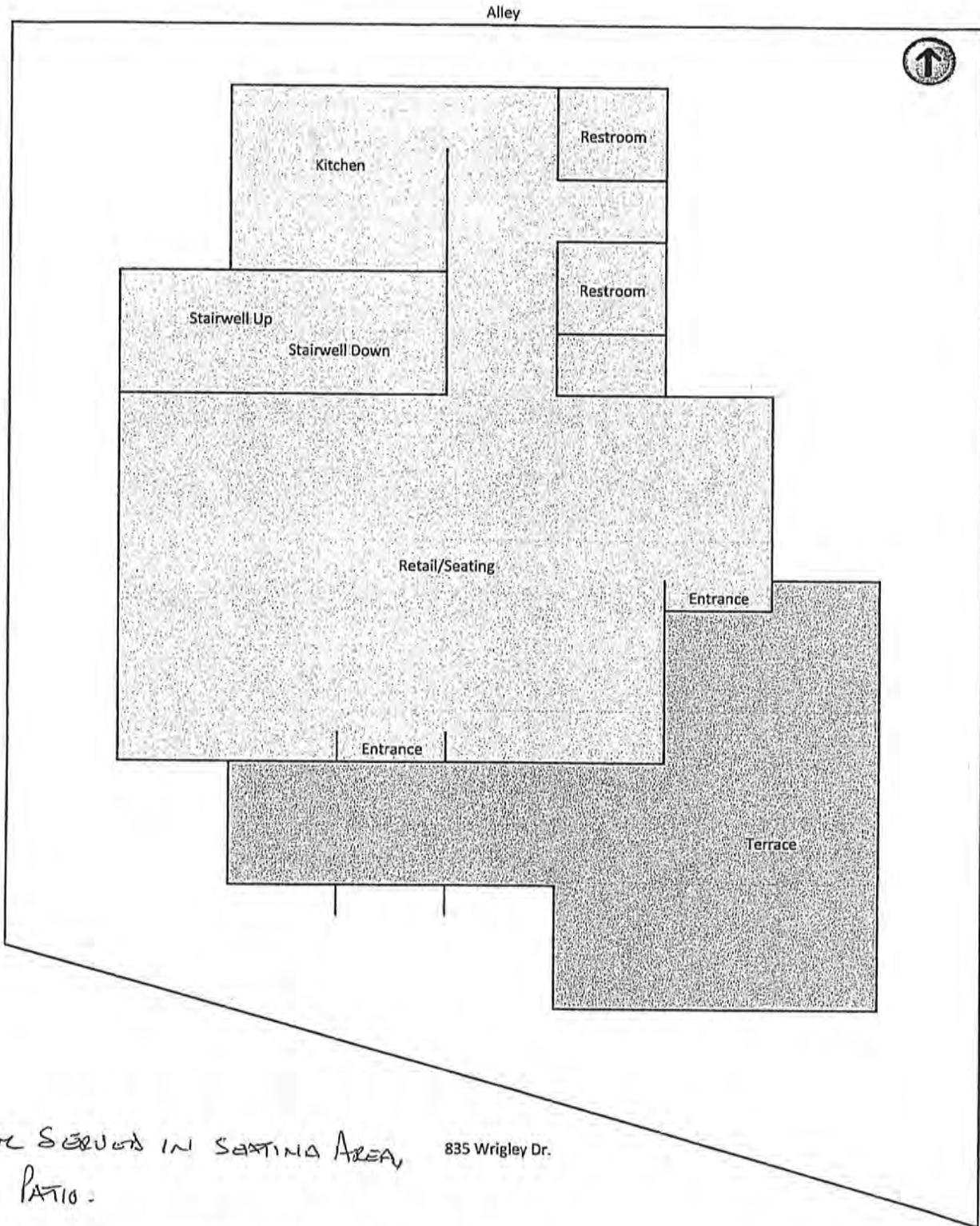
Gina Reibel  
(Clerk/Notary Public)

Nancy Trilla  
(Signature of Named Individual)

My commission expires 5/1



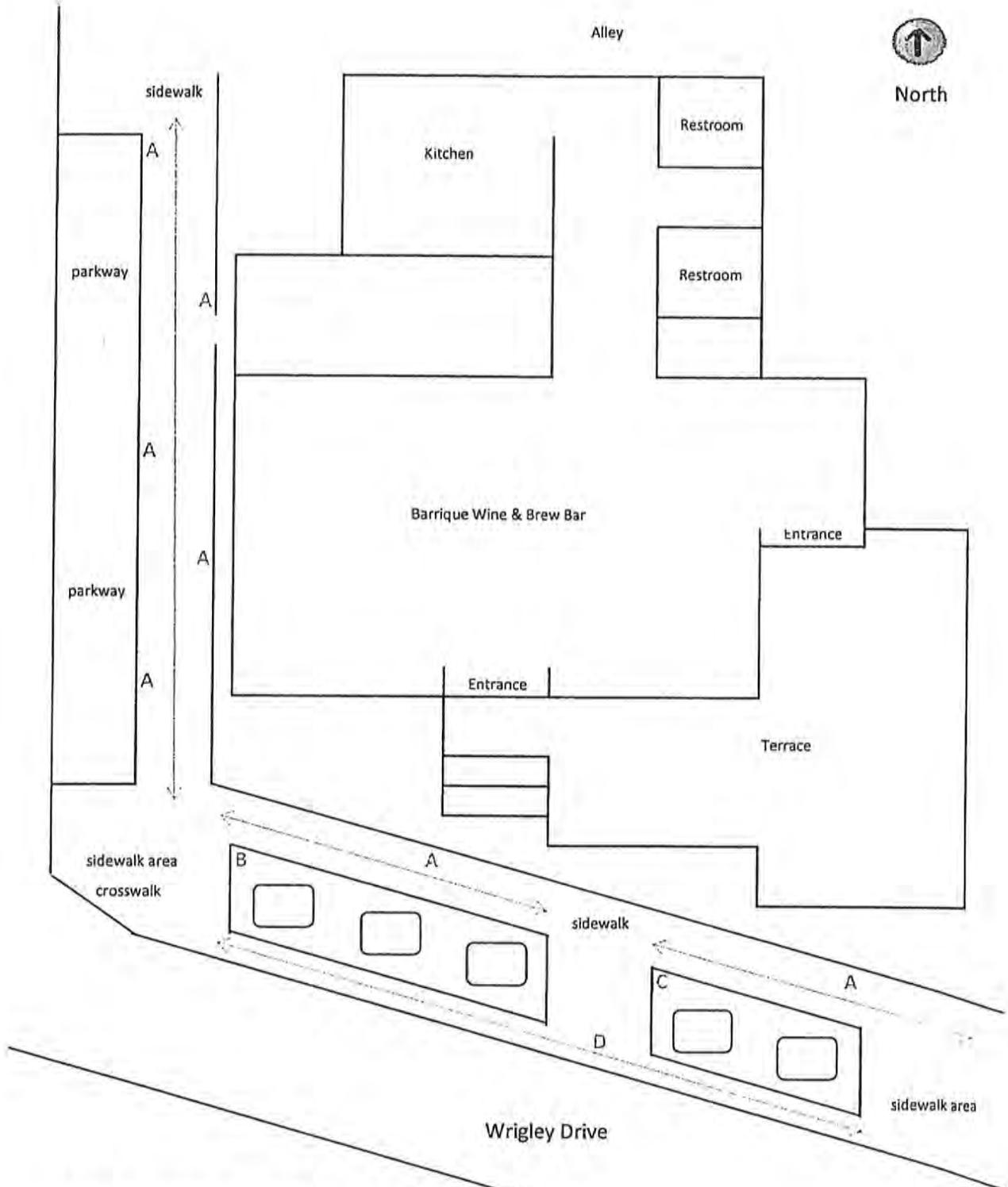
# Site Map



Alcohol served in seating area  
& on patio.

835 Wrigley Dr.

Storage is in basement & back bar



- A = Existing 5' Wide Concrete Pedestrian Sidewalk
- B = Proposed Concrete Finish Area (20.5 ft x 6.5 ft)
- C = Proposed Concrete Finish Area (14 ft x 6.5 ft)
- D = Existing 3' Wide Concrete Curb Buffer
-  1 table, 4 chairs & 1 umbrella

Note: Proposed seating areas will be bordered on three sides with theater-style standards and chains/ropes.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/2019  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  
 Village of } LAKE GENEVA  
 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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 1228 DODGE ST. LG.

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

Title	Name (Inc. Middle Name)
President/Member	<u>HAVAR PETERSEN</u>
Vice President/Member	_____
Secretary/Member	_____
Treasurer/Member	_____
Agent	<u>HALVAR PETERSEN</u>
Directors/Managers	_____

C. 1. Trade Name GENEVA JAVA Business Phone Number 262 912 4065

2. Address of Premises 252 CENTER ST. LG. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) COFFEE SHOP - PATIO FRONT STORED BEHIND BAR IN RECORDS

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

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

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

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

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

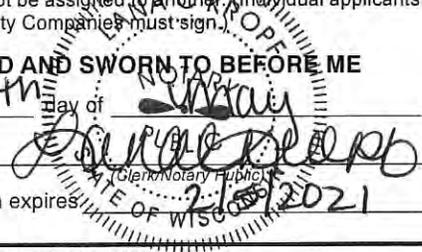
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 16th day of May, 20 18



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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 16, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ending June 30 20 19

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

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): Simple Cafe, LLC

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

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.

Title Name Home Address Post Office & Zip Code
President/Member Thomas Thomas Andrew Hartz
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Thomas Hartz
Directors/Managers

- 3. Trade Name Simple Cafe Business Phone Number 262-248-3556
4. Address of Premises 525 Broad St. Post Office & Zip Code Lake Geneva, WI 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?
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 12/16/09 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?
(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?

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 525 Broad St. Basement, Dining Room, Kitchen, Patio, office

- 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?
(b) If yes, under what name was license issued? Simple Cafe, LLC
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business?
13. Does the applicant understand they must hold a Wisconsin Seller's Permit?
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April 2018
Notary Public Signature



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

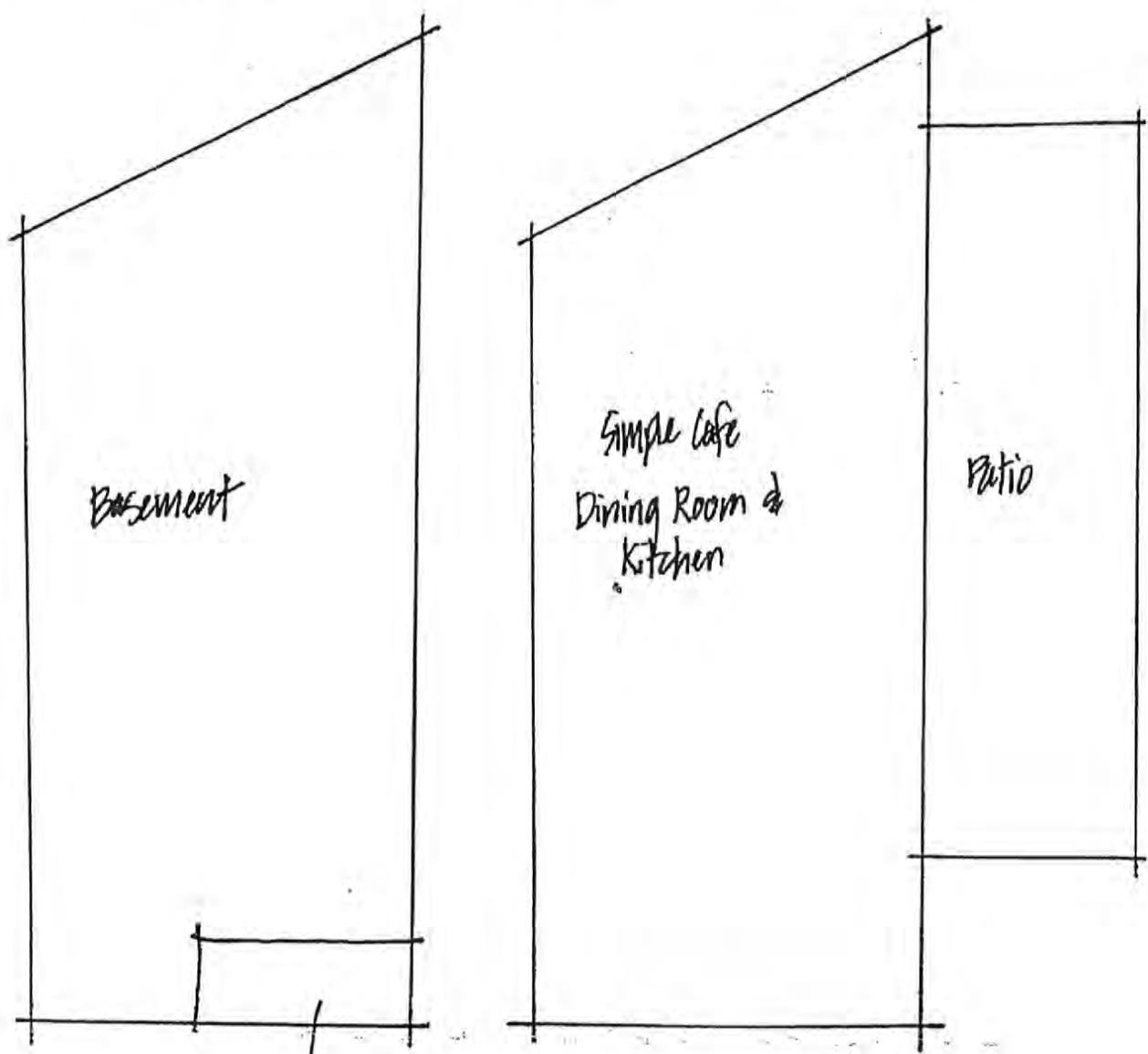
TO BE COMPLETED BY CLERK

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

C180410-6

Simple Restaurant · 515 Broad Street

Liquor Storage and Serving Locations



beer and wine stored  
in locked cabinet.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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)

Home Address

Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 737 Burlington, WI 53105

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 Shed Branen

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent Shed Branen

Directors/Managers \_\_\_\_\_

C. 1. Trade Name Geneva Theater Business Phone Number \_\_\_\_\_

2. Address of Premises 244 Broad St, Lake Geneva 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) throughout premises including concession area, meeting rooms and auditorium.

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 8th day of May, 2018

My commission expires 05/25/2021

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/8/2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. <u>156-1027144852-03</u>	FEIN Number: <u>27-2952942</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>225-</u>

5/8/2018



Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ending June 30 20 19

TO THE GOVERNING BODY of the: [X] City of Lake Geneva

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

- 1. The named [X] LIMITED LIABILITY COMPANY

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): Martins Olympic Restaurant 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.

President/Member Yolanda Zavaleta
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Yolanda Zavaleta
Directors/Managers

3. Trade Name Olympic Restaurant Business Phone Number 262 248 10541
4. Address of Premises 748 Main St Lake Geneva 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? [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 05/15/2018 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [X] No

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

- 10. Legal description (omit if street address is given above): Restaurant
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes
(b) If yes, under what name was license issued? CLASS B and CLASS C
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [X] Yes
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes

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

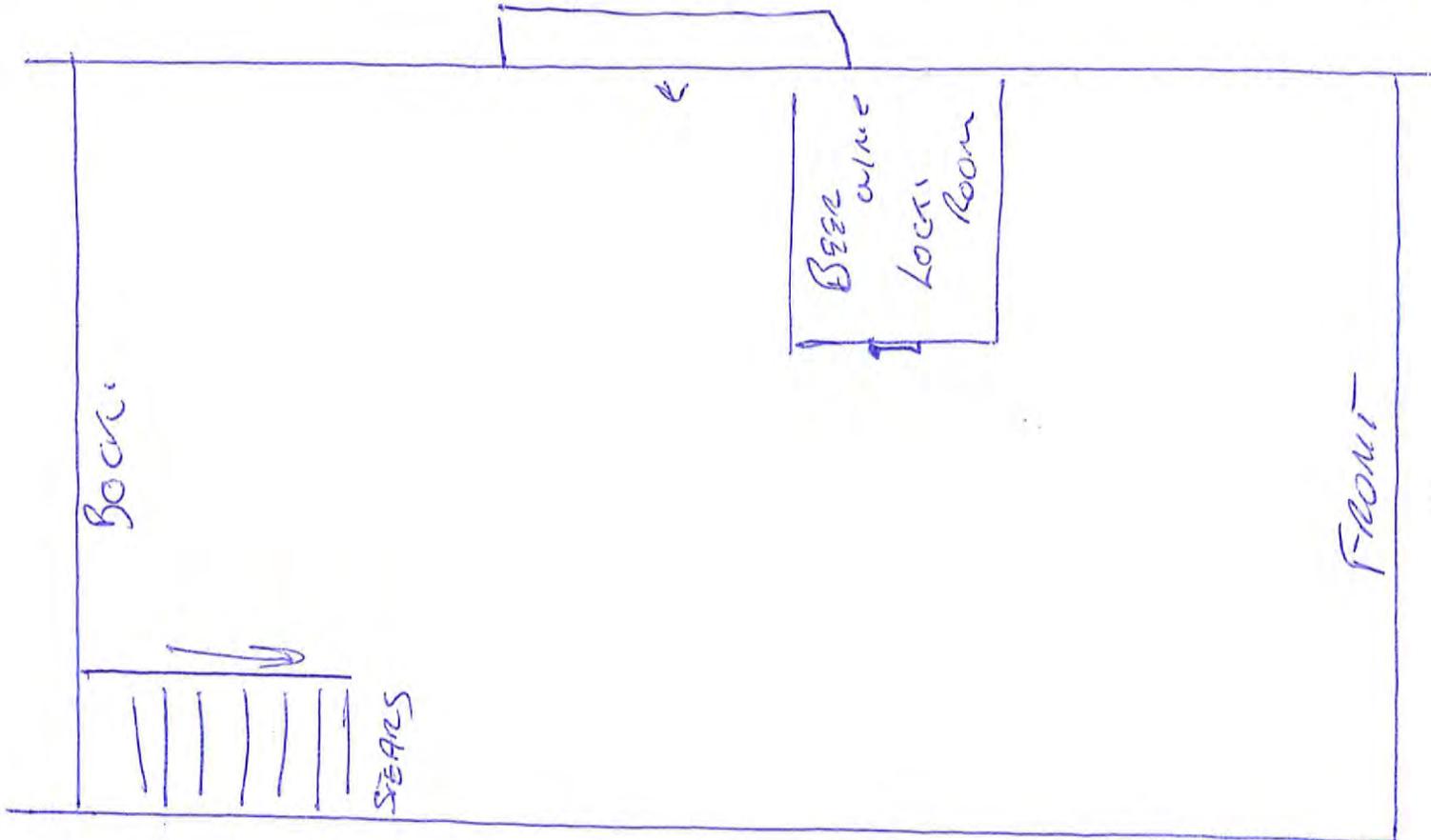
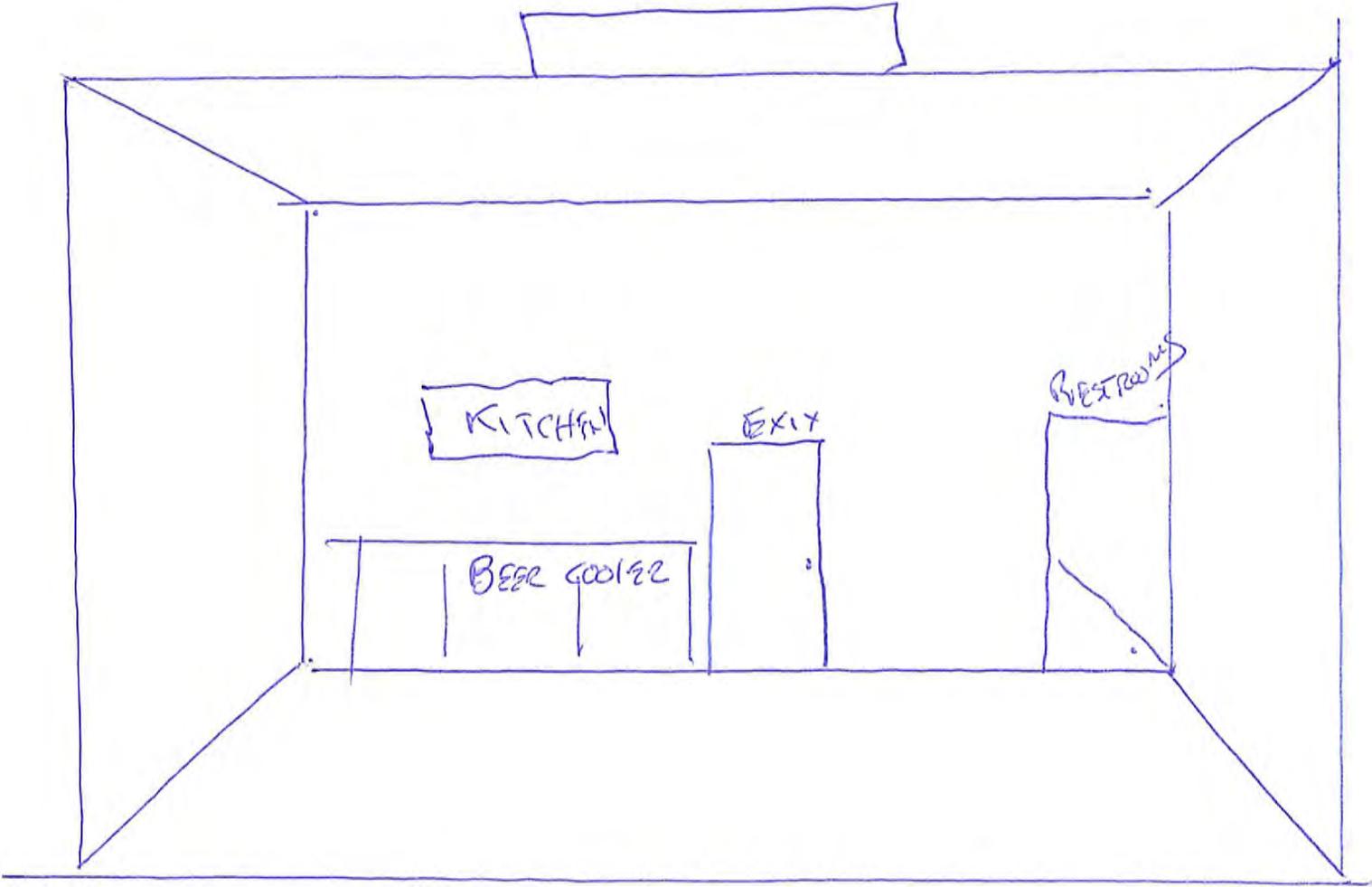
SUBSCRIBED AND SWORN TO BEFORE ME
this 4th day of May, 2018
[Signature]
(Clerk/Notary Public)
My commission expires 2/5/2021

Yolanda Zavaleta
(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)

Table with columns TYPE and FEE. Rows include Class A beer, Class B beer (\$100), Class C wine (\$100), Class A liquor, Class A liquor (cider only) (N/A), Class B liquor, Reserve Class B liquor, Class B (wine only) winery, Publication fee, and TOTAL FEE (\$225).

5/14/18

TO BE COMPLETED BY CLERK. Table with columns: Date received and filed with municipal clerk (5/14/2018), Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk, Date license granted, Date license issued, License number issued.



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/19  
(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  
Miguel BARLOVA A. \_\_\_\_\_ \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MARSA'S PIZZA 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)  
 President/Member Miguel A BARLOVA  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Miguel BARLOVA  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name MARSA'S PIZZA Business Phone Number 262-812-4110

2. Address of Premises 820 Williams 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Liquor kept in cooler in kitchen serves in dining room

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

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 20th day of April, 20 18  
[Signature]  
(Clerk/Notary Public)  
 My commission expires 2/5/2021

[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)

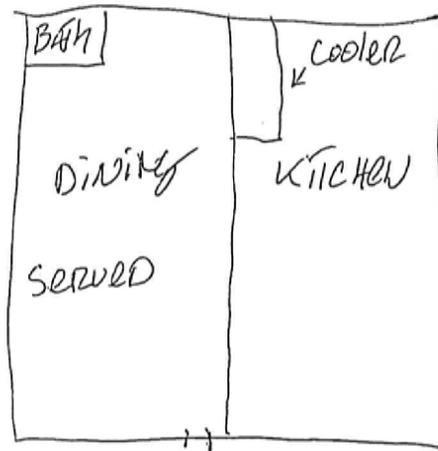
## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-10290885802</u> FEIN Number: <u>41-2029853</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100 -
<input checked="" type="checkbox"/> Class C wine	\$ 100 -
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25 -</u>
<b>TOTAL FEE</b>	\$ <u>225 -</u>

820 WILLIAM'S ST

1500 SQ. FT.



RENEWAL

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ending June 30 20 19

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

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): Happy Restaurant, Inc

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

President/Member Title Name Yong zhong Liang Vice President/Member Min Ting zhong Secretary/Member Treasurer/Member Agent Min Ting zhong Directors/Managers

3. Trade Name Happy cafe Business Phone Number 262 745 3382 4. Address of Premises 526 S Wells St Post Office & Zip Code Lake Geneva WI 5314

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

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

10. Legal description (omit if street address is given above): beer Dining room, kitchen, office

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 register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? Yes No

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

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.

SUBSCRIBED AND SWORN TO BEFORE ME

this 30th day of April, 20 18

(Signature of Clerk/Notary Public)

My commission expires 2/5/2021

(Signature of 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

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes handwritten dates like 4/30/18.



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov



HAPPY RESTAURANT INC  
 3018 S LOWE AVE ANGELA IP  
 CHICAGO IL 60616

Letter ID	L0200608608
	

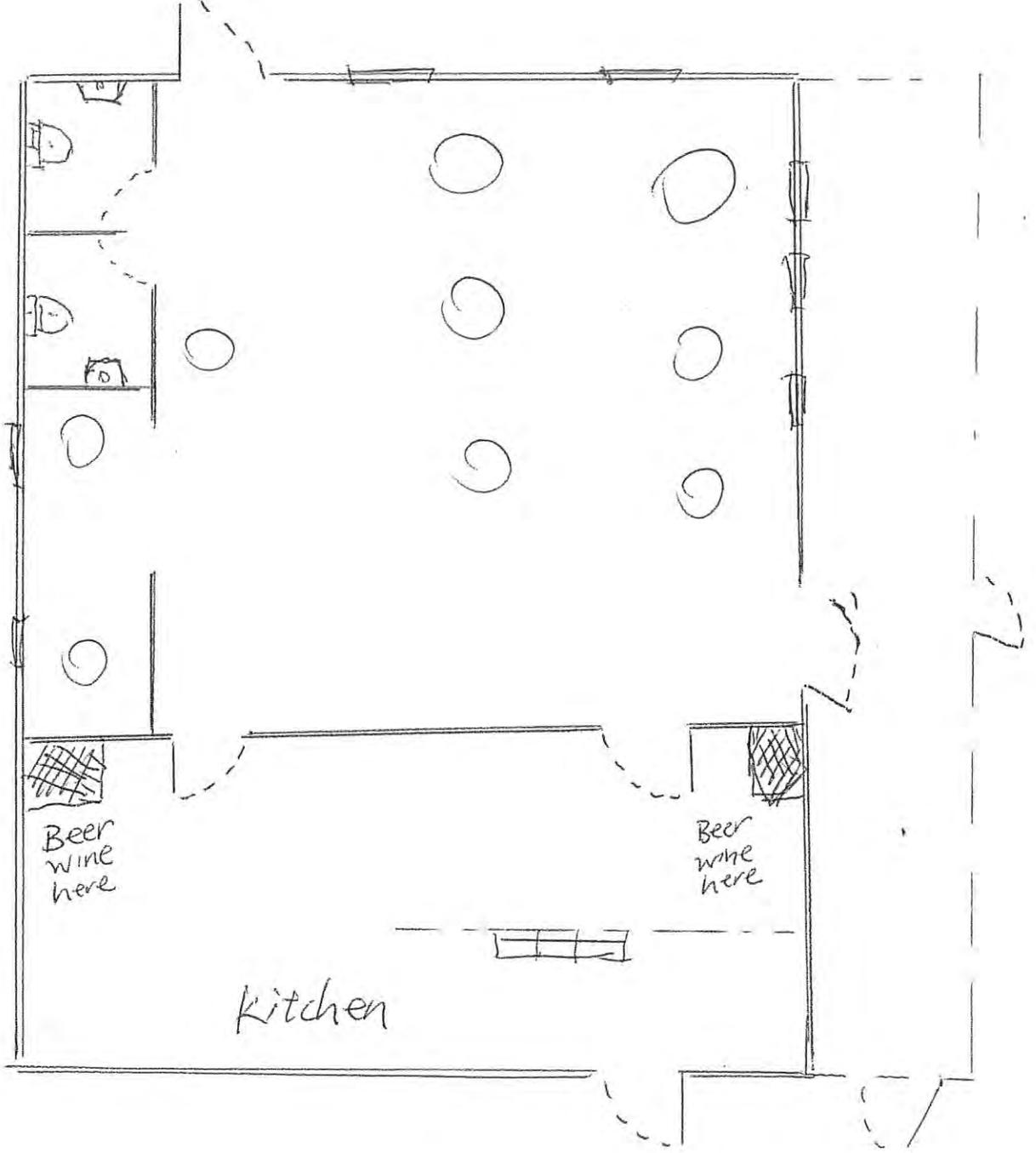
## Wisconsin Business Tax Registration Certificate

**Expiration date:** December 31, 2018  
**Legal/real name:** HAPPY RESTAURANT INC

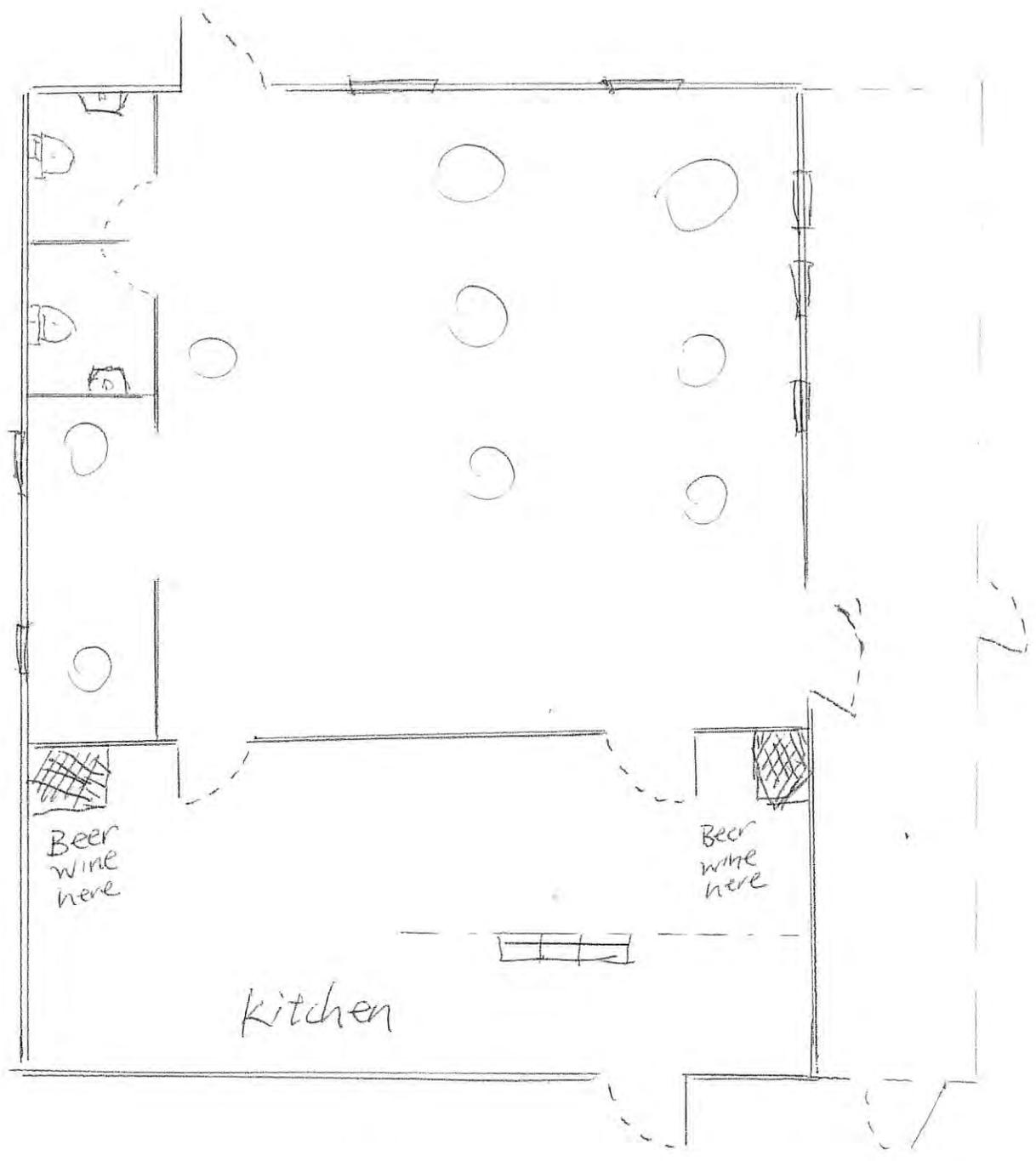
- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1027273310-03
Withholding Tax	Withholding Tax	036-1027273310-04

HAPPY Cafe  
526/528 Well St. Lake Geneva. WI 53147  
(262) 248-8181



HAPPY Cafe  
526/528 West St. Lake Geneva WI 53147  
(262) 248-8181



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2018 ending: June 30, 2019  
(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 BREAKFAST BUNGALOW LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 320 COOK STREET #101 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>JUSTIN TAYLOR OCHALUK</u>	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>JUSTIN TAYLOR OCHALUK</u>	_____	_____
Directors/Managers	<u>PAUL OCHALUK</u>	_____	_____

C. 1. Trade Name GREAT EGGS Business Phone Number 262-812-4077  
 2. Address of Premises 320 COOK STREET #101 LAKE GENEVA 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR UNIT 101, KITCHEN, DINING ROOM, CLOSET AND OUTDOOR SEATING
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

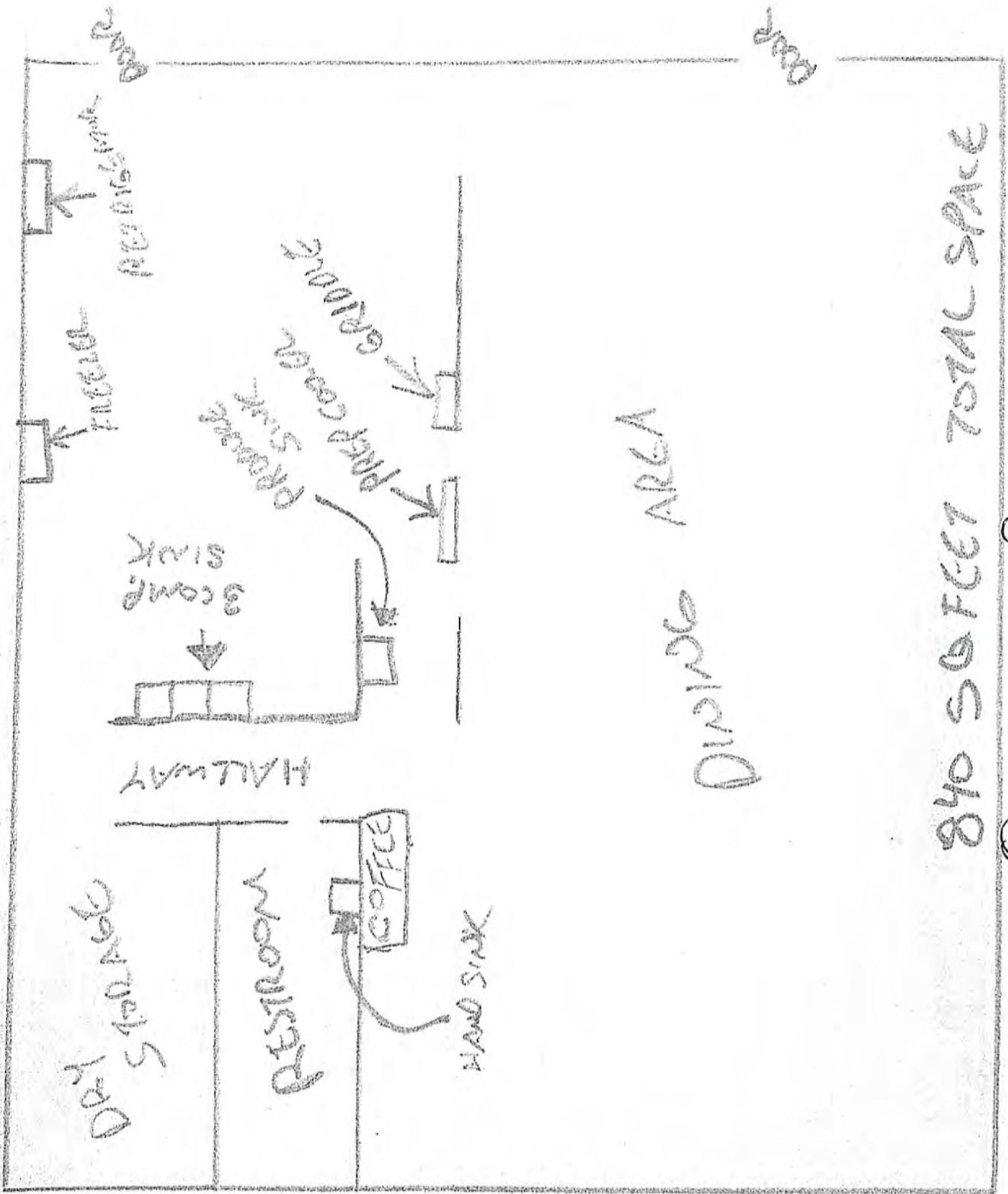
SUBSCRIBED AND SWORN TO BEFORE ME  
 this 20 day of Apr, 2018  
Anthony Phillips  
(Clerk/Notary Public)  
 My commission expires 01/29/2022

**ANTHONY PHILLIPS**  
**Notary Public**  
**State Of Wisconsin**  
 \_\_\_\_\_  
(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>June 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>45610296126702</u>		FEIN Number: <u>821368877</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>		
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25</u>		
<b>TOTAL FEE</b>	<b>\$ <u>225</u></b>		

# GREAT EGGS LAKE GENEVA



○

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○

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○

○ OUTDOOR SEATING

○

○

○

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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)	Home Address	Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) D&D RESTAURANT GROUP, INC

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>DAVID J WINGATE,</u>		
Vice President/Member	<u>DANA M TRILLA,</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>EDWARD A MUISENGA</u>		
Directors/Managers			

C. 1. Trade Name FLAT IRON TAP Business Phone Number 262-812-4064

2. Address of Premises 150 CENTER STREET 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR, DINING AREA, BAR, COOLEP

5. Legal description (omit if street address is given above): STORED IN BASEMENT, RECORDS IN BASEMENT

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. JUST OPENED FOR BUSINESS 4/18/2018  Yes  No

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 20th day of April, 2018

[Signature]  
(Clerk/Notary Public)

My commission expires 2/5/2021

[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>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456102943303902</u> FEIN Number: <u>81-5110545</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>225-</u>

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

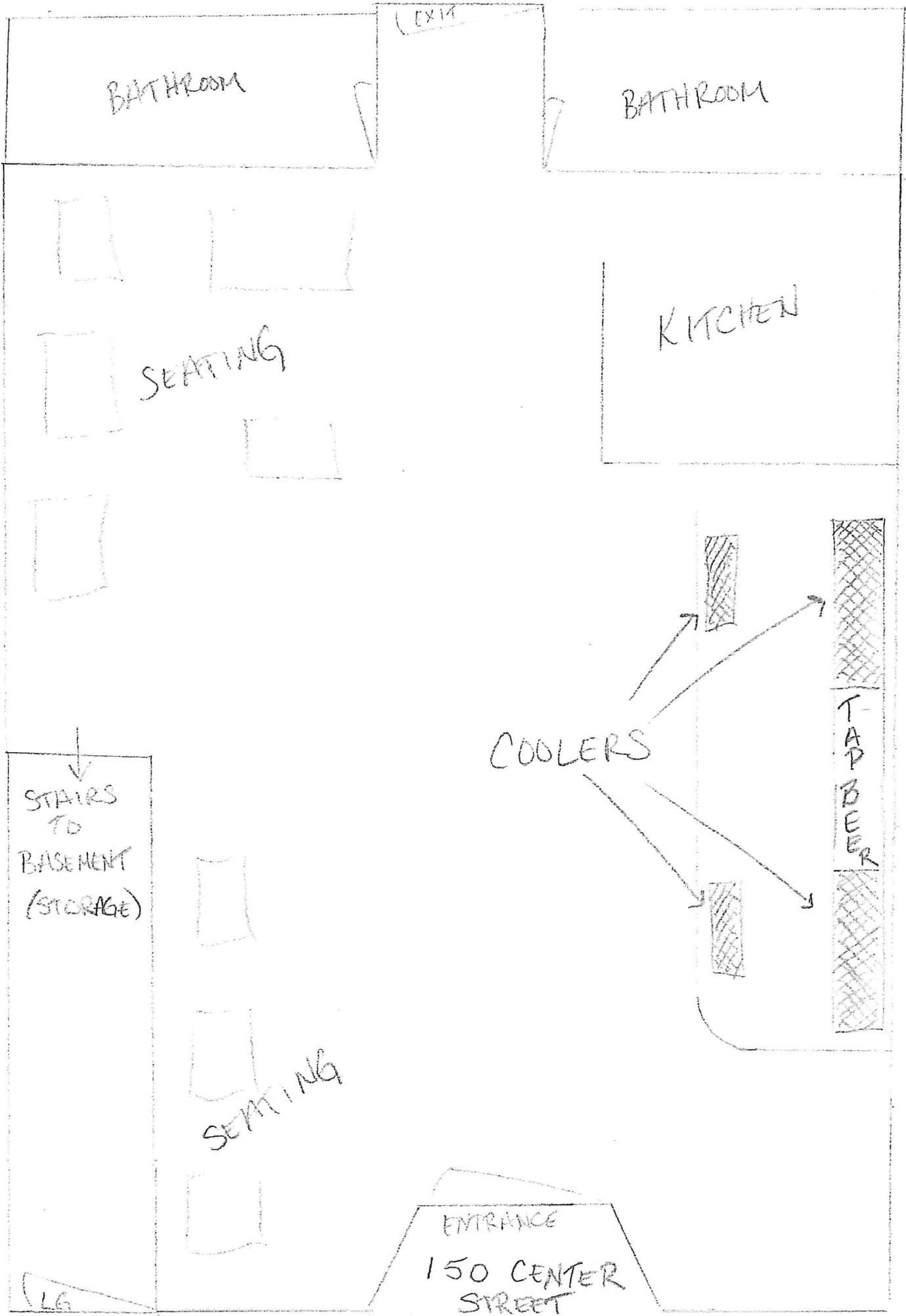
If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

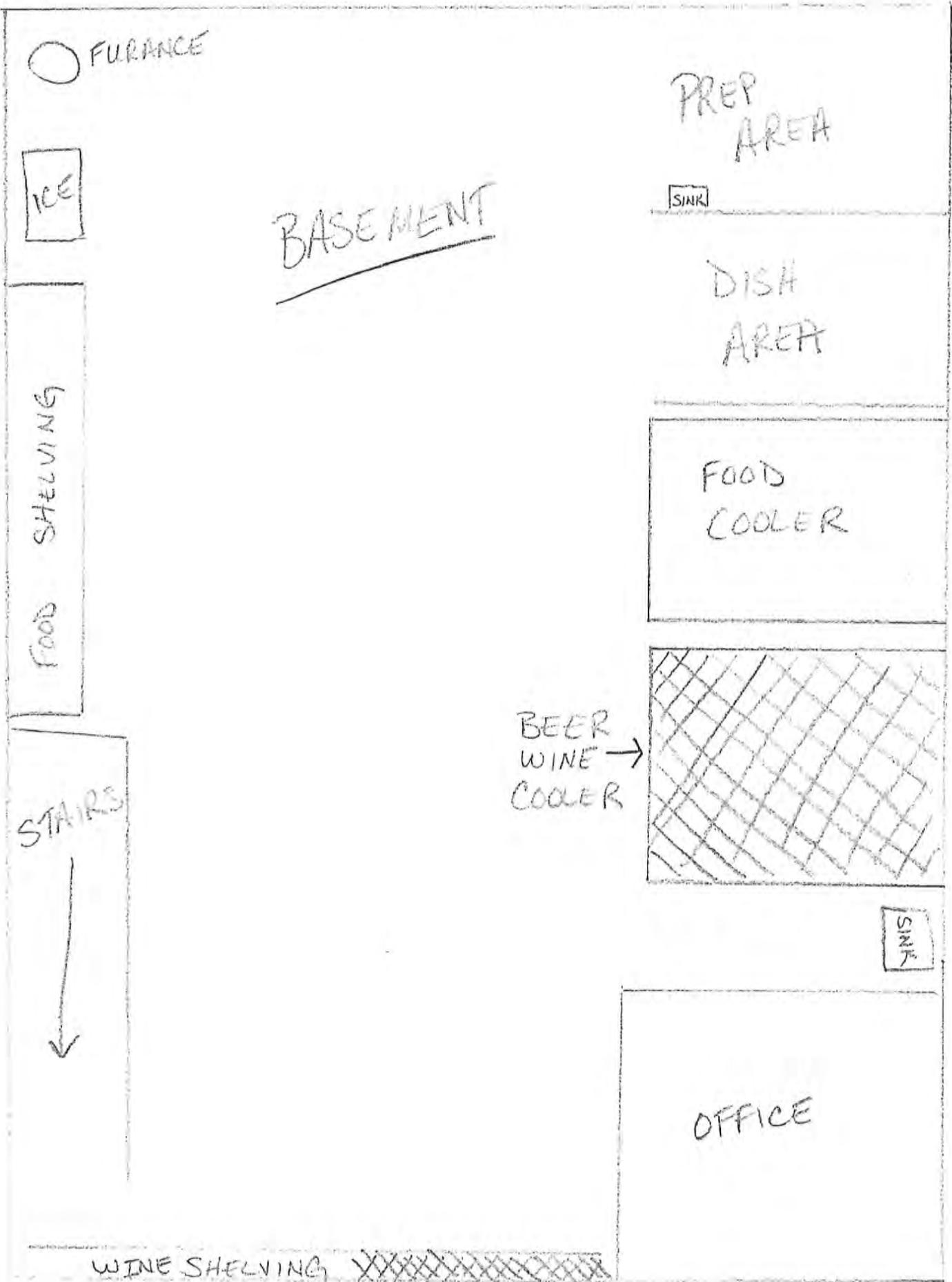
## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_





150 CENTER STREET



FURNACE

ICE

BASEMENT

PREP AREA

SINK

DISH AREA

FOOD COOLER

BEER WINE COOLER →

SINK

STAIRS

OFFICE

WINE SHELVING

**ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION**

456-1030157049-03

Submit to municipal clerk.

Applicant's WI Seller's Permit No.: FEIN Number: 82-3877984

For the license period beginning Feb 13 20 18 ;  
ending June 30 20 18

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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25-
<b>TOTAL FEE</b>	<b>\$ 225-</b>

TO THE GOVERNING BODY of the:  Town of } Lake Geneva  
 Village of }  
 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): Sabai Sabai Thai Cuisine, Inc

*PK full 1/15/18*

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  
President/Member Jirapa Cox  
Vice President/Member Noira Workman  
Secretary/Member \_\_\_\_\_  
Treasurer/Member \_\_\_\_\_  
Agent Jirapa Cox  
Directors/Managers \_\_\_\_\_

3. Trade Name Sabai Sabai Thai Cuisine Business Phone Number 262-812-4114  
4. Address of Premises 306 Center St. Lake Geneva, WI 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 1/3/2018 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Bar and Basement See a map attached.

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? The Tempura House
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.

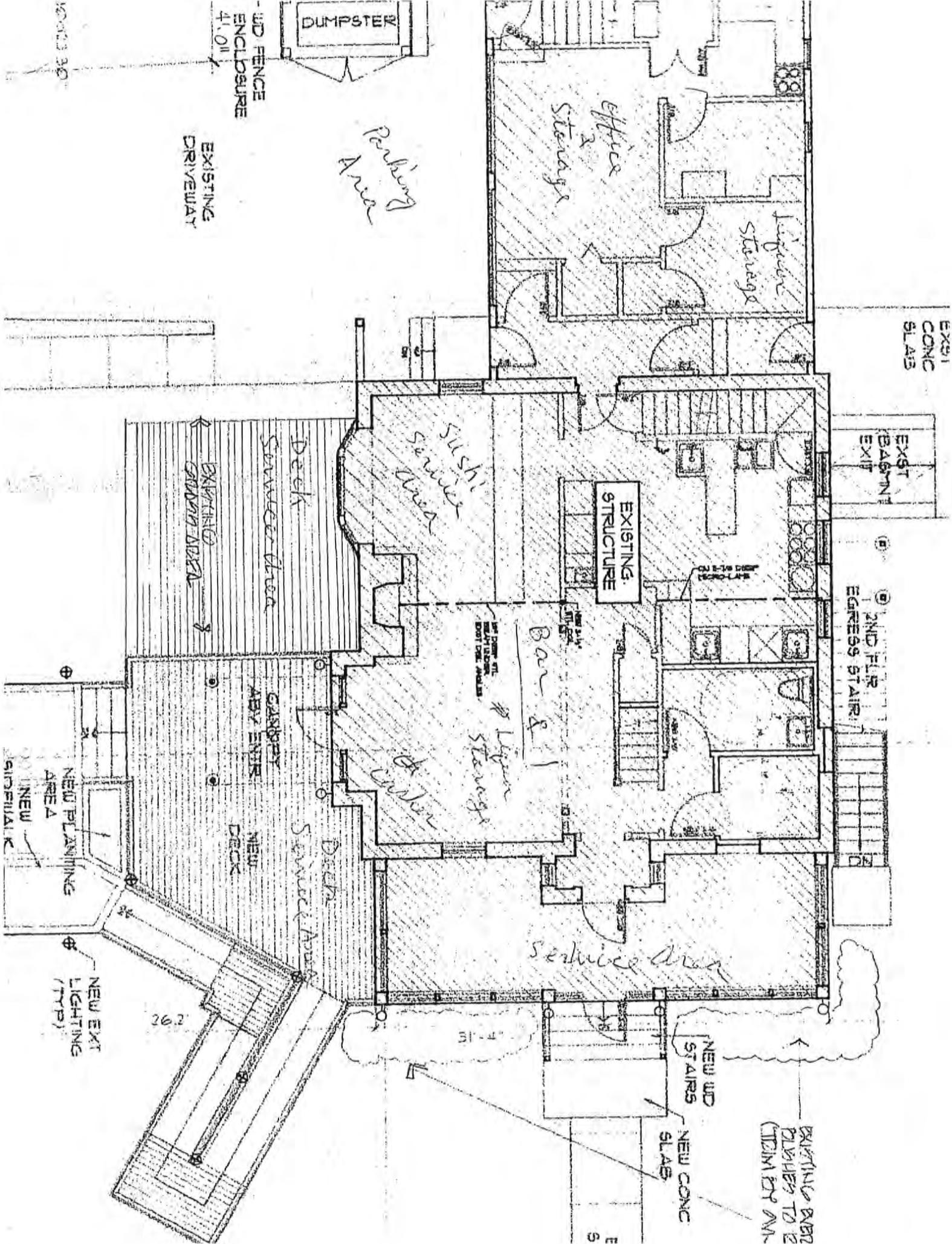
SUBSCRIBED AND SWORN TO BEFORE ME  
this 25th day of January, 20 18  
[Signature]  
(Clerk/Notary Public)

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

My commission expires \_\_\_\_\_

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk	<u>1/25/2018</u>	Date reported to council/board	<u>2/12/2018</u>	Date provisional license issued	_____	Signature of Clerk / Deputy Clerk	<u>[Signature]</u>
Date license granted	<u>2/12/2018</u>	Date license issued	<u>2/13/2018</u>	License number issued	<u>2019-1</u>		



DUMPSTER

WOOD FENCE ENCLOSURE 41.011

EXISTING DRIVEWAY

Parking Area

Office & Storage

Lounge Storage

EXIST CONC SLABS

EXIST BASKET EXIT

EXISTING STRUCTURE

2ND FLR EGRESS STAIR

Sushi Service Area

Bar & Lounge

Lounge Storage

Deck  
Sawdust Area  
EXISTING GARDEN AREA

CASPERY ARBY ENTR

NEW DECK

Deck  
Service Area

Service Area

NEW UP STAIRS

NEW CONC SLAB

EXISTING BARR PLUMBERS TO BE ITEM FOR MR

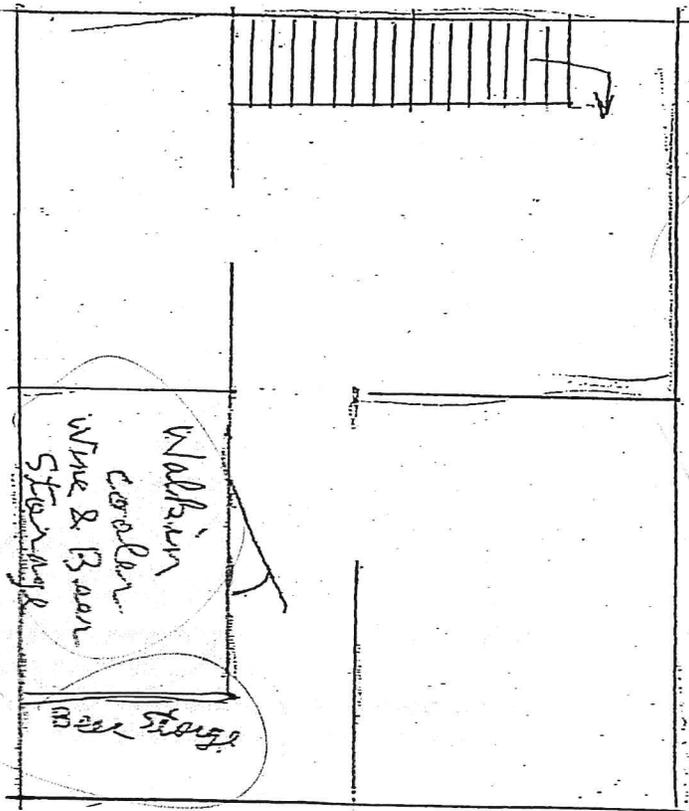
NEW PLANTING AREA  
NEW SIDEWALK

NEW EXT LIGHTING (TYP)

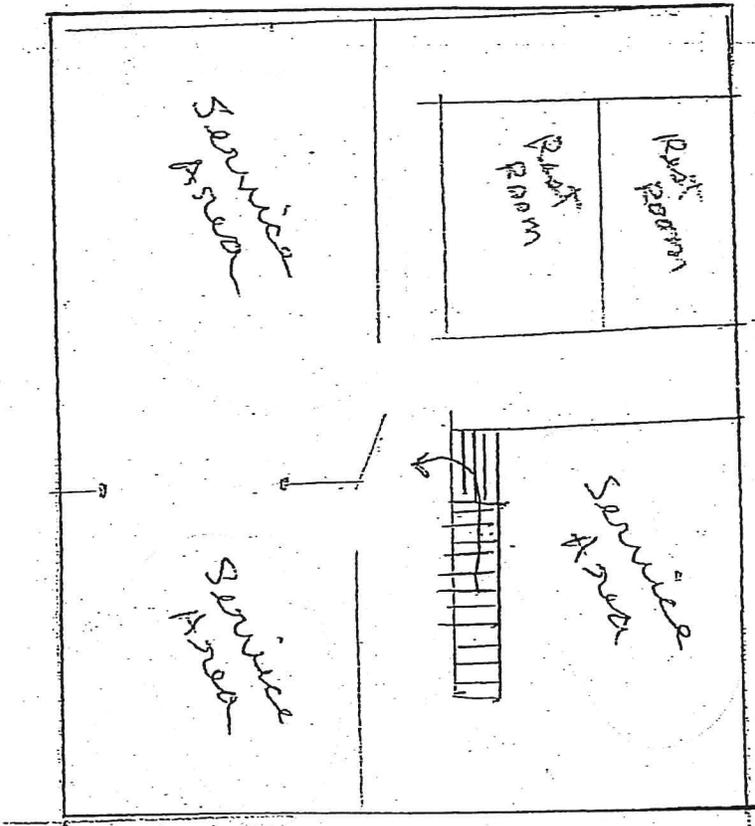
26.2

7.15

5



Parliament Storage



2nd Fl - Service Area

# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning July 1 20 18  
ending June 30 20 19

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

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

Applicant's WI Seller's Permit No.:		FEIN Number:	
		<u>82-2232333</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100 -</u>		
<input checked="" type="checkbox"/> Class C wine	\$ <u>100 -</u>		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25 -</u>		
<b>TOTAL FEE</b>	<b>\$ <u>225 -</u></b>		

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Mama Ciminds LLC, 131 Wells St, Lake Geneva WI 53147  
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 (Last, First, MI)	Home Address	Post Office & Zip Code
President/Member	<u>Nick Cimino</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>John Bobak</u>		
Directors/Managers			

3. Trade Name Mama Ciminds Business Phone Number 262 348 9077  
4. Address of Premises 131 Wells St Post Office & Zip Code Lake Geneva, WI 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 8/26/17 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) IN BACK OF THE PHOTON IN CHAIR  
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? NICK  
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864].  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

### SUBSCRIBED AND SWORN TO BEFORE ME

this 11 day of May, 20 18  
Amanda [Signature]  
(Clerk/Notary Public)  
My commission expires 2/5/2021

Nick Cimino [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>5/11/2018</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Mama Ciminos 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 Mama Ciminos  
(trade name)

located at 131 Well Sts, Lake Geneva, WI 53147

appoints John Bobak

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 YEARS

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

For: Mama Ciminos LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, John Bobak, 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.

John Bobak 5/11/18

**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 5-18-18 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) <b>NICK</b>	(first name) <b>CIMINO</b>	(middle name)
--	-------------------------------	---------------

- 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 **MAMA CIMINO 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:

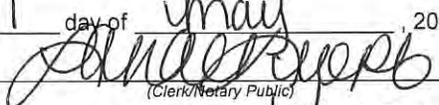
- How long have you continuously resided in Wisconsin prior to this date? NEVER
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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)

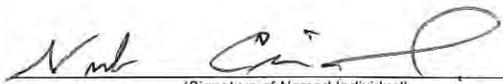
6. Named individual must list in chronological order last two employers.

Employer's Name <b>SUP ERVISE</b>	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 11 day of May, 2018  
  
(Clerk/Notary Public)

  
(Signature of Named Individual)

My commission expires 2/5/2021



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	BOBAK	JOHN	

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- JOHN BOBAK of MAMA CIMINO'S, 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 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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>TRI-STATE MARKETING</u>	Employer's Address <u>MERRICK, NY</u>	Employed From <u>2002</u>	To <u>2012</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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
(Clerk/Notary Public)

John Bobak  
(Signature of Named Individual)

My commission expires \_\_\_\_\_



# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

Applicant's WI Seller's Permit No.	FEIN Number:
456000012438204	39-1968379
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 125</b>

For the license period beginning July 1 20 18 ;  
 ending June 30 20 19 ;

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): PH Hospitality 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>Mark Louis Dillon</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Kate Rath</u>		
Directors/Managers			

3. Trade Name Pizza Hut Business Phone Number 262-248-9221  
 4. Address of Premises 801 Williams Street Post Office & Zip Code Lake Geneva, WI 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 \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? See attached  Yes  No

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

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One story restaurant; beer sold in dining room, stored at server station & cooler in kitchen

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? PH Hospitality Group, LLC
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a business 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 2nd day of July, 20 18

My commission expires \_\_\_\_\_

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>14/1/18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Wisconsin Drivers License D450-5525-7425-04

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
DILLON	MARK	LOUIS	

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 **Apple Hospitality 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? 21 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. See attached  
(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
Timberbrook Foods	10930 W. Potter Road, Wauwatosa, WI	01/01/1995	01/01/1998
Pepsico	Various Locations - Houston, TX	01/01/1977	01/01/1995

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 27th day of March, 2018  
  
 My commission expires \_\_\_\_\_

  
 (Signature of Named Individual)  
 Mark Dillon



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	Rath	Kate	Frances

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 **PH Hospitality 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:

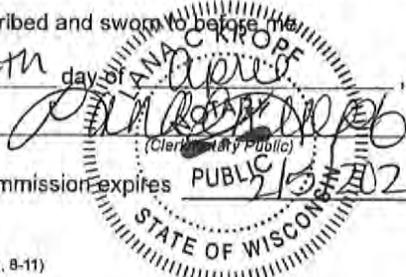
- How long have you continuously resided in Wisconsin prior to this date? 53 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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.)  
July 1990 - DWI
- 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. see attached  
(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
Long term Pizza Hut employee			
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 4th day of April, 2018



PH Hospitality Group, LLC

Kate Rath  
(Signature of Named Individual)

My commission expires PUBLIC 15 FEB 2021



Printed on Recycled Paper

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 09/30/2019  
(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 ▶ KNMG Hotels LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 109 N Spruce Ave Wood Dale IL 60191  
 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>Narendra Patel</u>		
Vice President/Member	<u>Mahendra Patel</u>		
Secretary/Member	<u>Ghanshyam Patel</u>		
Treasurer/Member			
Agent ▶	<u>Eric Schmitt</u>		
Directors/Managers			

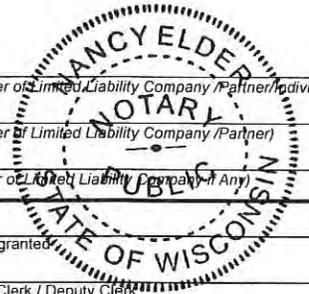
C. 1. Trade Name ▶ Comfort Suites Business Phone Number 262-248-2300  
 2. Address of Premises ▶ 300 E Main St Lake Geneva Post Office & Zip Code ▶ 53147

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 10 day of May, 20 18  
Nancy Elder  
(Clerk/Notary Public)  
 My commission expires July 2019

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

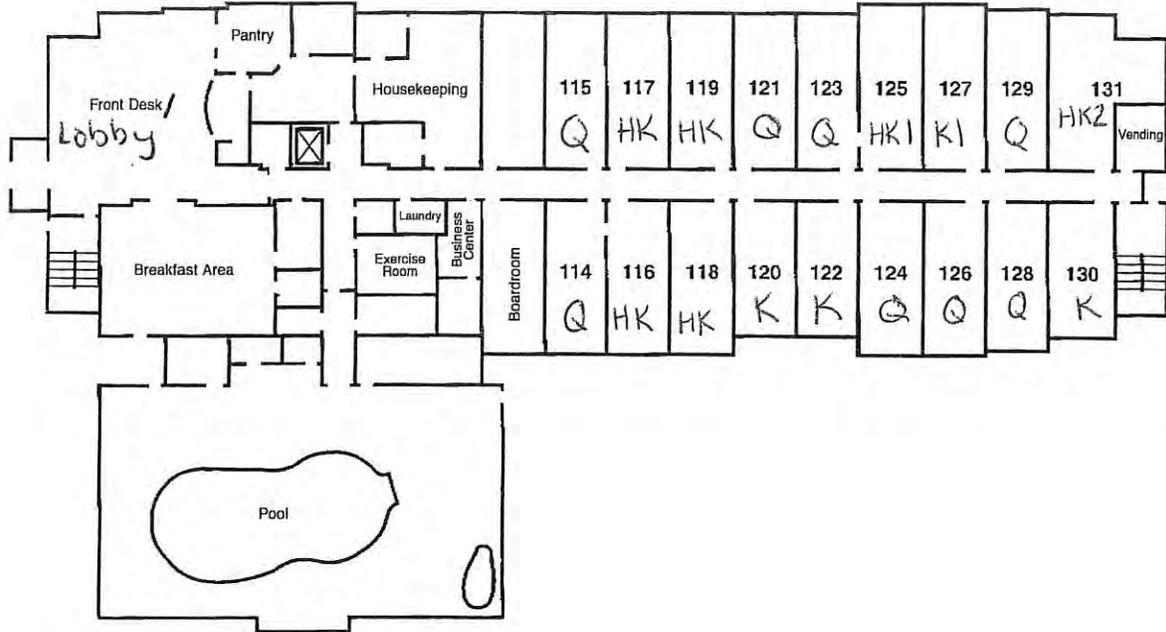


TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/10/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

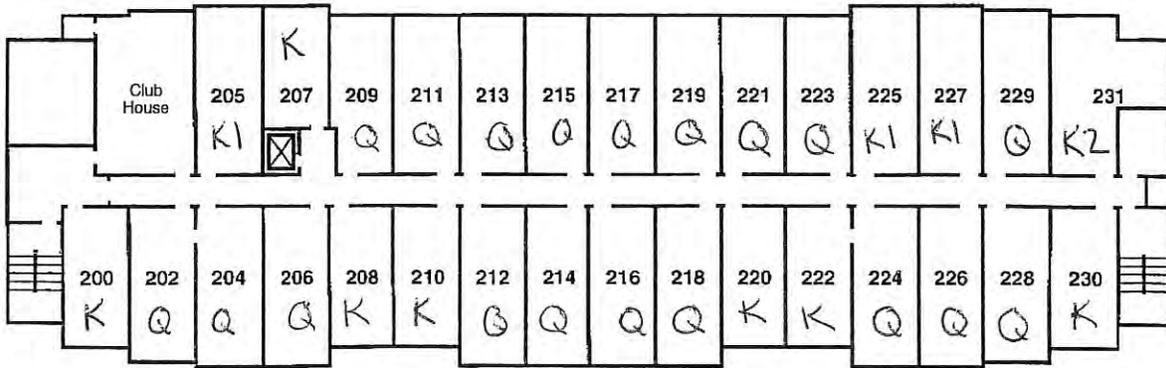
# Hotel Layout



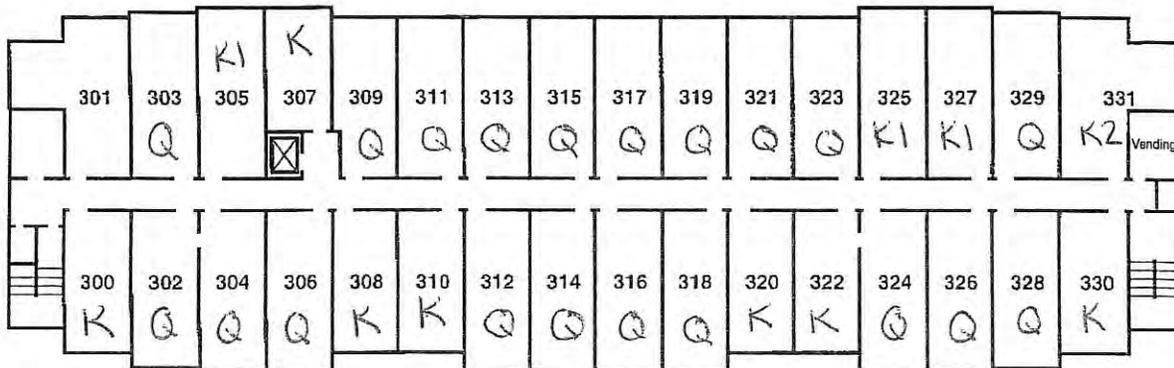
## First Floor



## Second Floor



## Third Floor



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 6/30/2019  
(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 BEB Lake Geneva LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 800 N. Bunespruce Cir, Hartland, WI 53029

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 Julie P. Selby

Vice President/Member Curtis E. Selby

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent \_\_\_\_\_

Directors/Managers \_\_\_\_\_

C. 1. Trade Name Board's Brush Lake Geneva

Business Phone Number 262-409-1639

2. Address of Premises 262 Center 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1300 sq ft. Studio Prem. Storage in cabana and shelves in rear of Studio.

5. Legal description (omit if street address is given above): in rear of Studio.

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April, 20 18

Katherine J. Anderson  
(Clerk/Notary Public)

My commission expires is permanent

Julie P. Selby  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

Curtis E. Selby  
(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

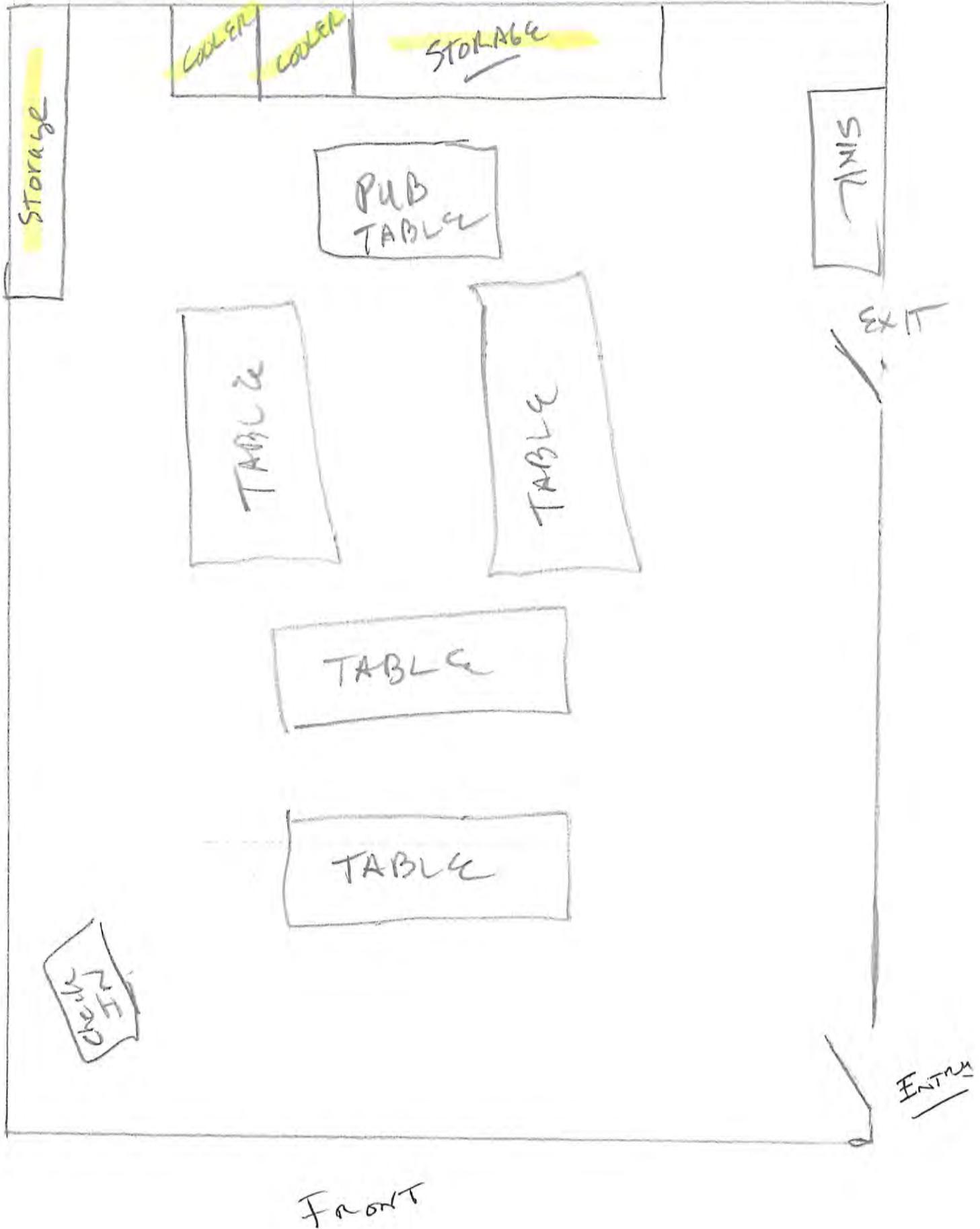
Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

*[Handwritten initials]*

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-1028888977-02</u>	<u>47-5316798</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>125.00</u>

*[Handwritten note: pdt 4/20/18]*

Alcohol is stored in coolers and storage areas.



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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. N/A (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-0000612400-03</u>	FEIN Number: <u>39-0407795</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
<b>TOTAL FEE</b>	\$ <u>625-</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 ▶ 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 JOSEPH JEGERSKI</u>		
Vice President/Member	<u>THOMAS KEHL</u>		
Secretary/Member	<u>ROBERT MILLER</u>		
Treasurer/Member	<u>CHARLES JOHN SCHLEHLEIN</u>		
Agent	<u>CHARLES JOHN SCHLEHLEIN</u>		
Directors/Managers			

C. 1. Trade Name ▶ AMERICAN LEGION POST 24 Business Phone Number 262 248 9767  
 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RECORDS STORED IN BASEMENT 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 they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 24th day of August, 2018  
[Signature]  
 (Clerk/Notary Public)

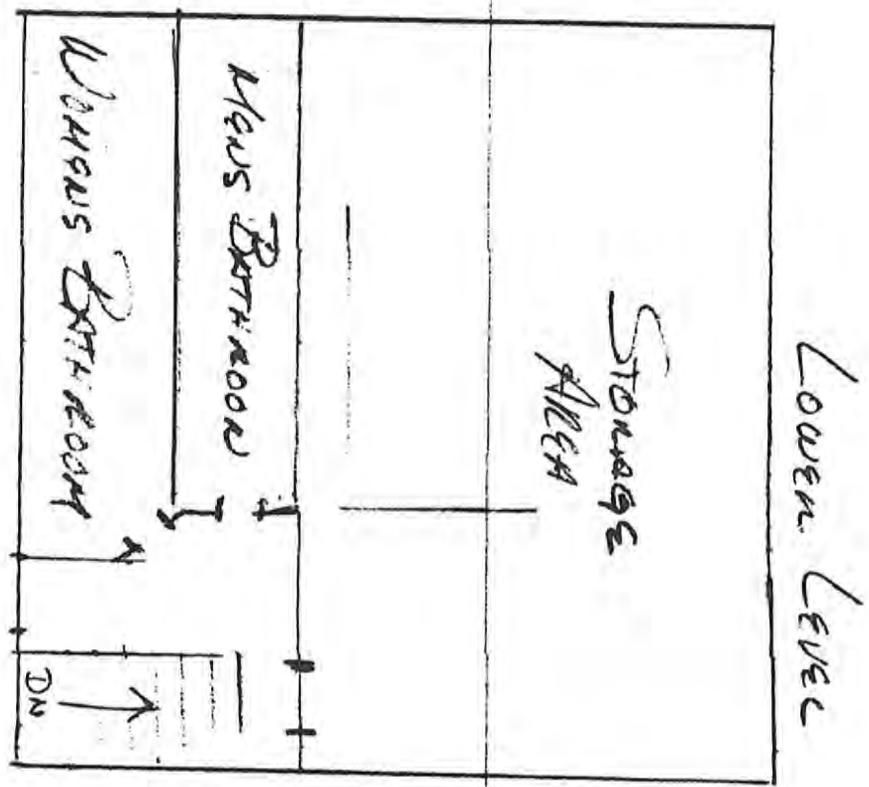
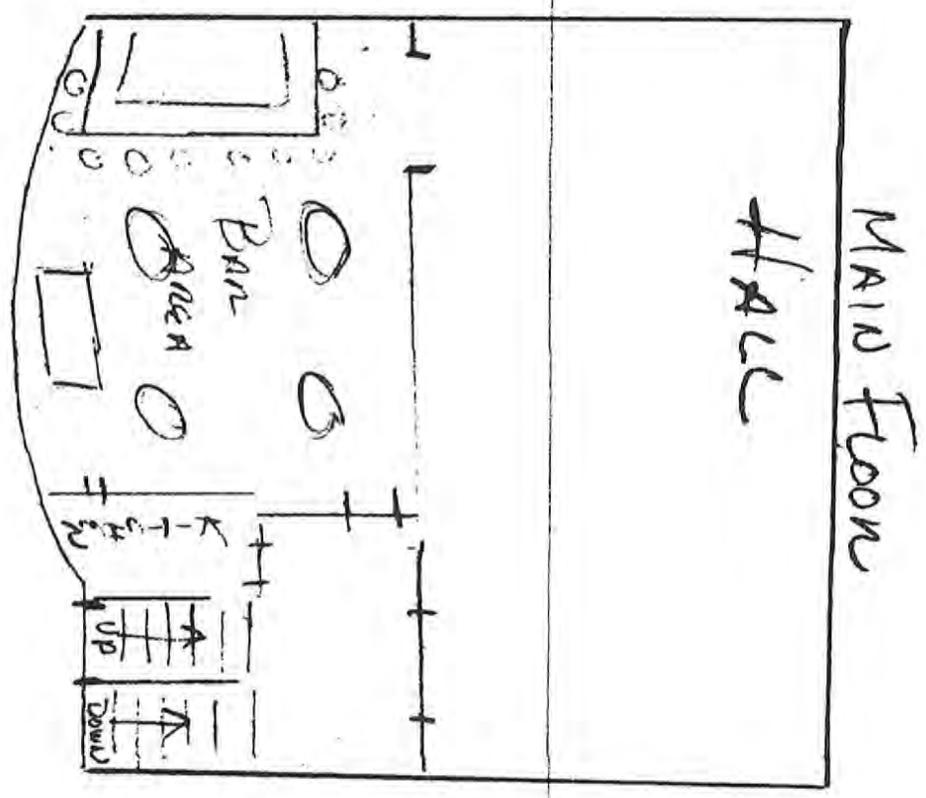
My commission expires 2/1/2021

[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>April 24, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

American Legion Post #24  
Lake Geneva



LIONN SERVED & STORED ON MAIN FLOOR  
LIONN STORED ON LOWER LEVEL

6' FENCE

GARDEN ST

"NO ALCOHOL"  
BEYOND THIS  
POINT

6' FENCE

6' FENCE

6' FENCE

GARAGE FOR  
STORAGE  
OF EQUIPMENT

LIQUOR SERVED & CONSUMED  
IN OUTDOOR & GARAGE AREAS



LEGION  
HALL

RESTROOMS  
LOWER LEVEL

DRIVEWAY →

6' FENCE

"NO ALCOHOL"  
BEYOND THIS  
POINT

HENRY ST

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company HARRYS CAFE & PLACE INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 808 MAIN ST.  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name)  
 President/Member JAMES G. CHIRONIS  
 Vice President/Member HARRYS S. CHIRONIS  
 Secretary/Member HARRY S. CHIRONIS  
 Treasurer/Member JAMES G. CHIRONIS  
 Agent JAMES G. CHIRONIS  
 Directors/Managers LOUIS S. CHIRONIS

C. 1. Trade Name HARRYS CAFE Business Phone Number 262-248-3494  
 2. Address of Premises 808 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ONE STORY BRICK/RECORDS IN OFFICE
5. Legal description (omit if street address is given above): STORAGE IN OFFICE UNDER BAR, BASEMENT, CAFE, KITCHEN & SIDEWALK CAFE AREA
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 This 19 day of April, 2018  
Clergy Cook  
(Clerk/Notary Public)  
 My commission expires July 2017

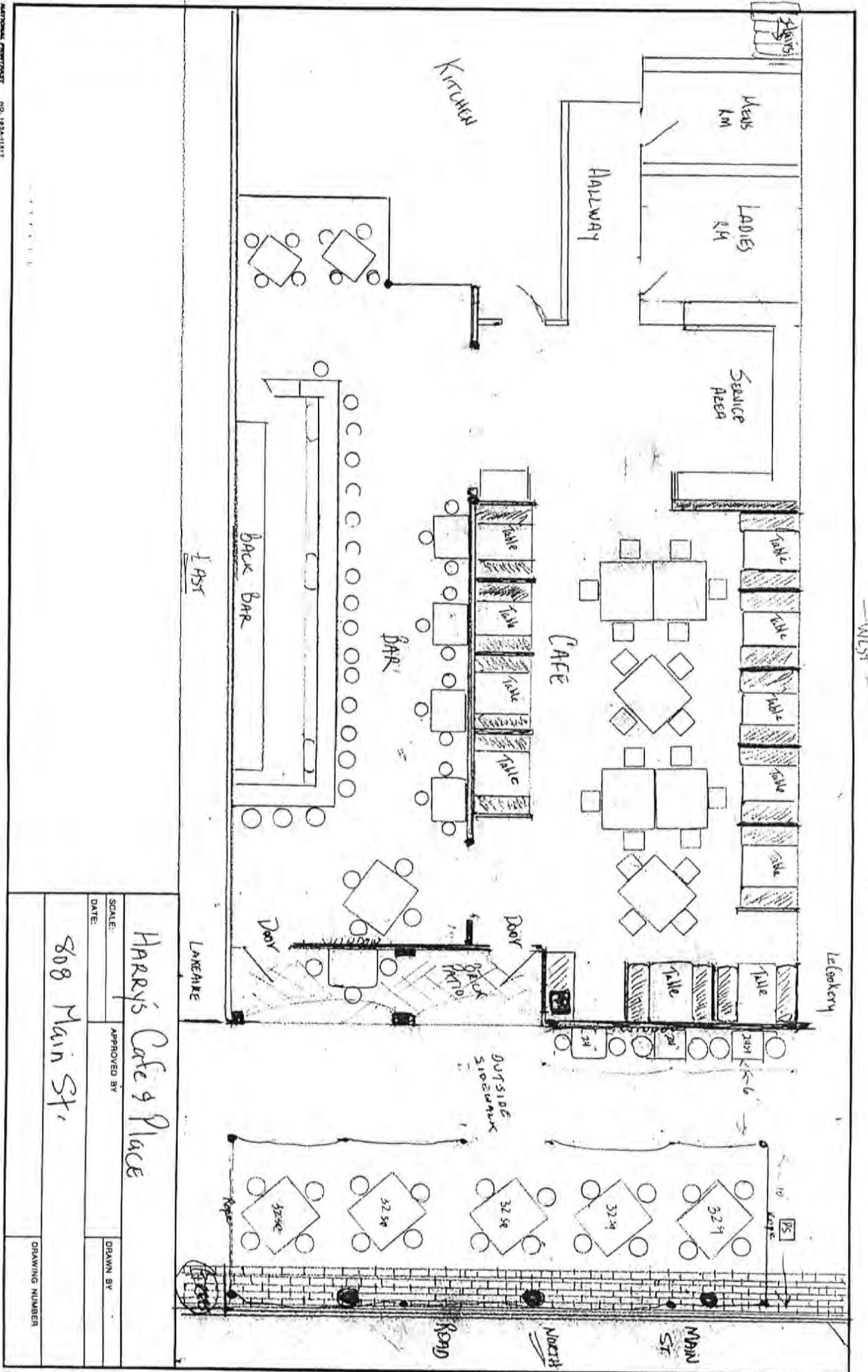
James G. Chironis  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Harry S. Chironis  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
Louis S. Chironis  
(Additional Partner; /Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/10/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

C180410-4

Applicant's WI Seller's Permit No. <u>456000060124103</u>	FEIN Number <u>39150551</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*Pub \$75.  
C180410-2*



NATIONAL ARCHITECT NO. 183-11313

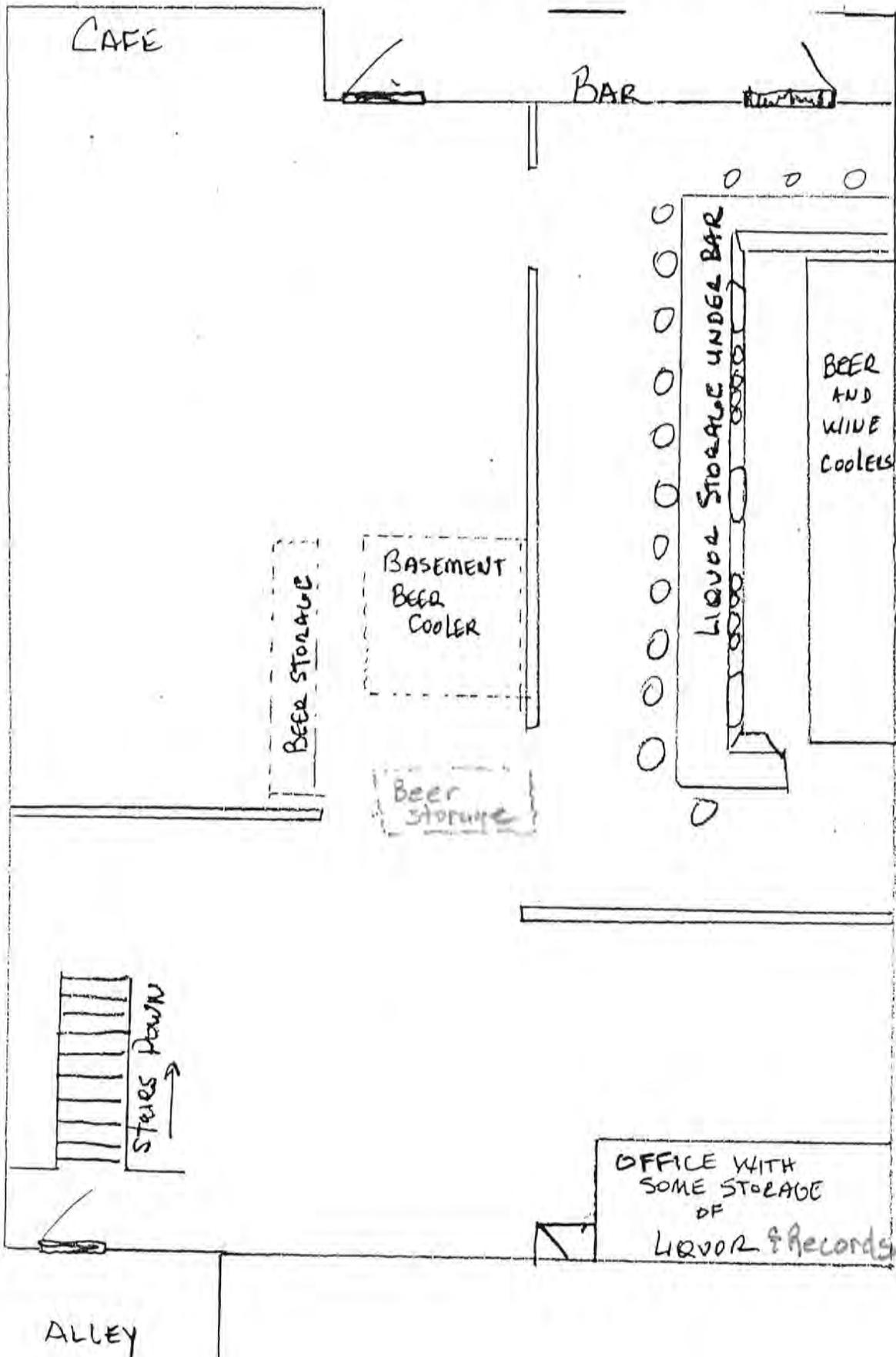
Harry's Cafe & Place  
 APPROVED BY \_\_\_\_\_  
 SCALE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DRAWN BY \_\_\_\_\_

808 Main St.

DRAWING NUMBER

# HARRY'S CAFE & PLACE INC

808 MAIN ST.



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
CHIRONIS	HARRY	S
Home Address (street/route)	Dist. Office	City

- 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 HARRYS CAFE & PLACE 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? 64 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
PLAYBOY CLUB	LAKE GENEVA	1972	1978
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 10th day of October, 2018  
Kristyn L. Skipper  
(City, Notary Public)  
My commission expires 10/31/20



Harry Chironis  
(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)
CHIRONIS	JAMES	G.

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- OFFICER/AGENT of HARRYS CAFE & PLACE 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? 80 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
US MILITARY	US ARMY	01/01/1957	03/06/1958
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 10 day of April, 2018  
[Signature]  
(Clerk/Notary Public)

My commission expires July 2019



[Signature]  
(Signature of Named Individual)



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) Home Address Post Office & Zip Code  
 ▶ GREGORY ANAGNOS N1567 CLOVER RD LAKE GENEVA, WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MEDUSA GRILL & BISTRO 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	GREGORY ANAGNOS	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	GREGORY ANAGNOS	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ MEDUSA GRILL & BISTRO Business Phone Number 262-249-8644

2. Address of Premises ▶ 501 BROAD STREET 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) REST-2DIN.RMS W/BARS-BASEMENT OFFICE

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18<sup>th</sup> day of April, 20 18

Robert A. Limosani  
(Clerk/Notary Public)

My commission expires 9/18/2018

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

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

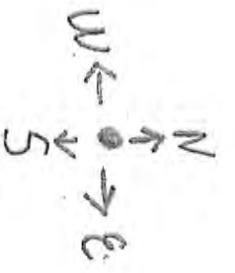
Robert A. Limosani  
Notary Public  
State of Wisconsin

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 18, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

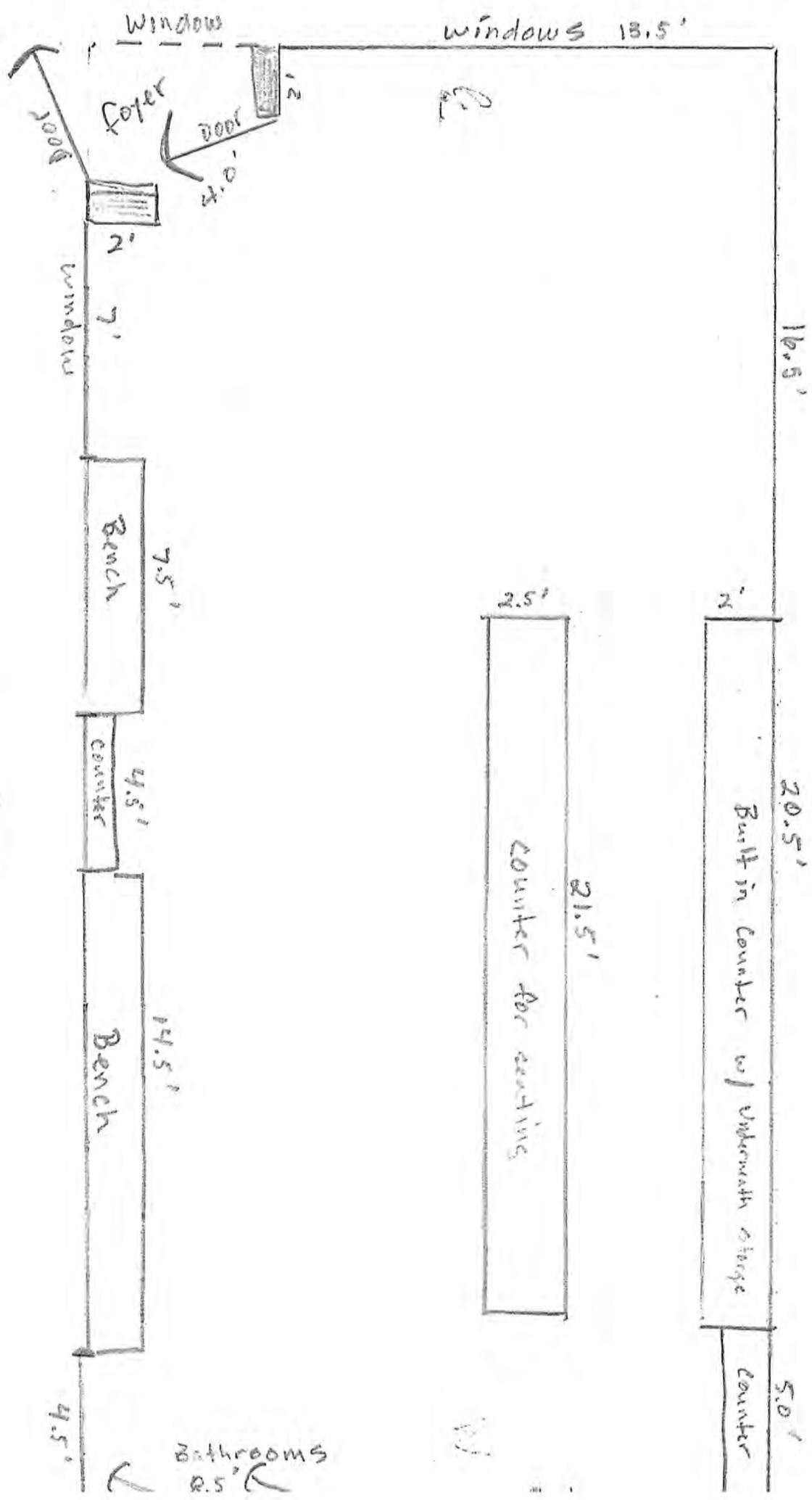
Applicant's WI Seller's Permit No.: 600-002765267-4	FEIN Number: 20-4154247
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100-
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500-
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625-</b>

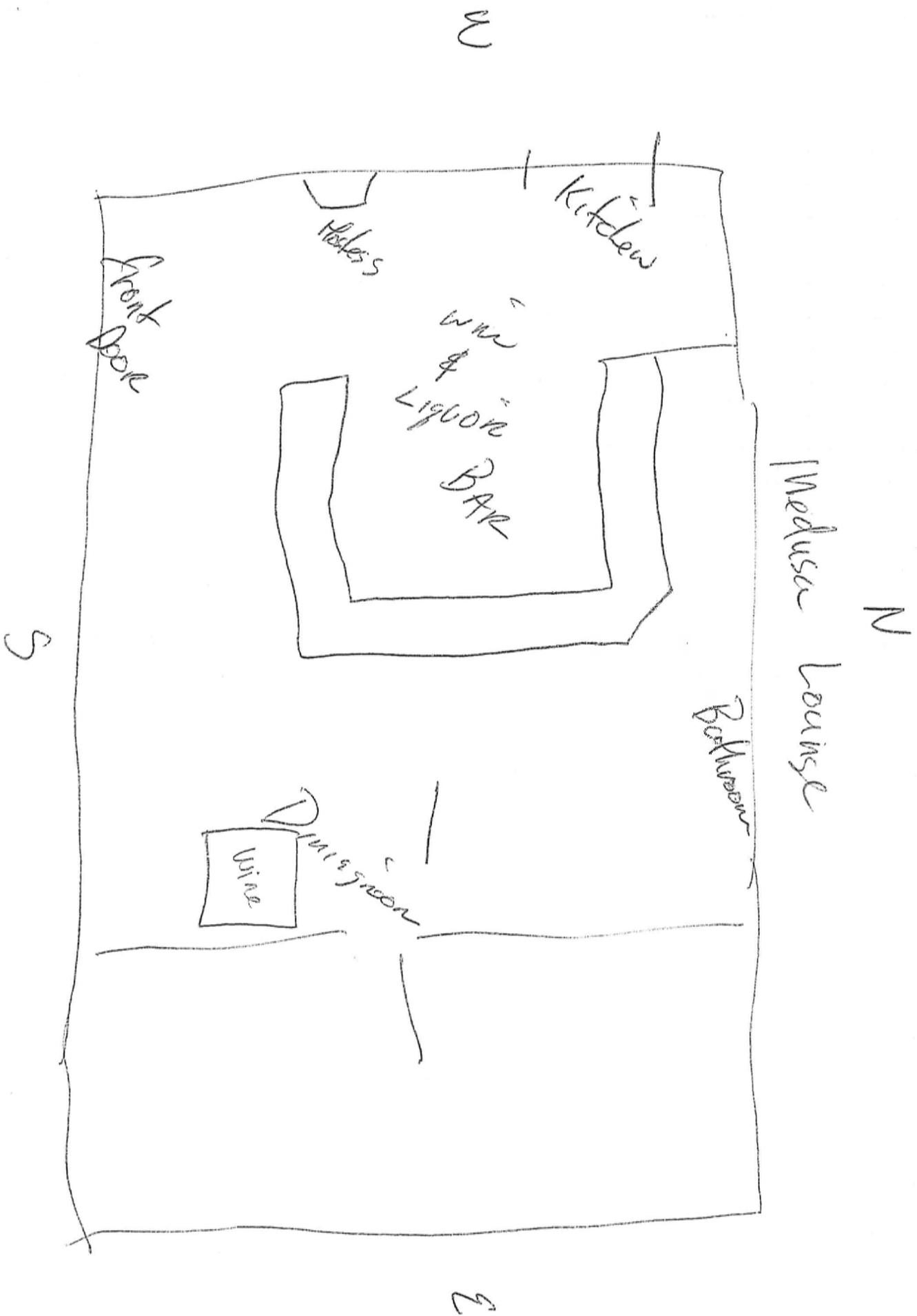
*pd 4/18/18*



→ ← = 1ft to scale

B





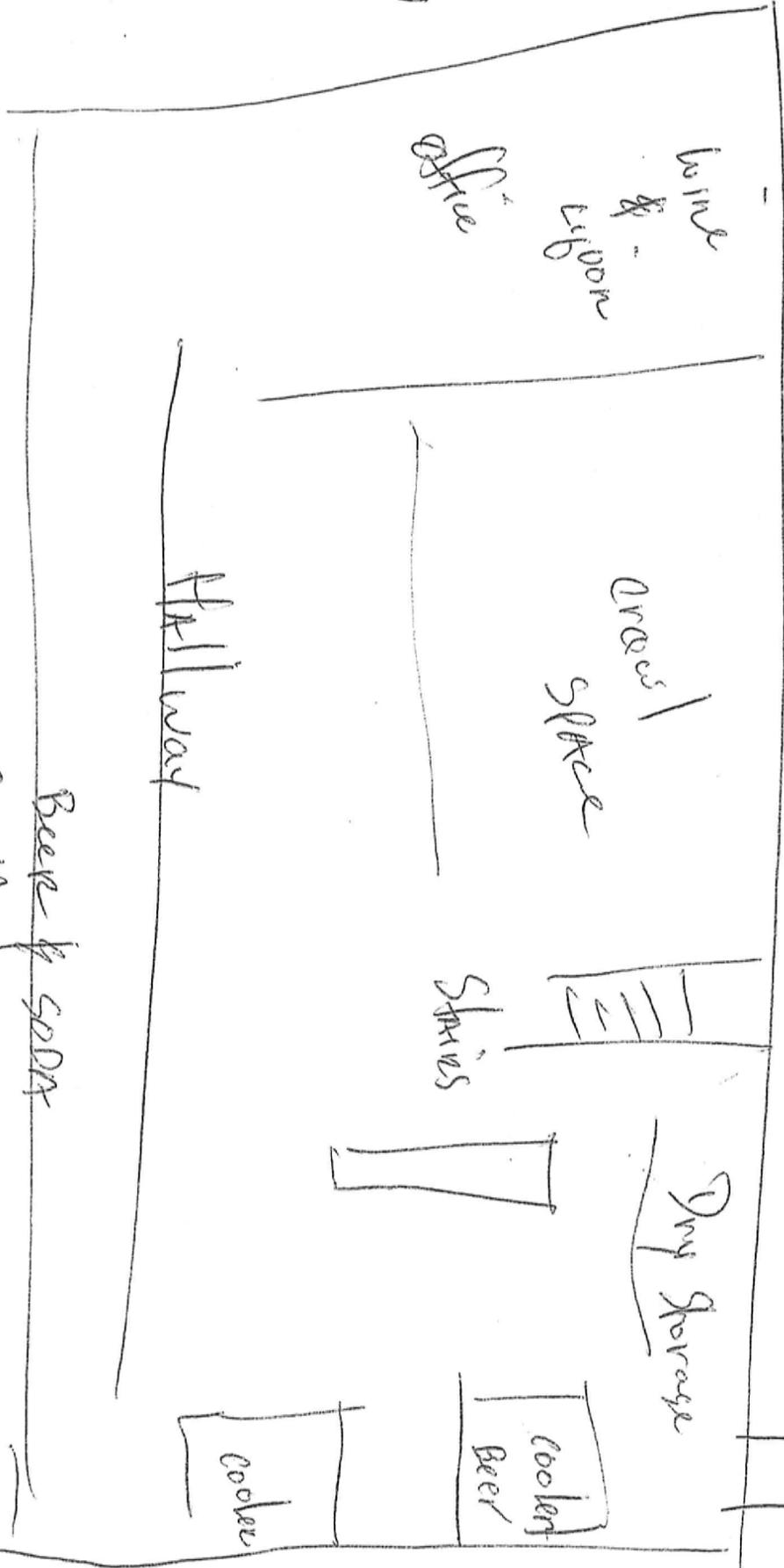
# Basement

N

Basement door

E

W



Beer & soda  
Sunk

Hallway

dress /  
space

Shelves

Dry Storage

cooler  
Beer

cooler

wine  
&  
liquor  
office

N

E

W

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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 ▶ POPEYE'S GALLEY & GROG, LTD.

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 VERONICA ANAGNOS

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent ▶ VERONICA ANAGNOS

Directors/Managers \_\_\_\_\_

C.1. Trade Name ▶ POPEYE'S ON LAKE GENEVA Business Phone Number 262-248-4381

2. Address of Premises ▶ 811 WRIGLEY DR 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BASEMENT, CAFE, BARS, STORAGE, DIN ROOM

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 3rd day of April, 2018

My commission expires 2/5/2021

Veronica Anagnos  
 (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>April 4, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-1077844309-02</u> FEIN Number: <u>45-4669918</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*Handwritten:* \$625



811 Wrigley Dr.  
P.O. Box 1117  
Lake Geneva, WI 53147

In accordance with the city of Lake Geneva Alcoholic Beverage License Renewal requirements, we hereby submit for your approval the following information:

The applicant, Popeye's Galley & Grog, Ltd., is a dining facility located on the lakefront in a 22,580.25 square foot building at 811 Wrigley Dr. The business operates between the hours of:

Sun-Thurs—11:00am-10:30pm

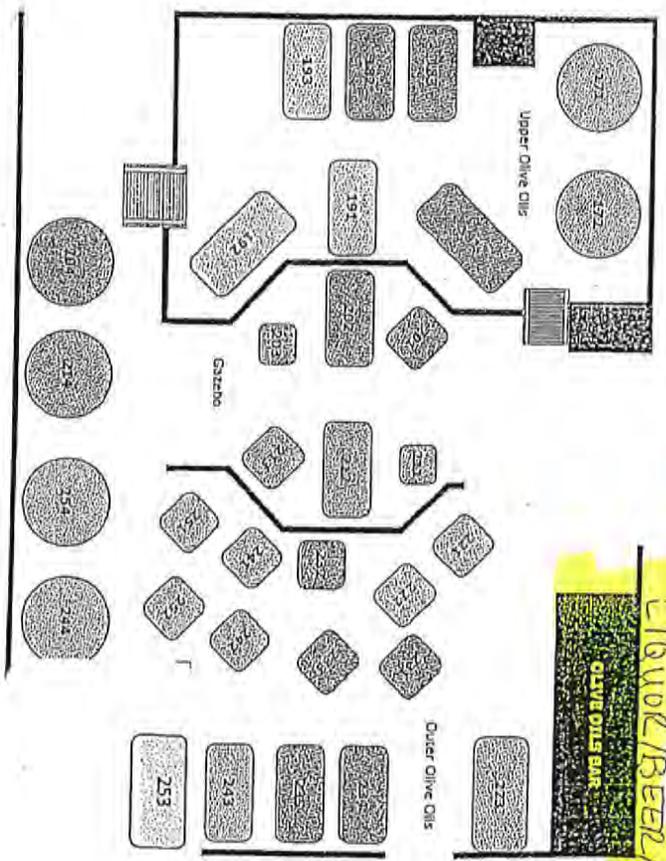
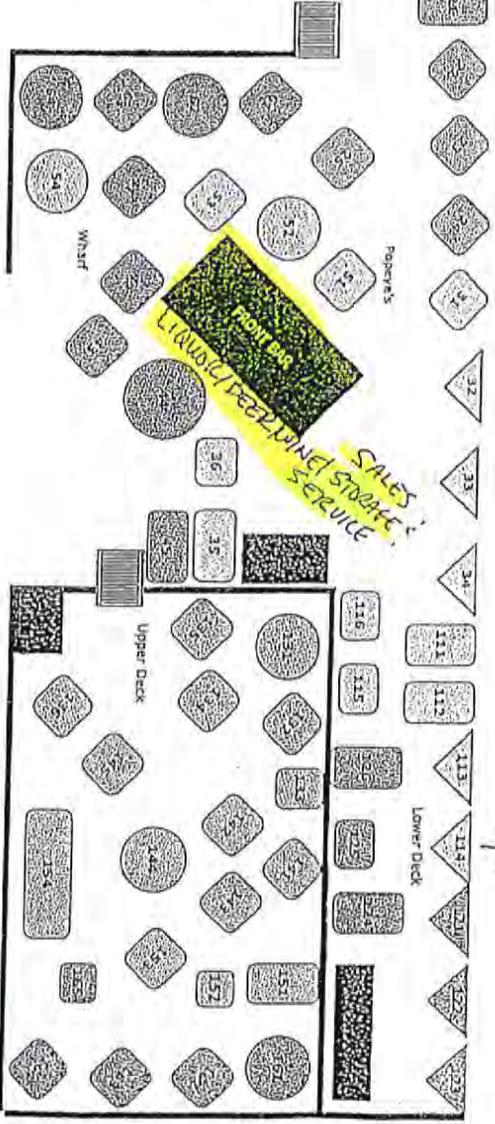
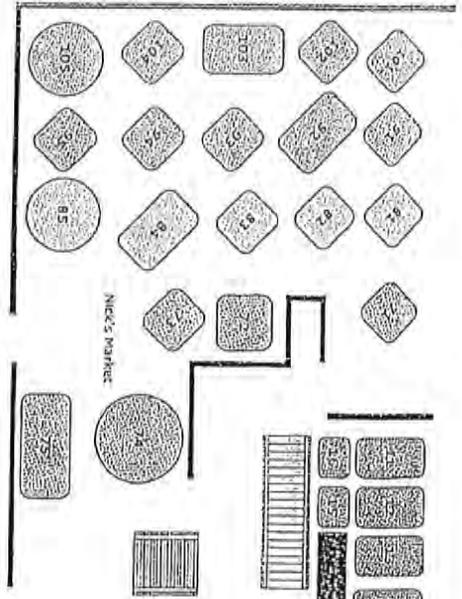
Friday-Sat—11:00am-11:30 pm

Specific areas pertaining to the sale, service and storage of alcoholic beverages on the premises are included as follows:

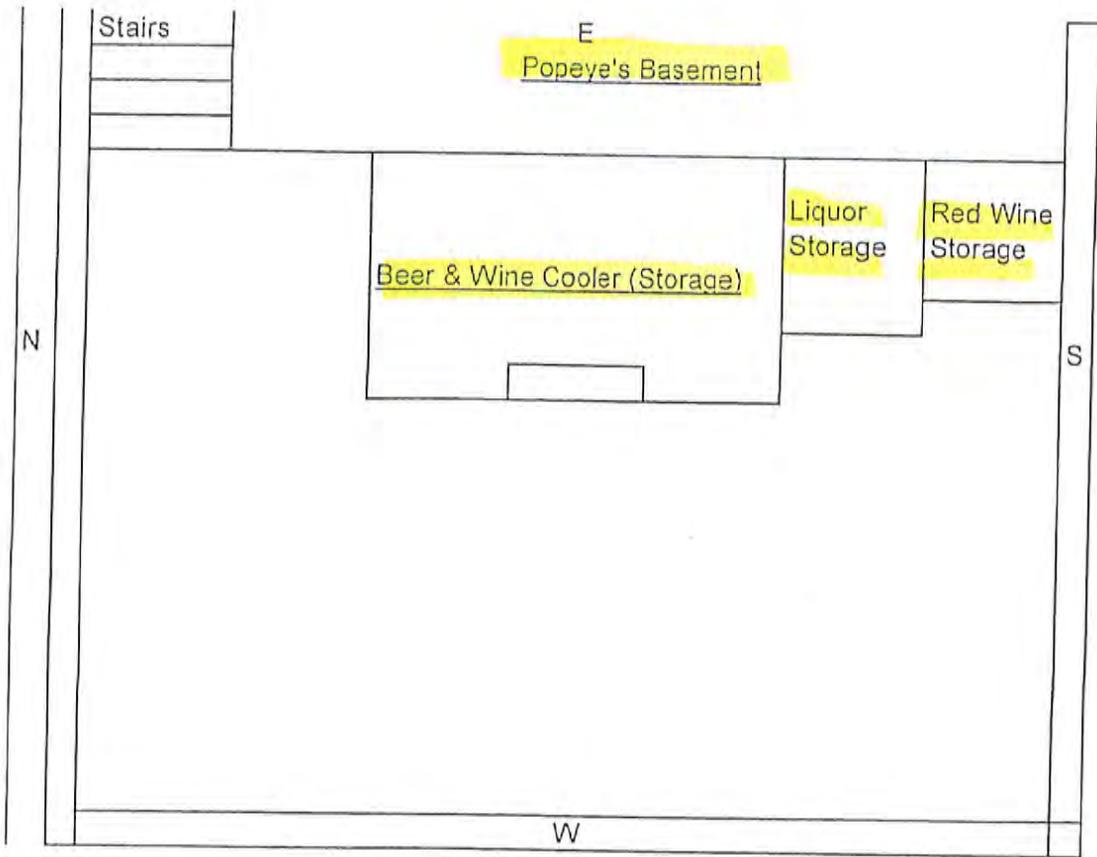
Vestibule	64.5 Square Feet
Entry	251.7 Square Feet
Lounge	271.0 Square Feet
Nick's Market	1,631.0 Square Feet
Hall	886.6 Square Feet
Washroom	886.7 Square Feet
Main Dining Room	2,467.0 Square Feet
Olive Oyl's	2,770.0 Square Feet
Kitchen	3,927.0 Square Feet
Basement & Stairs	2,702.8 Square Feet
Deck	1,478.25 Square Feet
Office	3,000.0 Square Feet
Outside Café	See Map

**Dining Rooms**

Liquor /  
Beer/Wine  
Service  
Storage



LIQUOR/BEER/WINE STORAGE SERVICE



**RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION**

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/2019  
(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) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GLENEAGLES 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) \_\_\_\_\_

President/Member ALASTAIR MUNRO CUMMING

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent ALASTAIR M. CUMMING

Directors/Managers \_\_\_\_\_

C. 1. Trade Name SOPRA Business Phone Number \_\_\_\_\_

2. Address of Premises 724 W MAIN ST. LAKE GENEVA 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SIDEWALK CAFE RESTAURANT BASEMENT

5. Legal description (omit if street address is given above): RECORDS IN BASEMENT Behind Bar

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19th day of April, 2018

[Signature]  
(Clerk/Notary Public)

My commission expires 7/2/2021

[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)

FEIN 26-1269448

Applicant's WI Seller's Permit No.: <u>456-1026406069-02</u>	
FEIN Number: <u>406069-02</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>1025</u>

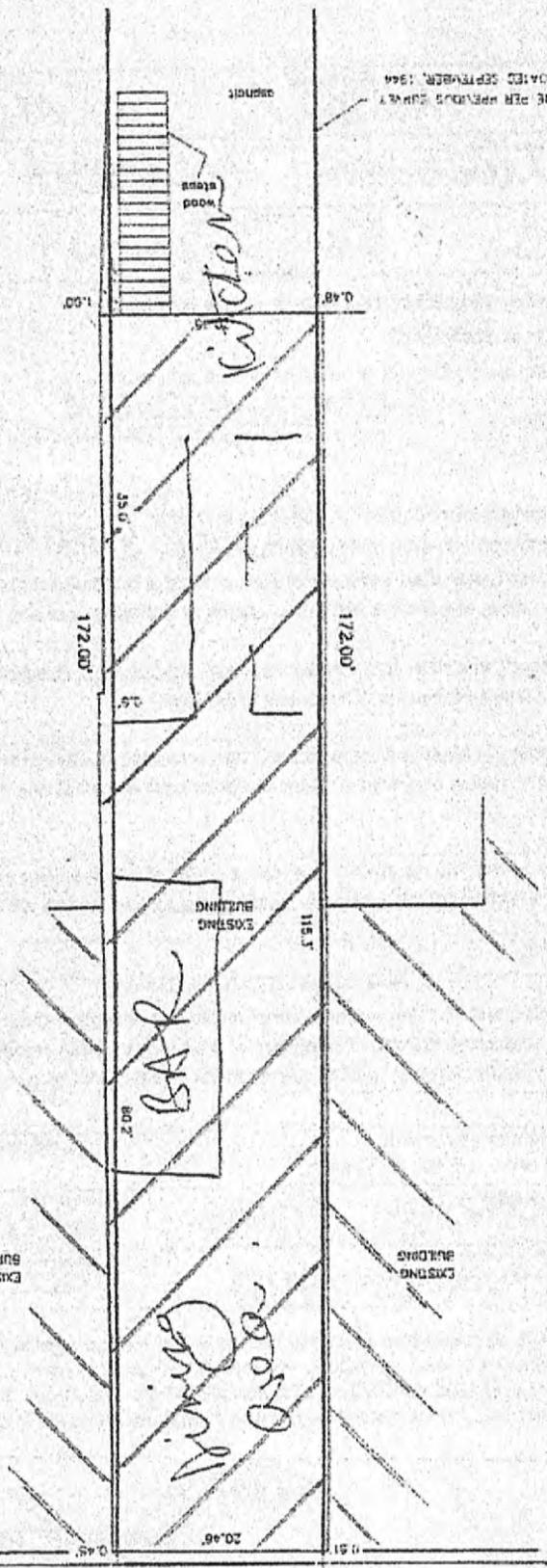
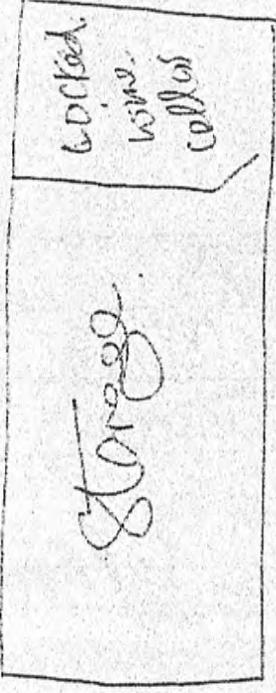
pd 4/19/18

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>April 19, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

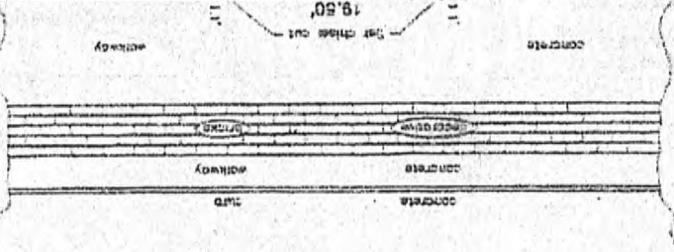
Ground Floor

Basement



WEST PROPERTY LINE PER REVISION SURVEY BY LLOYD KINZIE DATED SEPTEMBER, 1964

1" = 10'



Sops

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CAPITOL GENEVA 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 KEVIN S LEDERER

Vice President/Member KATRINA L LEDERER

Secretary/Member FELIX B RICHGELS

Treasurer/Member KRISTIN L RICHGELS

Agent ELIZABETH DION

Directors/Managers SUSAN GETGEN

C. 1. Trade Name SPRECHER'S RESTAURANT & PUB

Business Phone Number 262 248 7047

2. Address of Premises 111 CENTER 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR DINING RM BANQ RM STORAGE COOLER

5. Legal description (omit if street address is given above): PATIO, SPRECHTOBERFEST OUTDOOR EVENT

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 12<sup>th</sup> day of APRIL, 2018

[Signature]  
(Clerk/Notary Public)

My commission expires 5/11/18

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/10/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.   FEIN Number: <u>45610272633230327-2318492</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	\$

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
GETGEN	SUSAN	M

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** of **CAPITOL GENEVA 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? 26 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. SPRECHER'S PUB LAKE DELTON, WI GLENDALE, WI WATERTOWN, WI  
(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 <b>COPA RESTAURANTS</b>	Employer's Address <b>1262 JOHN Q HAMMONS DR 53717</b>	Employed From <b>04/01/1995</b>	To <b>01/01/2010</b>
Employer's Name <b>POLYNESIAN HOTEL</b>	Employer's Address <b>WISCONSIN DELLS</b>	Employed From <b>05/01/0993</b>	To <b>03/31/1995</b>

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 April, 2018  
Nancy Elder  
(Clerk/Notary Public)  
My commission expires July 2019



[Signature]  
(Signature of Named Individual)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>DION</b>	(first name) <b>Elizabeth</b>	(middle name) <b>MAE</b>
--	----------------------------------	-----------------------------

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 **CAPITOL GENEVA LLC**  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

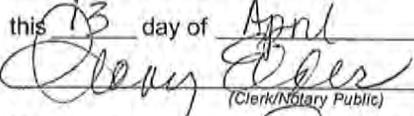
The above named individual provides the following information to the licensing authority:

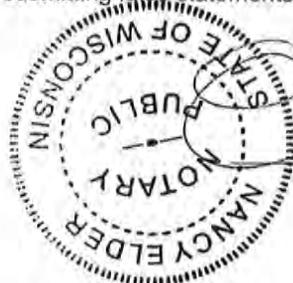
1. How long have you continuously resided in Wisconsin prior to this date? 36 YRS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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. SPRECHER'S PUB LAKE GENEVA  
(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)

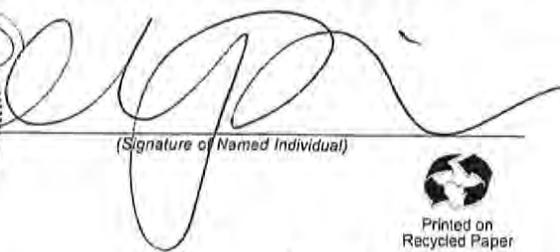
6. Named individual must list in chronological order last two employers.

Employer's Name <b>SPRECHER'S PUB</b>	Employer's Address <b>111 CENTER ST. LAKE GENEVA</b>	Employed From <b>11/2010</b>	To <b>PRESENT</b>
Employer's Name <b>HOUIHANIS</b>	Employer's Address <b>111 CENTER ST. LAKE GENEVA</b>	Employed From <b>10/2000</b>	To <b>11/2010</b>

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 April, 2016  
  
(Clerk/Notary Public)  
My commission expires July 2019



  
(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)
LEDERER KATRINA LOUISE		
Home Address (street/route)	Post Office	City
	State	Zip Code

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 **CAPITOL GENEVA 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:

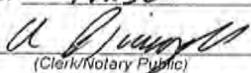
1. How long have you continuously resided in Wisconsin prior to this date? 42 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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. LIQ LICENSES IN MADISON, LK DELTON, WATERTOWN, GLENDALE, COLUMBUS  
(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
SELF EMPLOYED	FOR 20 YEARS		
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 12<sup>th</sup> day of APRIL, 2018  
  
(Clerk/Notary Public)

  
(Signature of Named Individual)

My commission expires 5/11/18



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
RICHGELS KRISTIN L					
Home Address (street/route)	Post Office	City	State	Zip Code	

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 **CAPITOL GENEVA 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? 65 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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. LIQ LICENSES IN MADISON, LK DELTON, WATERTOWN, GLENDALE, COLUMBUS  
(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
SELF EMPLOYED		01/01/1990	04/30/2018
UW-MADISON		01/01/1982	12/31/1989

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 12<sup>th</sup> day of APRIL, 20 18

\_\_\_\_\_  
(Clerk/Notary Public)

My commission expires 5/11/18

Kristin Richgels  
(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)	(first name)	(middle name)
LEDERER KEVIN SCOTT		
Home Address (street/route)	Post Office	City
		State

Applying for an alcohol beverage license as an **individual**.

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

**MANAGING MEMBER** of **CAPITOL GENEVA 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? 44 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. LIQ LICSENSE LK DELTON, GLENDALE, WATERTOWN, MADISON  
(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
SELF EMPLOYED	OVER 20 YEAR MANY COMPANIES		
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 12<sup>th</sup> day of APRIL, 20 18  
 a [Signature]  
(Clerk/Judary Public)  
 My commission expires 5/11/18

[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)
RICHGELS FELIX BERNARD				
Home Address (street/route)	Post Office	City	State	Zip Code

The undersigned hereby certifies the foregoing 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 **CAPITOL GENEVA 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? 65 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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. LIQ LICENSES IN MADISON, LK DELTON, WATERTOWN, GLENDALE, COLUMBUS  
(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 <b>SELF EMPLOYED</b>	Employer's Address	Employed From <b>01/01/1984</b>	To <b>04/30/2018</b>
Employer's Name <b>US DEPT OF HEALTH &amp;</b>	Employer's Address <b>SOCIAL SERVICES</b>	Employed From <b>01/01/1974</b>	To <b>12/31/1983</b>

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 12<sup>th</sup> day of APRIL, 20 18  
 \_\_\_\_\_  
(Clerk/Notary Public)

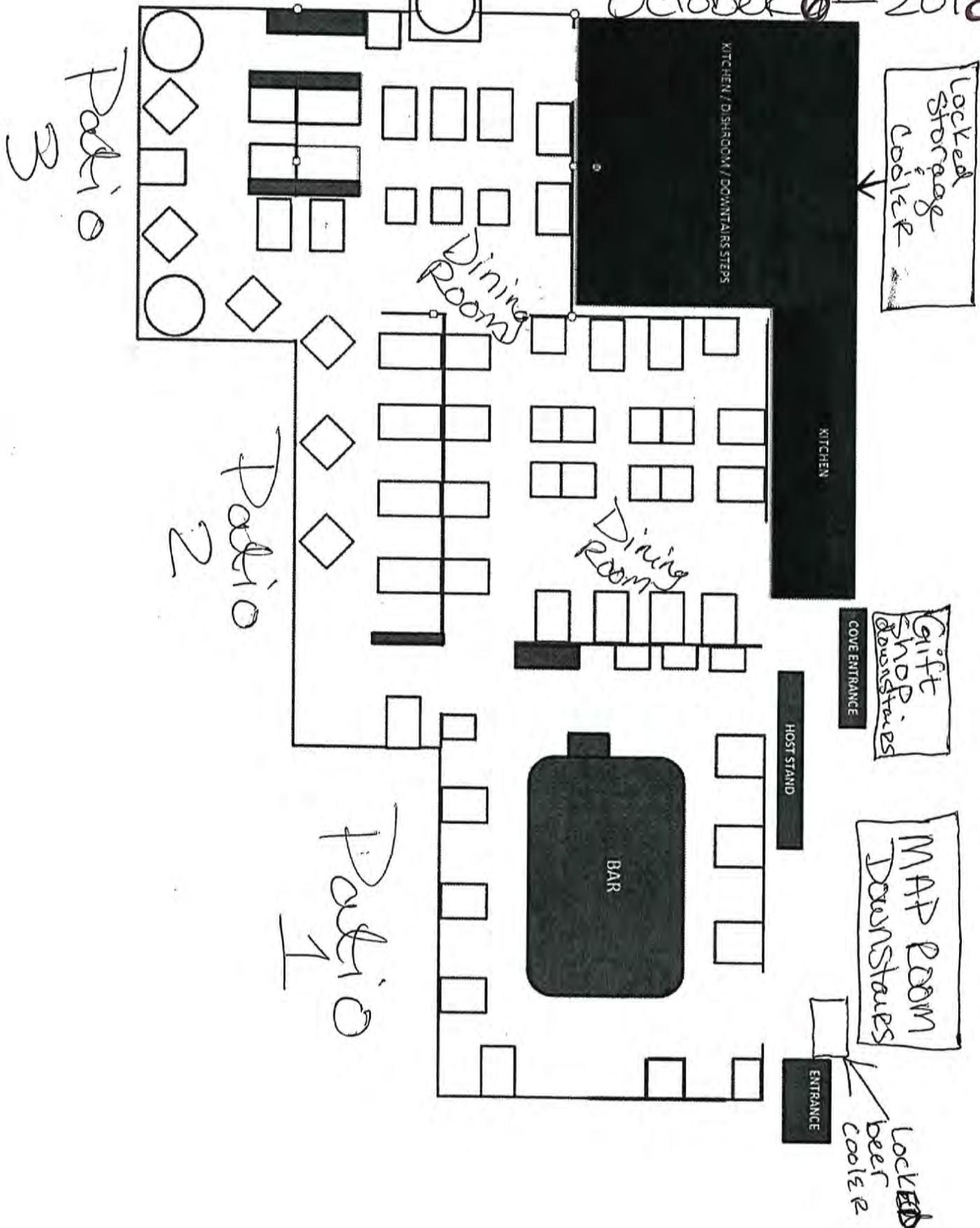
Felix B Richgels  
(Signature of Named Individual)

My commission expires 5/11/18



Parking lot

Sprechtalerfest  
October 6<sup>th</sup> 2018



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 12/31/2019  
(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) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company STONE SOUP, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 327 WRIGLEY DRIVE

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 Charles Andrew Fritz

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent \_\_\_\_\_

Directors/Managers \_\_\_\_\_

C. 1. Trade Name BAKER HOUSE Business Phone Number 262-248-4700

2. Address of Premises 327 Wrigley Drive 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HOTEL RESTAURANT w/ enclosed garden w/ storage in 1st fl

5. Legal description (omit if street address is given above): LOUNGE outdoor seating & basement cooler

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 27th day of July, 2018

*[Notary Seal: STATE OF WISCONSIN, PUBLIC, Clerk/Notary Public]*

My commission expires 5/2021

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

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

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>April 27, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>4561027045592-03</u> FEIN Number: <u>27 163 5015</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>1025</u>

pd  
4/27/2018



Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ending June 30 20 19

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

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): Mercedes or Bust, L.L.C.

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.

Title Name Home Address Post Office & Zip Code
President/Member Owner Elizabeth Tumas
Vice President/Member
Secretary/Member
Treasurer/Member
Agent Elizabeth Tumas
Directors/Managers

- 3. Trade Name The Bottle Shop Business Phone Number 262-348-9463
4. Address of Premises 617 & 615 W. Main St 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 6-15 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail, lounge, patio, store rooms

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Mercedes or Bust, L.L.C.
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
14. Does the applicant understand that they must purchase alcohol beverages 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 2nd day of May, 20 18
Angela M. Binstock
(Clerk/Notary Public)
My commission expires 3-10-20

Elizabeth Tumas
(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)

Table with columns: License Type, Fee. Includes Class B beer (\$100), Class B liquor (\$500), and Total Fee (\$725).

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



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1182973024

MERCEDES OR BUST, L.L.C.  
W7456 PLEASANT ST  
DELAVAN WI 53115-2919

## Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** MERCEDES OR BUST, L.L.C.  
**Business name:** THE BOTTLE SHOP  
617 W. MAIN STREET  
LAKE GENEVA WI 53147

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

---

**Tax Type**

Sales & Use Tax

---

**Account Type**

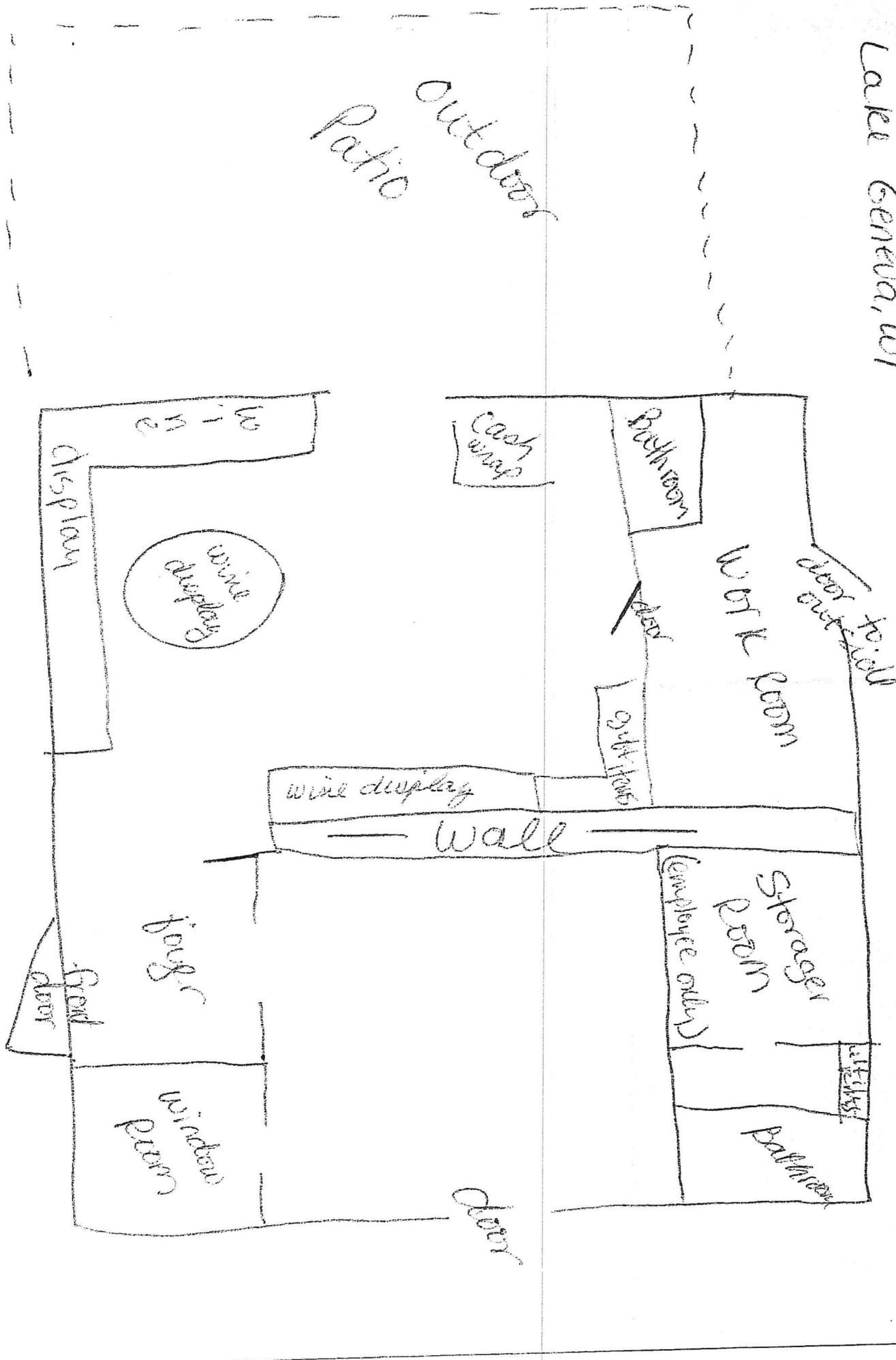
Seller's Permit

---

**Account Number**

456-1026436119-02

The Bottle Shop  
617 W. Maui St.  
Lake Geneva, WI



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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. N/A (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456102699377803</u> FEIN Number: <u>134282545</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

**Complete A or B. All must complete C.**

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

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	<u>Member DANIEL CHRISTOPHER CARAVETTE</u>	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>EUGENE GRAHLER</u>	_____	_____
Directors/Managers	_____	_____	_____

- C. 1. Trade Name ▶ NORTHSIDERS Business Phone Number 262-248-9752  
 2. Address of Premises ▶ 642 W. MAIN 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, consumption, 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 - SEC MAPS  
 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.** TRADE NAME CHANGE  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

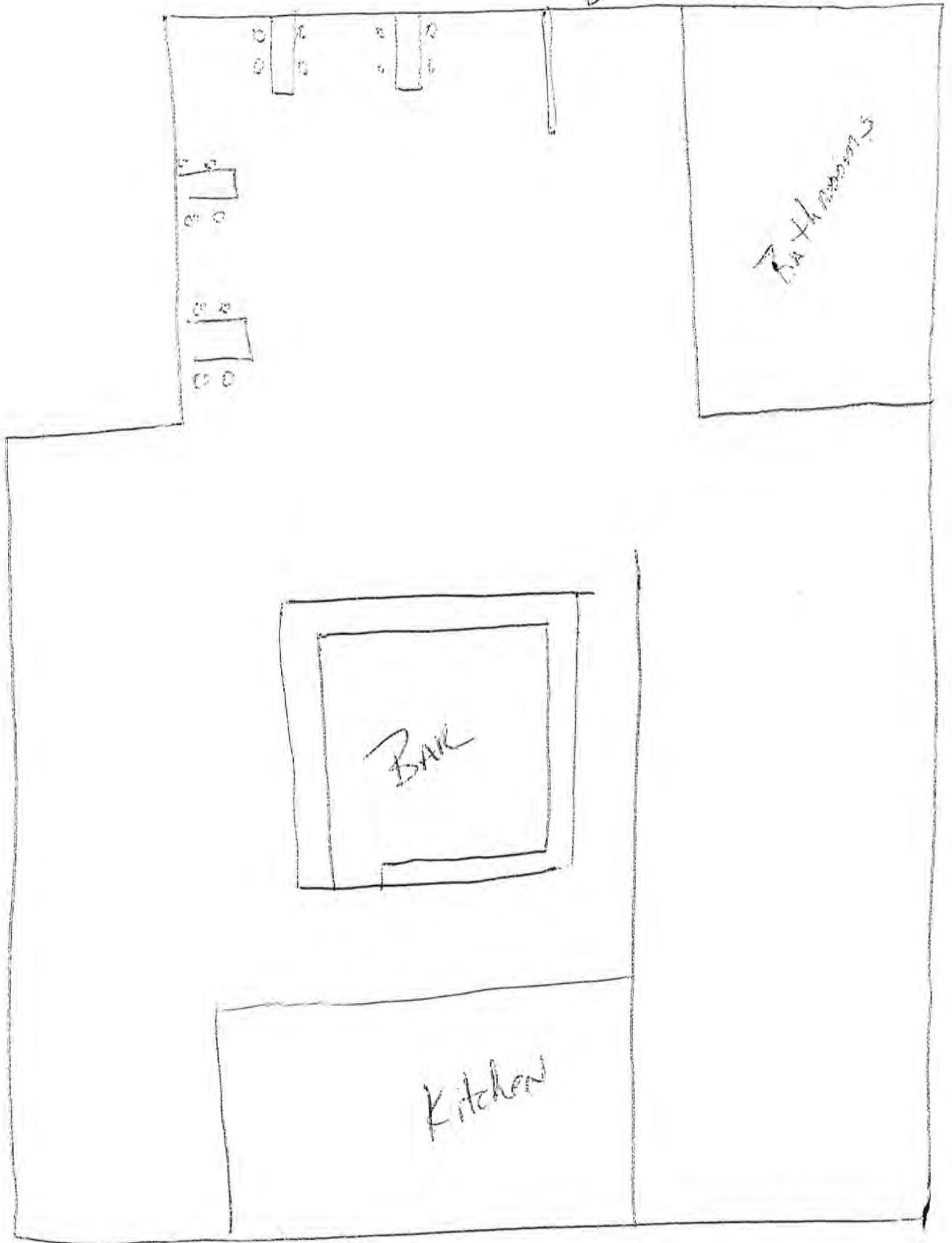
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 19th day of April, 2018  
[Signature]  
(Clerk/Notary Public)  
 My commission expires 2/5/2018

[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)

Date received and filed with municipal clerk <u>April 19, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

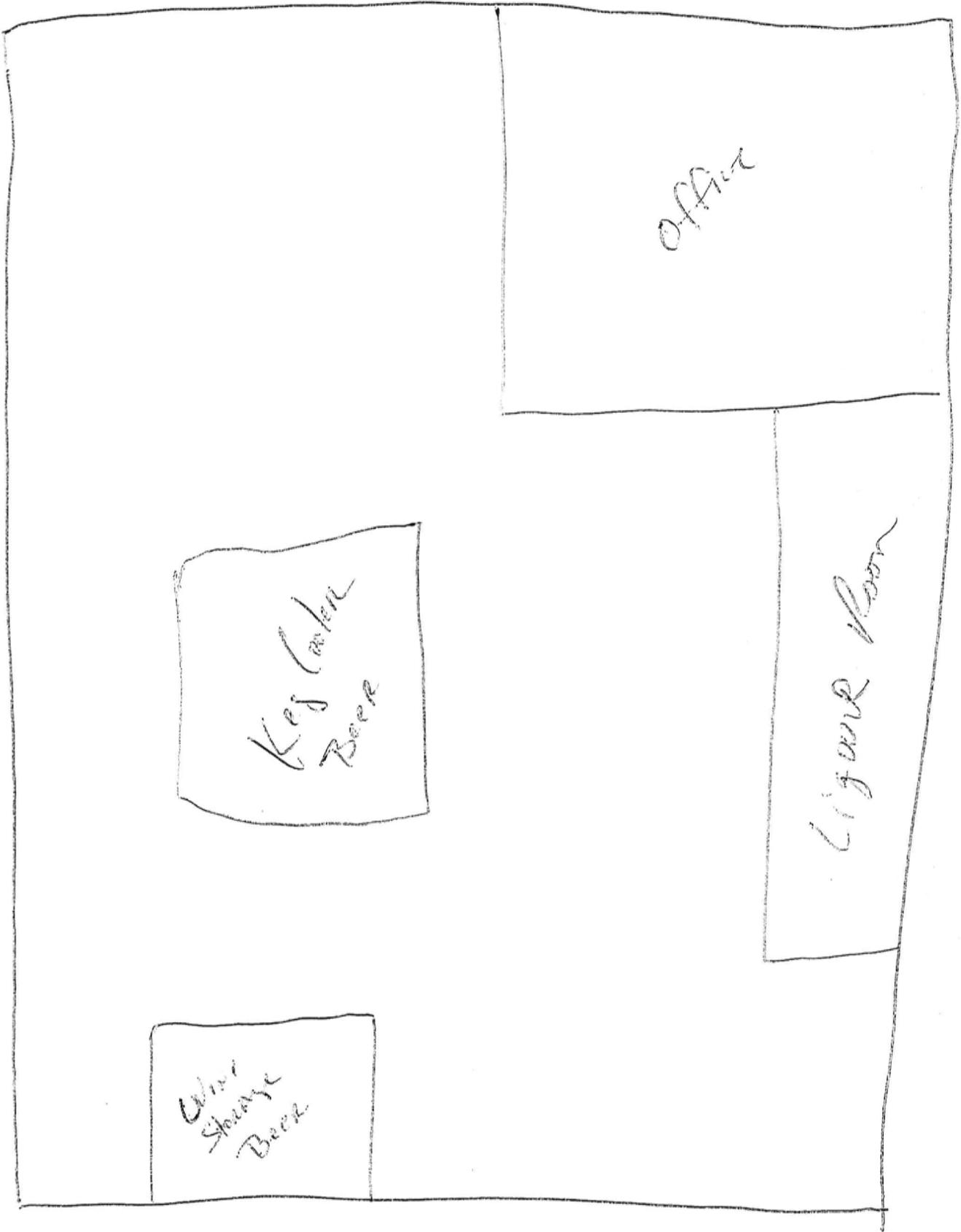
Entrance



Bathroom

BANK

Kitchen

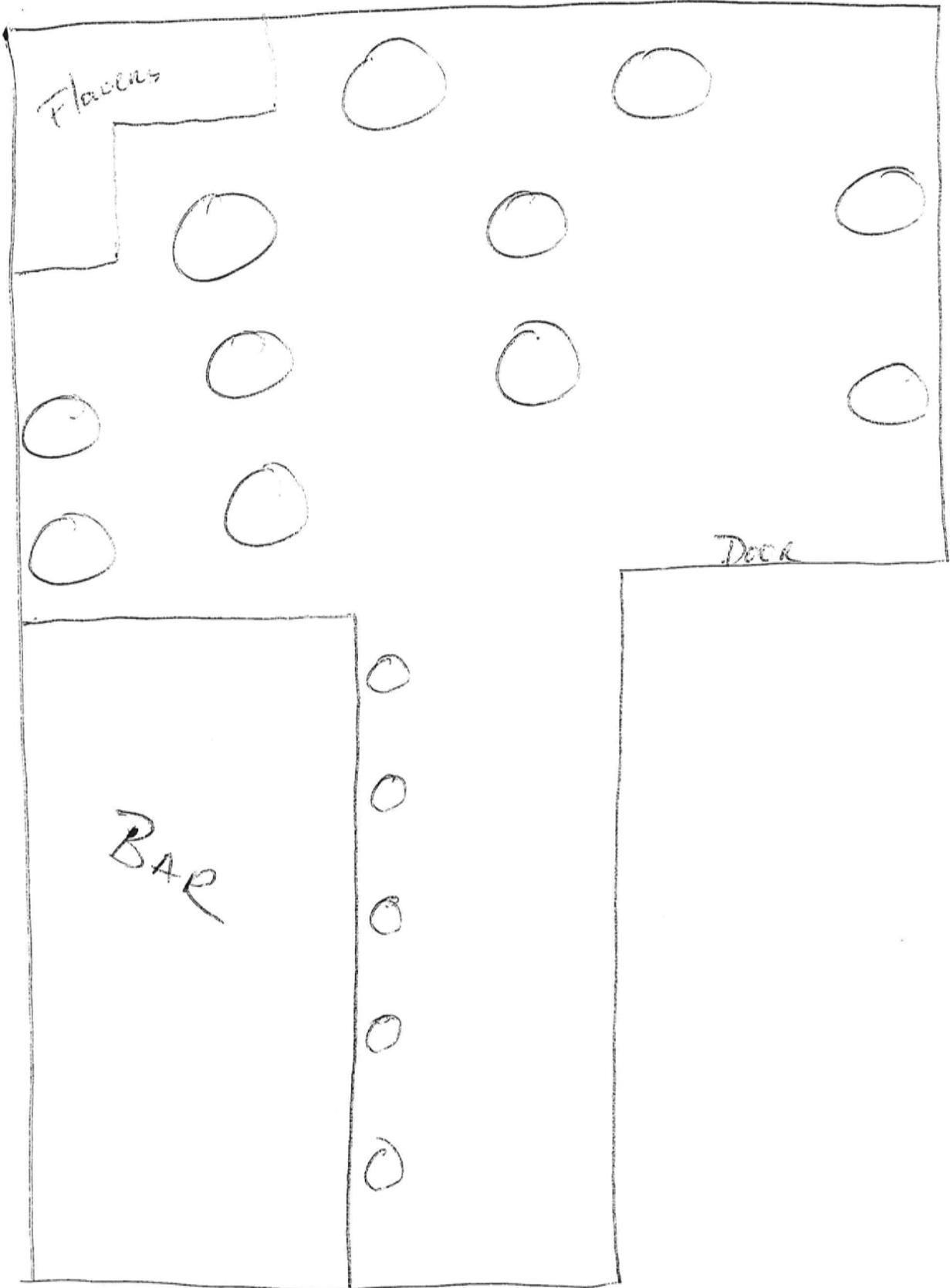


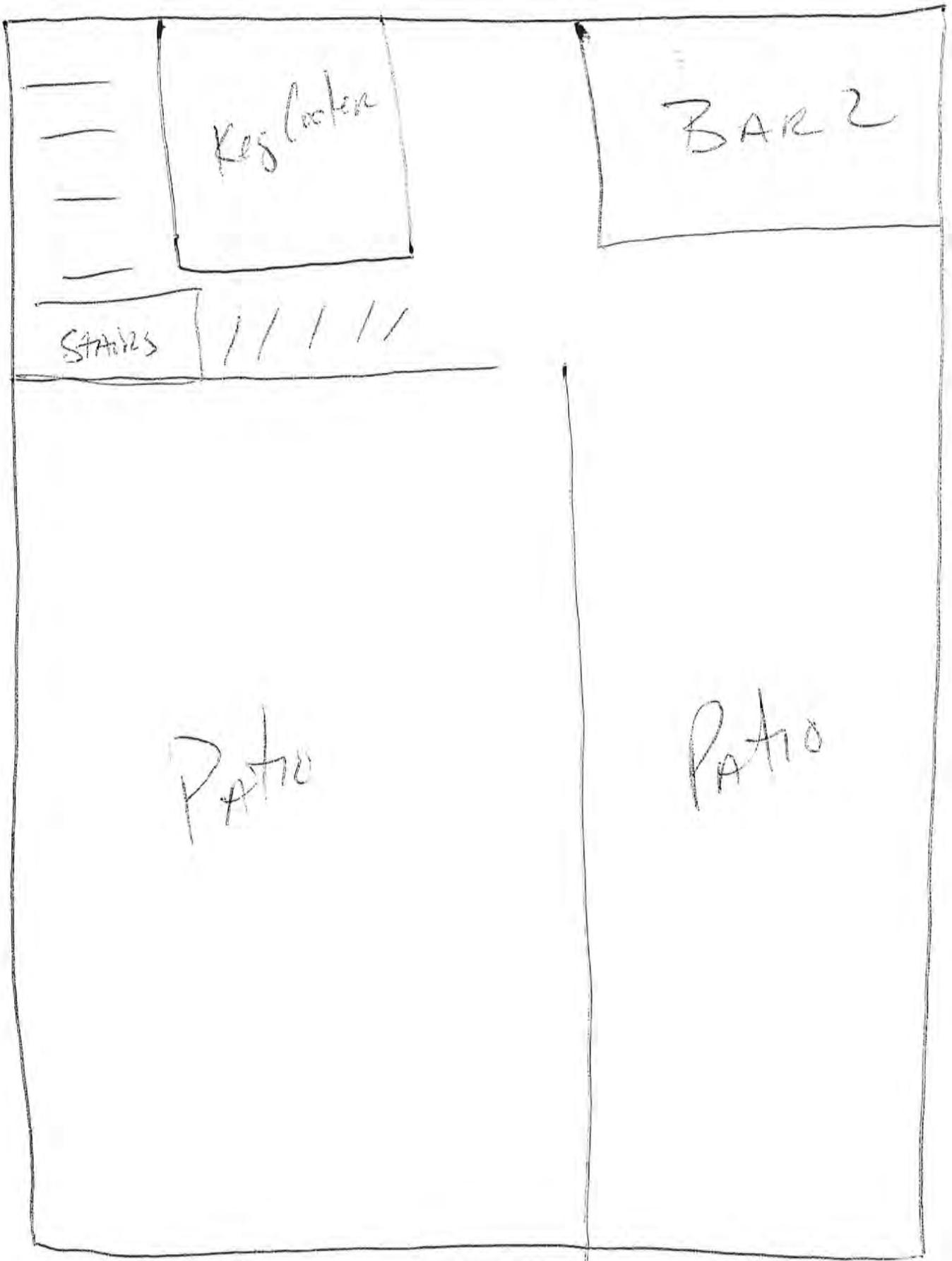
Office

Key Cabinet  
Beer

Wine  
Storage  
Beer

Cigar Room





KeyCaster

BAR2

STAIRS

/// //

Ratio

Ratio

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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. N/A (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456-0000567764-0339-11031275</u>		FEIN Number:	
<b>LICENSE REQUESTED</b>			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100-		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input checked="" type="checkbox"/> Class B liquor	\$ 500-		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 25-		
<b>TOTAL FEE</b>	<b>\$ 625-</b>		

**Complete A or B. All must complete C.**

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Charles B. Lorenz Home Address 1540 W. MAIN ST. Post Office & Zip Code L.G. WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 422 S. WELLS ST LTD / DBA Celebration on wells  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 422 S. WELLS ST LTD / DBA Celebration on wells  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name)  
 President/Member Charles B. Lorenz  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Charles B. Lorenz  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name Celebration on wells catering Business Phone Number 262-248-2557  
 2. Address of Premises 422 S. WELLS ST Post Office & Zip Code L.G. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Budget Hall Catering Co, whole building basement, office area, kitchen
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 13th day of April, 2018  
Charles B. Lorenz  
 My commission expires 2/15/2021

Charles B. Lorenz  
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Charles B. Lorenz  
 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>April 13, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ending June 30 20 19

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [x] City of Lake Geneva

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):

413 Main Street, 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.

President/Member Greg Bush owner
Vice President/Member Jake Bush owner
Secretary/Member Jessica Christensen
Treasurer/Member Grace Bush owner
Agent Jess Christensen

3. Trade Name Champs Sports Bar & Grill Business Phone Number 262-248-6008
4. Address of Premises 717 W Main St Lake Geneva 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 [x] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [x] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [x] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 3/16 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [x] 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? [x] Yes [ ] No

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

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [x] Yes [ ] No
(b) If yes, under what name was license issued?
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [x] Yes [ ] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [x] Yes [ ] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [x] Yes [ ] No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 16 day of April, 2018

Clerk/Notary Public

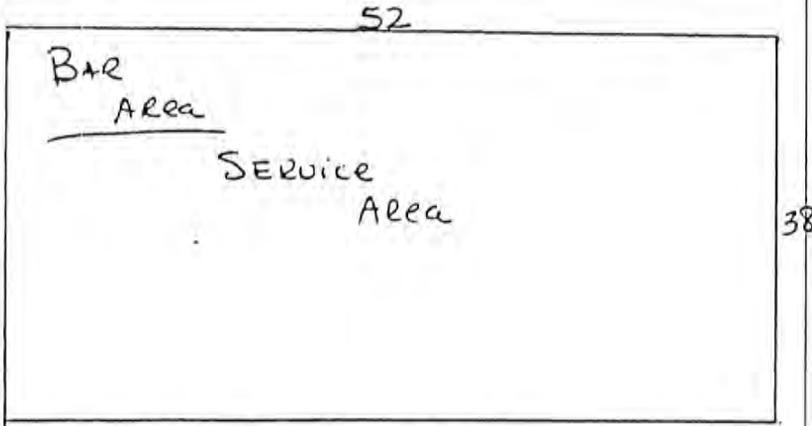
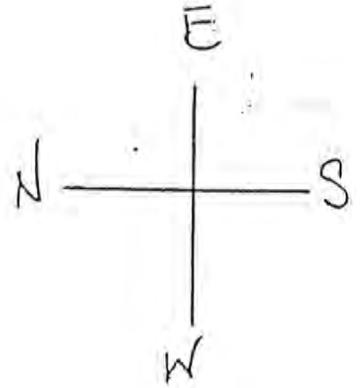
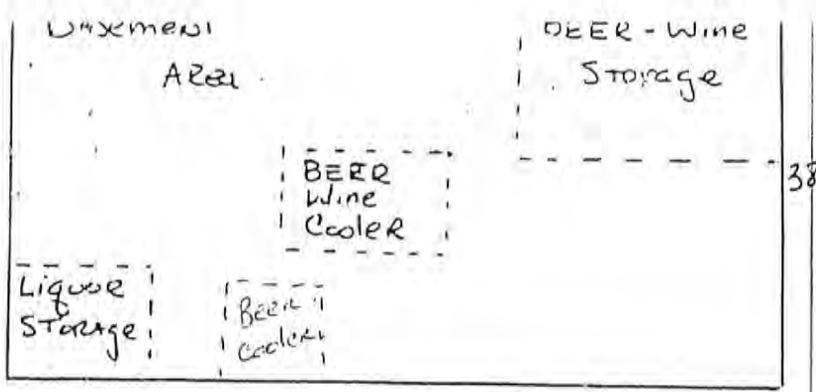
My commission expires July 2019



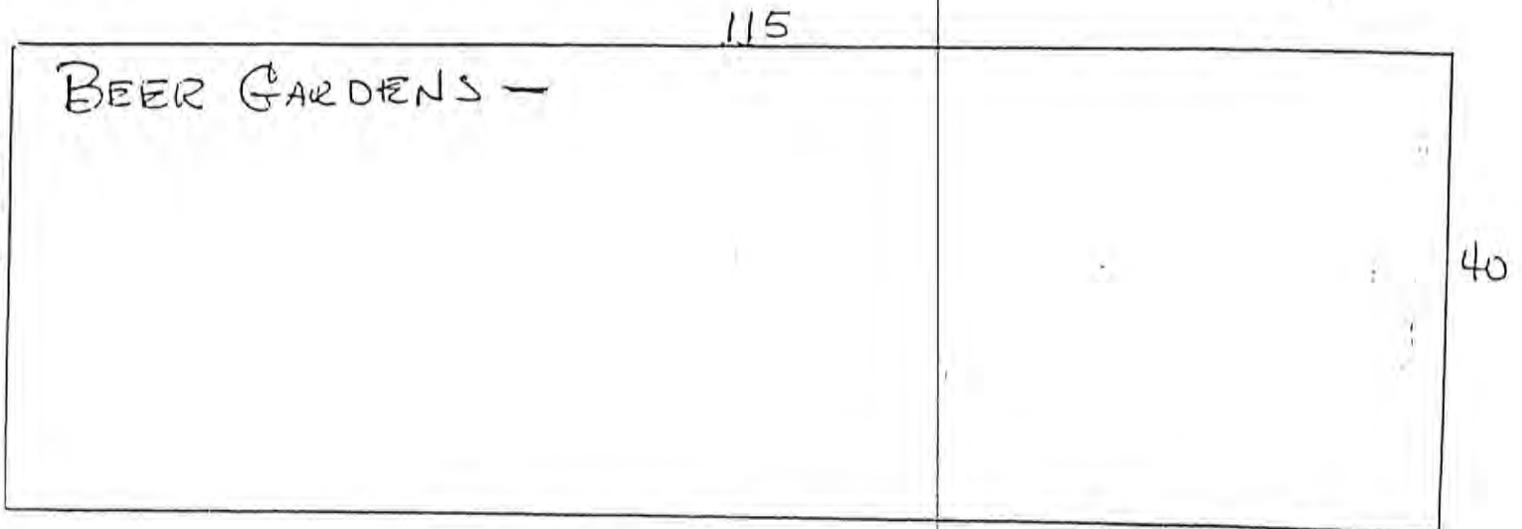
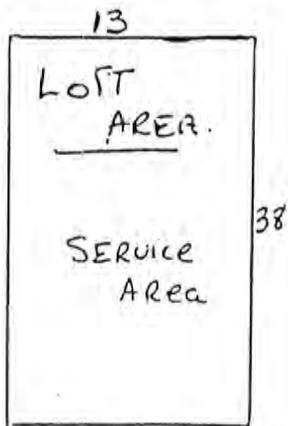
TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional fee received, License number issued, Signature of Clerk / Deputy Clerk

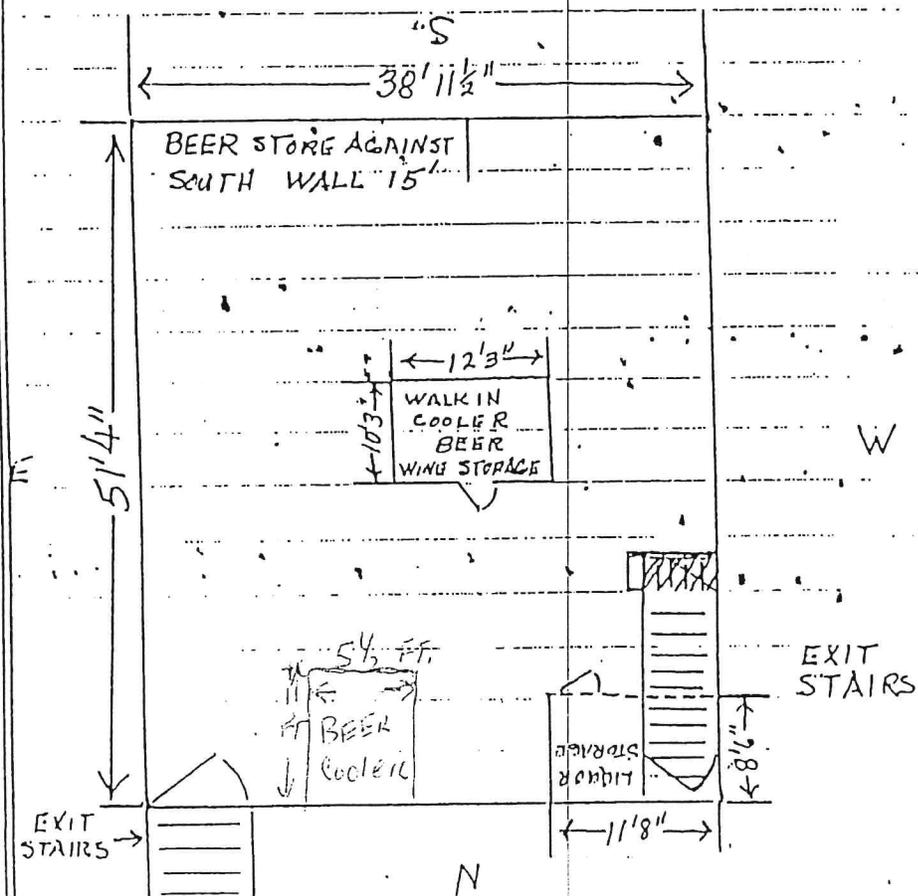
Table with 2 columns: TYPE, FEE. Includes Class A beer, Class B beer (\$100), Class C wine, Class A liquor, Class A liquor (cider only) \$ N/A, Class B liquor (\$500), Reserve Class B liquor, Class B (wine only) winery, Publication fee \$ 25, TOTAL FEE \$ 425.

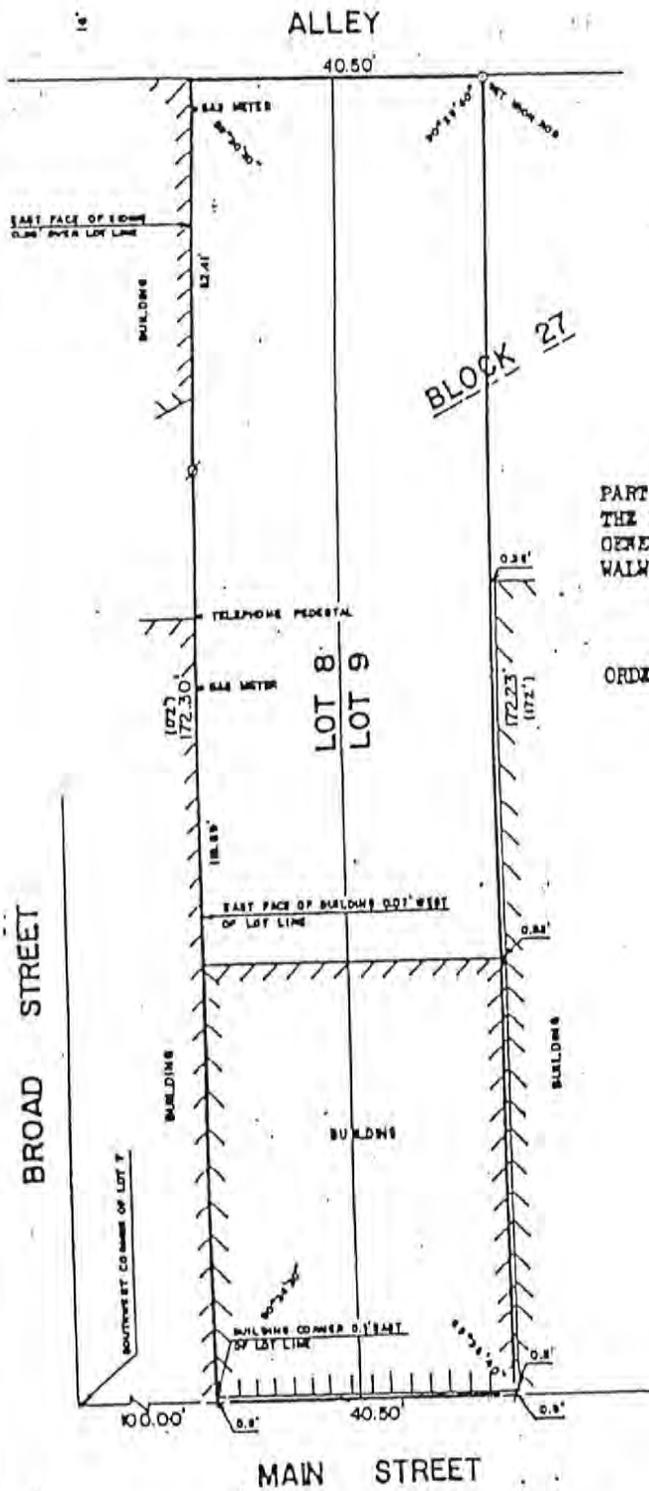


Champs Spts BAR  
 747 MAIN ST.  
 LAKE GEORGE Ws  
 53147



This chart is NOT drawn to scale. Shows the area where Alcoholic Beverages are stored, sold or serviced.





**BLOCK 27**

PLAT OF SURVEY OF  
 PART OF LOTS 8 AND 9, BLOCK 27 OF  
 THE ORIGINAL PLAT OF THE VILLAGE OF  
 GENEVA (NOW CITY OF LAKE GENEVA),  
 WALWORTH COUNTY, WISCONSIN.

ORDERED BY: CHARLES LOTH  
 747 WEST MAIN STREET  
 LAKE GENEVA, WISCONSIN

BROAD STREET

MAIN STREET



SCALE: 1"=20'

- o - IRON ROD FOUND
- + - CUT CROSS IN CONCRETE
- ( ) - RECORDED AS

I, ROBERT M. BAERENWALD, DO HEREBY CERTIFY THAT I  
 HAVE SURVEYED THE PROPERTY HEREON DESCRIBED ACCORDING  
 TO THE OFFICIAL RECORDS AND THAT THE PLAT HEREON IS A  
 CORRECT REPRESENTATION OF THE PROPERTY LINES TO THE  
 BEST OF MY KNOWLEDGE AND BELIEF.

*Robert M. Baerenwald*  
 ROBERT M. BAERENWALD

WISCONSIN REGISTERED LAND SURVEYOR, S-1508

*March 16, 1957*

DATE JOE NO. 0956

NOTE: THIS IS NOT A CERTIFIED COPY UNLESS SEALED.

456-02-747 29082-02  
449  
45-649 7705

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-18 ending: 6-30-18  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of  
 Village of } Lake Geneva  
 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) Home Address  
▶ Basil Mark David

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Chebbby Kitty LLC DBA FATCATS

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 104 Broad St L.V. 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	<u>Mark D. Basil</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Mark D Basil</u>		
Directors/Managers			

C. 1. Trade Name ▶ FATCATS Business Phone Number 262 248 6838 262 745 1213

2. Address of Premises ▶ 104 Broad St L.V. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 104 Broad St UPSTAIRS/Downstairs

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

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 9<sup>th</sup> day of MAY, 2018

[Signature]  
(Clerk/Notary Public)

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

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

My commission expires \_\_\_\_\_

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 9, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

**THIS RENEWAL FORM CANNOT BE USED IF:**

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

**PARTNERSHIPS:**

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

**CORPORATIONS:**

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

*NONE (m7)*

**LIMITED LIABILITY COMPANY:**

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

**DISCRIMINATION CLAUSE – (City of Milwaukee only)**

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

**CONVICTIONS**

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

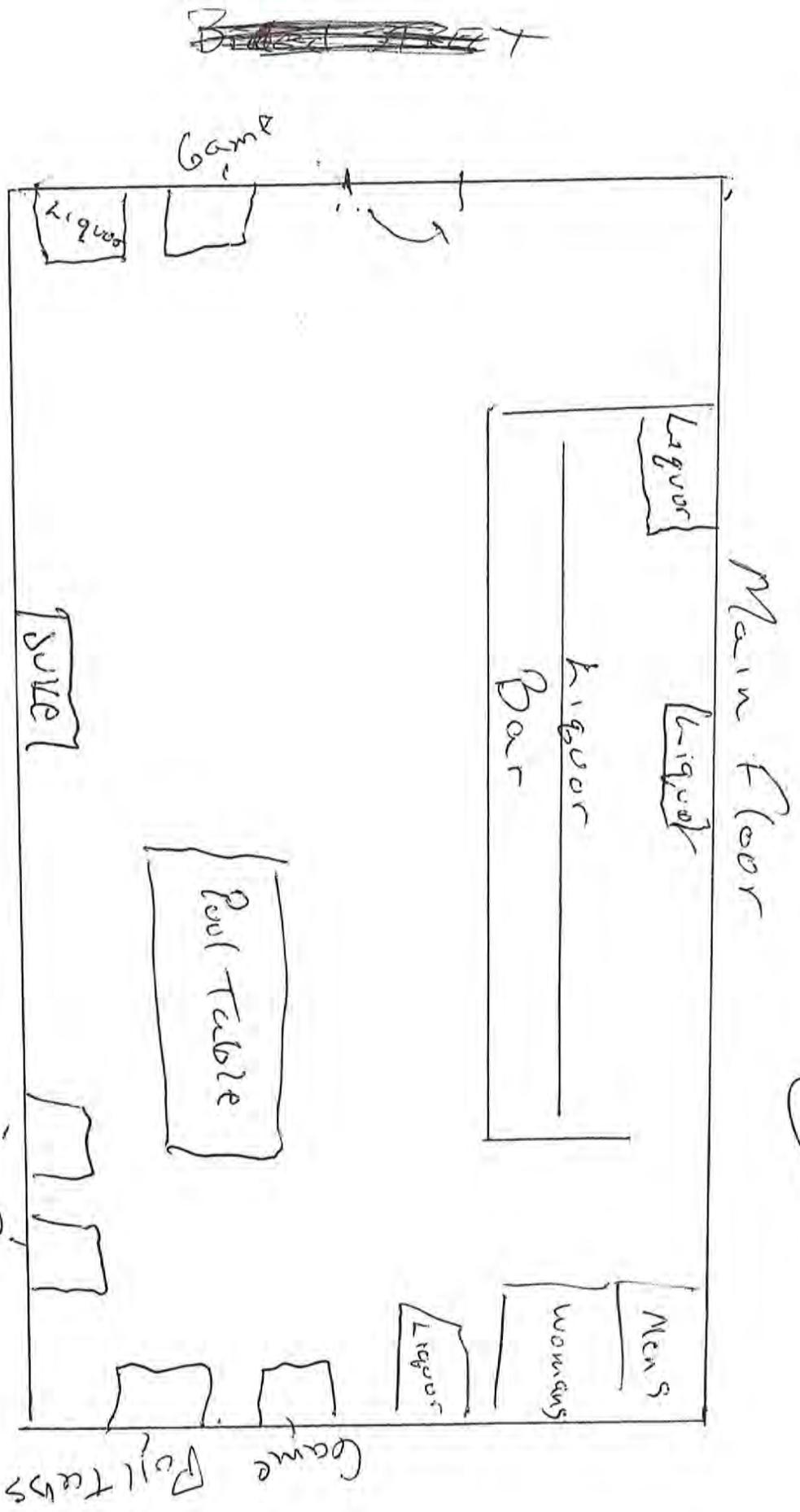
**PENDING CHARGE**

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

E  
N  
W

FAT CASTS 2018

MIB



Down Stairs

Hallway

Beer Cooler

Liquor Storage Under Stairs

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2018 ending: 06 30 2019  
(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) Home Address Post Office & Zip Code

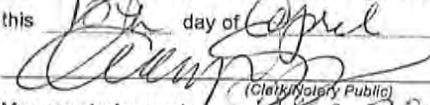
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HOGS & KISSES, INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 536, LAKE GENEVA, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member LINDA CHIRONIS  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member LINDA CHIRONIS  
 Treasurer/Member LINDA CHIRONIS  
 Agent ▶ LINDA CHIRONIS  
 Directors/Managers LINDA CHIRONIS

C. 1. Trade Name ▶ HOGS & KISSES Business Phone Number 262-248-7447  
 2. Address of Premises ▶ 149 BROAD STREET, Post Office & Zip Code ▶ PO BOX 536, 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BRICK BUILDING @ 149 BROAD STREET
5. Legal description (omit if street address is given above): INCLUDING BAR, RESTAURANT, STORAGE AND OFFICE
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. RANDI TOMPKINS NO LONGER A DIRECTOR  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 10th day of April, 2018  
  
(Clerk/Notary Public)  
 My commission expires July 2019

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/10/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

C180410-1

Applicant's WI Seller's Permit No.: <u>456000047935803</u> FEIN Number: <u>391353912</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$</b>

# INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

## THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

## PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

## CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

## LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

**NOTE:** Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

## DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

## CONVICTIONS

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
2. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY
3. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 CHARGE \_\_\_\_\_ WHERE CONVICTED \_\_\_\_\_  
 DATE \_\_\_\_\_ PENALTY \_\_\_\_\_  MISDEMEANOR  FELONY

## PENDING CHARGE

1. NAME \_\_\_\_\_ STATUTE NO./LOCAL ORDINANCE \_\_\_\_\_  
 PENDING CHARGE \_\_\_\_\_ DATE \_\_\_\_\_

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)	(first name)	(middle name)
CHIRONIS	LINDA	M

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 HOGS & KISSES, 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? 35 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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
HOGS & KISSES, INC	149 BROAD STREET	08/01/1983	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 10 day of April, 2018

(Clerk/Notary Public)

My commission expires July 2019



*Linda Chironis*  
(Signature of Named Individual)



Printed on Recycled Paper



# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 18 ;  
ending June 30 20 19 ;

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): SANDAL, INC., DBA LAKE GENEVA LANES

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>PRESIDENT, FRANKLIN D GUSKE SR</u>		
Vice President/Member	<u>SEE ATTACHED</u>		
Secretary/Member	<u>ANNA C. GUSKE,</u>		
Treasurer/Member	<u>ANNA C. GUSKE,</u>		
Agent	<u>FRANKLIN D. GUSKE JR.,</u>		
Directors/Managers	<u>SEE ATTACHED</u>		

3. Trade Name LAKE GENEVA LANES Business Phone Number (262) 248-4805  
4. Address of Premises 192 E. MAIN ST, PO BOX 366 Post Office & Zip Code LAKE GENEVA WI 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 \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 16 LANES, 1ST FL, LOWER FL, BAR, COOLER, STORAGE

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? FRANKLIN D. GUSKE SR.

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864]  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

Notary Public - State of Illinois  
My Commission Expires June 30, 2021  
I, Jeffrey W. Staszak (Clerk/Notary Public)  
do hereby certify that on the 16<sup>th</sup> day of APRIL, 2018,  
before me, the undersigned, appeared Jeffrey W. Staszak  
and acknowledged to me that he executed the foregoing license application as the Agent of SANDAL, INC., DBA LAKE GENEVA LANES and that he was duly authorized to execute the same.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/18/18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No.: <u>456-000060940</u>	FEIN Number: <u>39-1225711</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

JEFFREY W. STASZAK  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires June 30, 2021

**Sandal Inc.,  
DBA Lake Geneva Lanes  
List of Directors**

Franklin Delano Guske Jr.

Paul Jeffrey Guske

Jacquelyn Ann Urbahn

Michael Joseph Guske



WISCONSIN DEPARTMENT OF REVENUE  
PO BOX 8902  
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902  
MADISON, WI 53708-8902  
ph: 608-266-2776 fax: 608-264-6884  
email: DORBusinessTax@revenue.wi.gov  
website: revenue.wi.gov

Letter ID L1703137952

SANDAL, INC  
PO BOX 366  
LAKE GENEVA WI 53147-0366

## Wisconsin Department of Revenue Seller's Permit

Legal/real name: SANDAL, INC  
Business name: LAKE GENEVA LANES  
192 E MAIN ST  
LAKE GENEVA WI 53147-1989

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

**Tax Type**

Sales & Use Tax

**Account Type**

Seller's Permit

**Account Number**

456-0000060940-03

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>GUSKE, SR.</b>	(first name) <b>FRANKLIN</b>	(middle name) <b>DELANO</b>
--	---------------------------------	--------------------------------

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- SECRETARY/TREASURER** of **SANDAL, INC., DBA LAKE GENEVA LANES**  
(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:

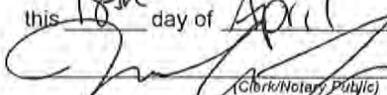
- How long have you continuously resided in Wisconsin prior to this date? 51 YEARS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  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. SANDAL, INC., DBA LAKE GENEVA LANES  
(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)

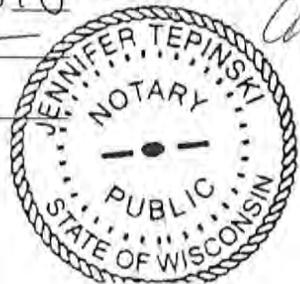
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
NORTH LASALLE SRVC	1317 N WELLS, CHICAGO IL		
LAKE GENEVA LANES	192 E MAIN ST, LG, WI 53147		

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 by Anna Guske, Attorney in fact for Franklin Guske, SR. Principal.  
 this 18th day of April, 2018

  
(Clerk/Notary Public)  
 My commission expires 8/8/21



Anna C. Guste, Attorney in fact  
(Signature of Named Individual)  
 for Franklin D Guske Sr  
Principal



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
GUSKE		ANNA	CHRIST

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/TREASURER** of **SANDAL, INC., DBA LAKE GENEVA LANES**  
(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? 51 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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. SANDAL, INC., DBA LAKE GENEVA LANES  
(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
LAKE GENEVA LANES	192 E MAIN ST, LG, WI 53147		
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 18th day of April, 2018

*[Signature]*  
(Clerk/Notary Public)  
 My commission expires 8/18/21



*[Signature]*  
(Signature of Named Individual)



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)
GUSKE	MICHAEL	JOSEPH

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 **SANDAL, INC., DBA LAKE GENEVA LANES**  
(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? 47 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. SANDAL INC, DBA LAKE GENEVA LANES, LG WI BUSINESS LIQUOR LICENSE  
(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
FJM GROUP, LLC	14719 74ST, KENOSHA WI 53142		04/12/2018
Employer's Name	Employer's Address	Employed From	To
NORTH LASALLE SRVC	1317 N WELLS ST, CHICAGO IL		

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.

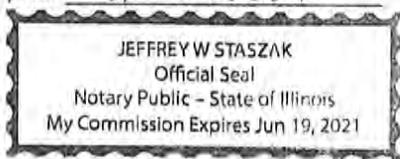
Subscribed and sworn to before me

this 16<sup>th</sup> day of APRIL, 2018

Jeffrey W. Staszak  
(Clerk/Notary Public)

My commission expires 6/19/2021

Michael Guske  
(Signature of Named Individual)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name <i>(please print)</i> <i>(last name)</i>	<i>(first name)</i>	<i>(middle name)</i>
GUSKE, JR.	FRANKLIN	DELANO

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 **SANDAL, INC., DBA LAKE GENEVA LANES**  
(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? 51 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
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. SANDAL INC, DBA LAKE GENEVA LANES, LG WI BUSINESS LIQUOR LICENSE  
(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)

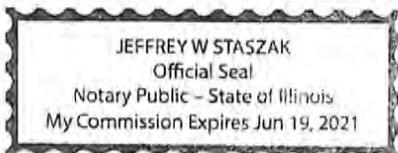
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
FJM GROUP, LLC	14719 74ST, KENOSHA WI 53142		04/12/2018
Employer's Name	Employer's Address	Employed From	To
NORTH LASALLE SRVC	1317 N WELLS ST, CHICAGO IL		

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 16<sup>th</sup> day of APRIL, 2018  
Jeffrey W Staszak  
(Clerk/Notary Public)  
 My commission expires 6/19/2021

Franklin Delano Guske, Jr.  
(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 SANDAL, 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 LAKE GENEVA LANES  
(trade name)

located at 192 E. MAIN STREET, LAKE GENEVA, WI 53147

appoints FRANKLIN D. GUSKE, JR.

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 \_\_\_\_\_

For: SANDAL, INC., DBA LAKE GENEVA LANES  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, Franklin D. Guske, Jr., 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.

Franklin D. Guske, Jr.  
(signature of agent)

4/16/18  
(date)

Agent's age 56

W4670 ROYAL GLEN CT, LAKE GENEVA WI 53147  
(home address of agent)

Date of birth 09/22/1961

**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 4-18-18 by [Signature]  
(date) (signature of proper local official)

Title [Signature]  
(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)
URBAHN	JACQUELYN	ANN

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 **SANDAL, INC., DBA LAKE GENEVA LANES**  
(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? 51 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. SANDAL INC, DBA LAKE GENEVA LANES, LG WI BUSINESS LIQUOR LICENSE  
(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)

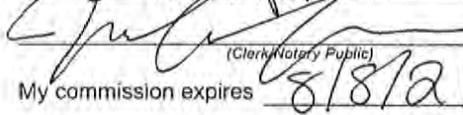
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
FJM GROUP, LLC	14719 74ST, KENOSHA WI 53142		04/12/2018
NORTH LASALLE SRVC	1317 N WELLS ST, CHICAGO IL	06/01/1989	

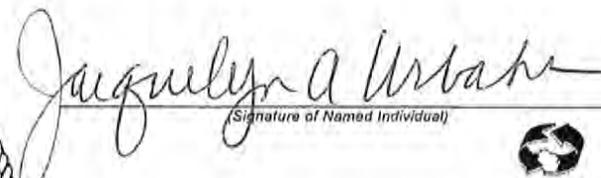
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that 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 18<sup>th</sup> day of April, 2018

  
(Clerk/Notary Public)  
My commission expires 8/8/21



  
(Signature of Named Individual)



LOCKER ROOM

CLEANING CLOSET

LIQUOR STORE ROOM

MEN'S RESTROOM

WOMEN'S RESTROOM

PRO SHOP

16 Bowling LANES

COUNTER

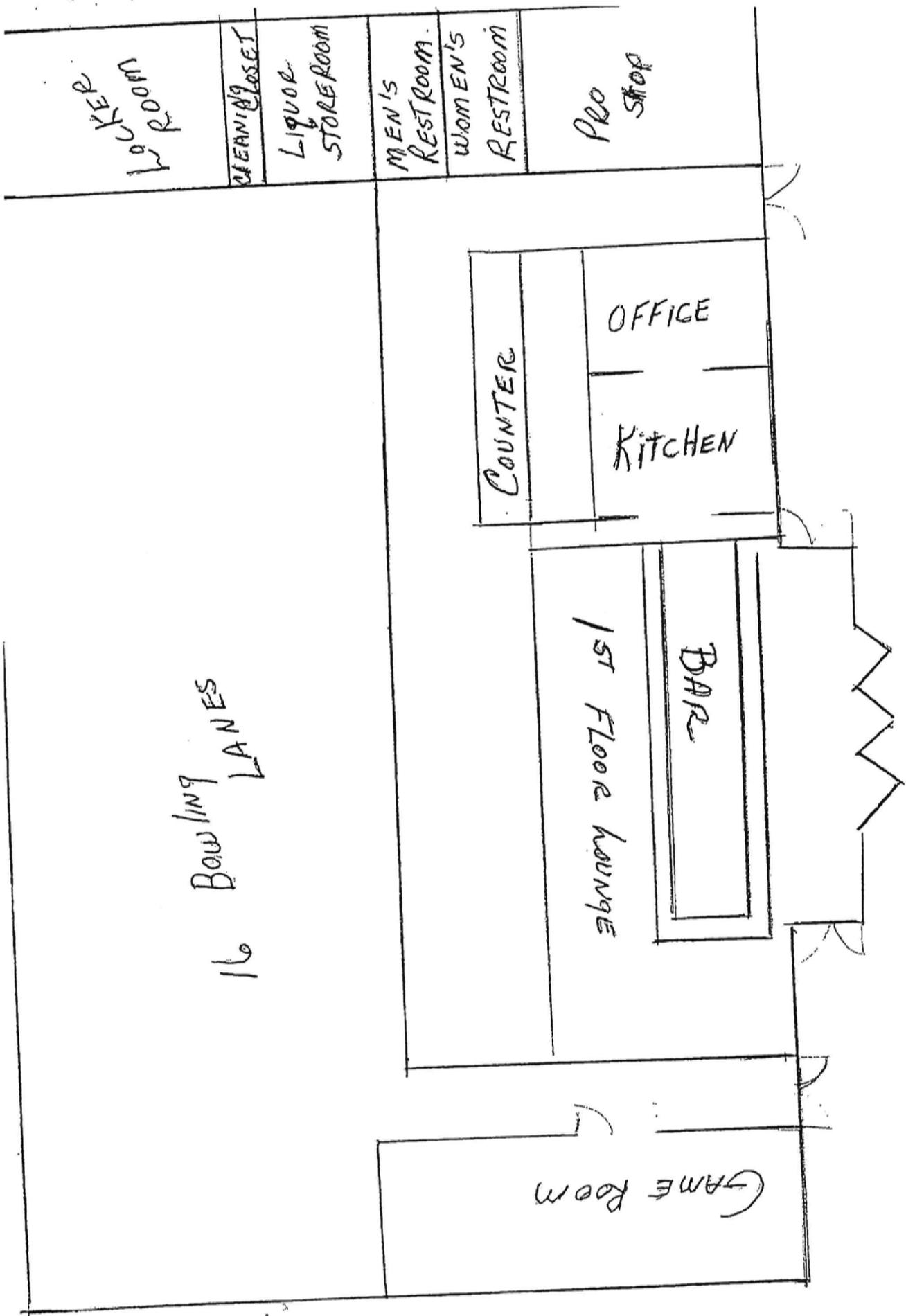
OFFICE

KITCHEN

BAR

1st Floor lounge

GAME ROOM





# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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 ▶ Geneva Bg Club, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 421 Baker St.

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

Title

Name (Inc. Middle Name)

President/Member Charles Andrew Fritz

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent ▶ \_\_\_\_\_

Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ MAXWELL MANOR

Business Phone Number 262-249-9711

2. Address of Premises ▶ 421 BAKER 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HOTEL, LOUNGES, BARS - Amberg, Spratky, Pool ? Exterior Seating, special event 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.  Yes  No

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

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

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

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

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

### SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of NOV, 20 18

[Signature]  
(Clerk/Notary Public)

My commission expires 2/3/2021

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

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

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>01/02/2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

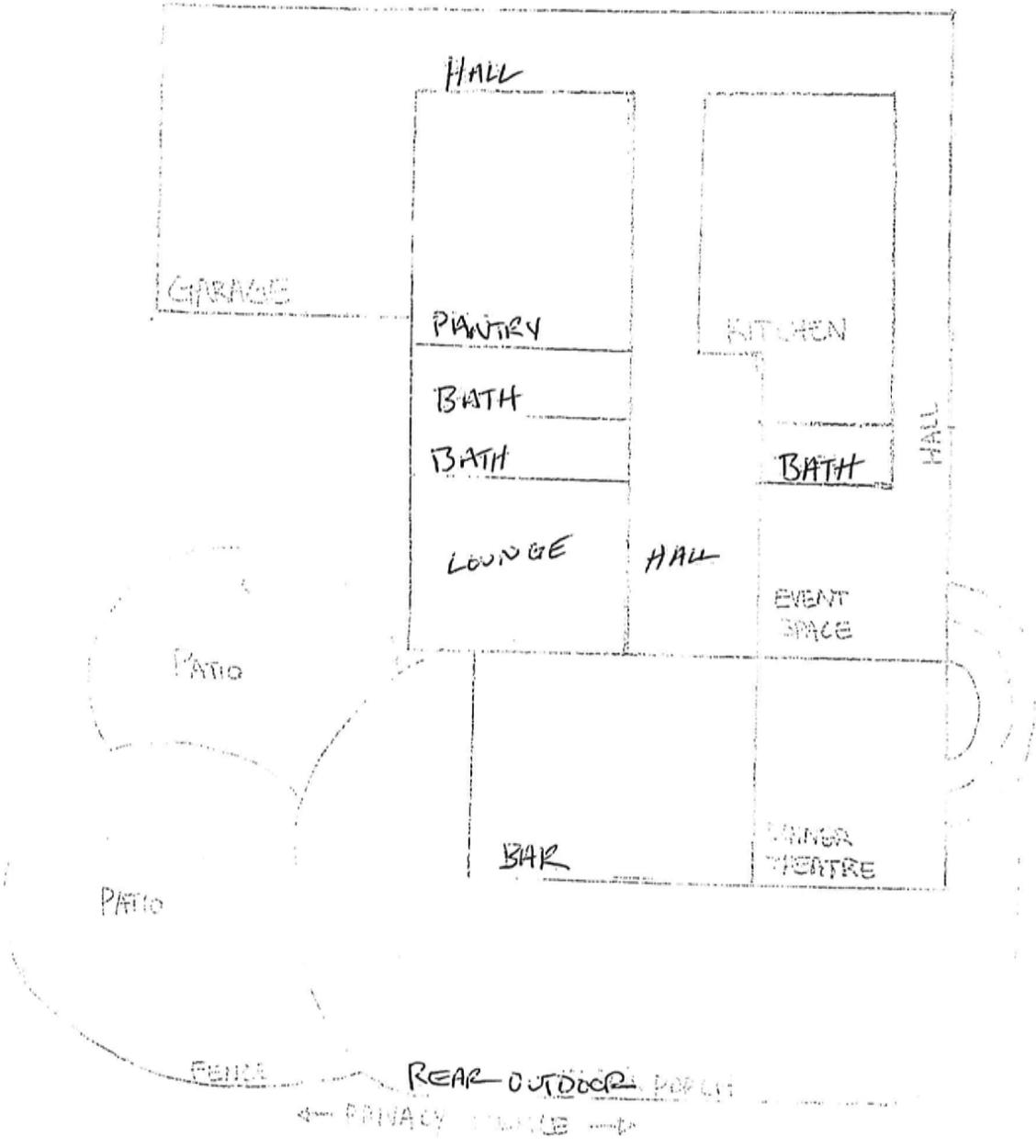
Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456102785646-02</u>	<u>454544120</u>
<b>LICENSE REQUESTED ▶</b>	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	<b>\$ <u>1025</u></b>

4/27/2018

# MAXWELL MANSION 1856

## 421 BAKER STREET

ENCLOSED PROPERTY



ENCLOSED PROPERTY FENCE

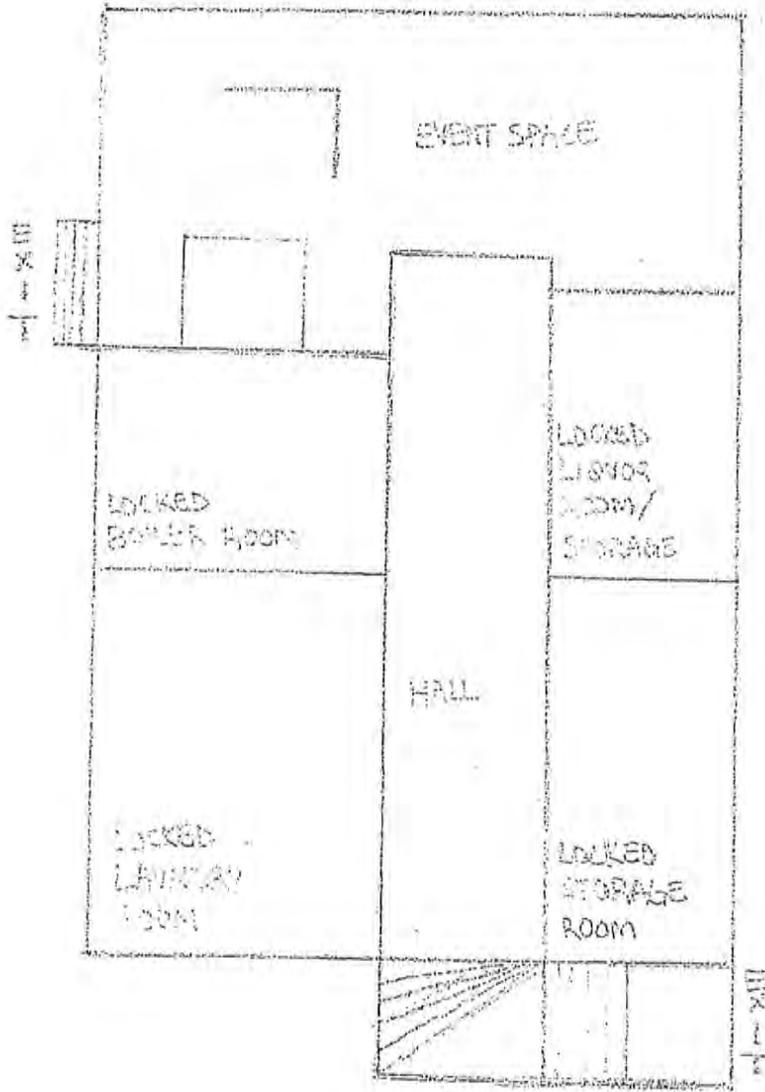
ENCLOSED PROPERTY FENCE

### Alcohol To BE SERVED:

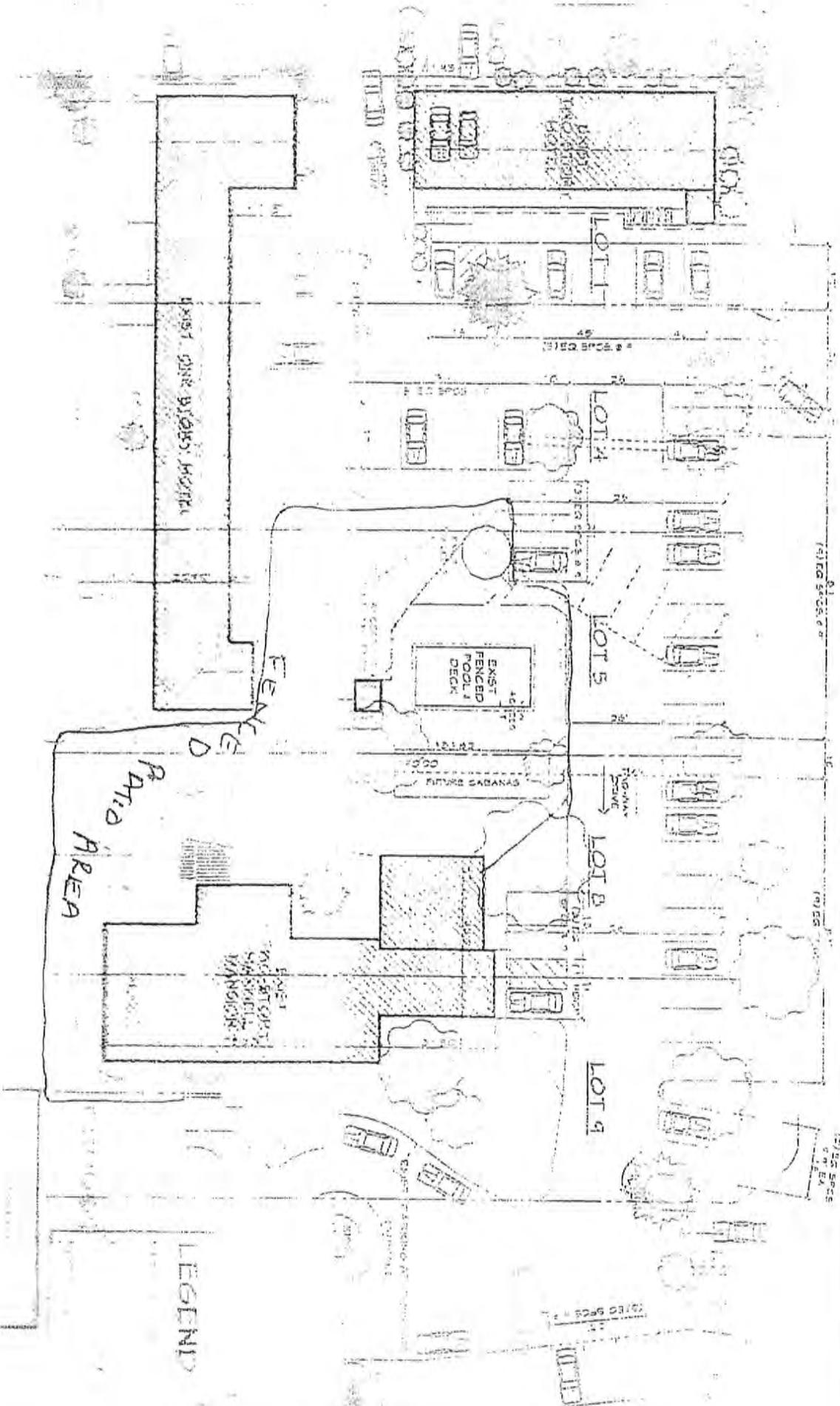
- WINE
- BEER
- SPEAKEASY
- DINNER THEATER
- BAR / LOUNGE
- EVENT SPACE

SEASONALLY: POOL / GAZEBO

N



MELLS STREET



LEGEND

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/2019  
(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

Applicant's WI Seller's Permit No.: <u>456000334318202</u>		FEIN Number: <u>203313403</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25</u>		
<b>TOTAL FEE</b>	<b>\$ <u>625</u></b>		

*07/19/2018*

**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 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name)  
 President/Member Chad Bittner  
 Vice President/Member Richard Bittner  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Chad Bittner  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ Next Door Pub & Pizzeria Business Phone Number 262-248-9557  
 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant, Bar, Storage Area, patio, office, outdoor
5. Legal description (omit if street address is given above): Basement/Waiting Area, Fall Anniversary Party.
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

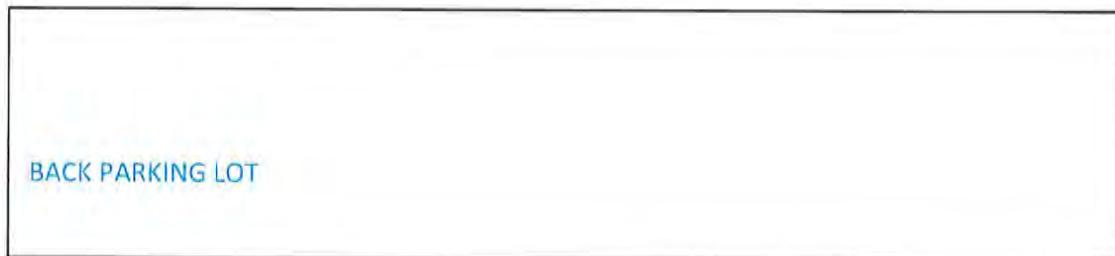
**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 9th day of July, 2018  
[Signature]  
 My commission expires 2/15/2021

[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>april 9, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(MM DD YYYY) (MM DD YYYY)

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

County of WAUKESHA 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 SWATEK SALES CORP / SSK, INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 573 W. EDWARDS BLVD. LAKE GENEVA, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member	<u>DOROTHY SWATEK</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>TROY A. BARTZ</u>		
Directors/Managers			

C. 1. Trade Name THE RED CERAMIC RESTAURANT Business Phone Number 262-248-3637  
 2. Address of Premises 573 W. 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TWO STORY FRAMED RESIDENCE CONVERTED PATIO
5. Legal description (omit if street address is given above): RESTAURANT BAR AREA PATIO STORAGE OFFICE
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 17th day of April, 20 18

Sara A. Clark  
(Clerk/Notary Public)

My commission expires 01/31/2022

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>496-000-548539</u>	FEIN Number: <u>39-1499484</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</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	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>625.00</u></b>

pd  
4/20/18



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-264-6884  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov



S. S. #2, INC.  
 393 N EDWARDS BLVD  
 LAKE GENEVA WI 53147-4563

Letter ID	L0893844448
	

## Wisconsin Business Tax Registration Certificate

**Expiration date:** June 30, 2019  
**Legal/real name:** S. S. #2, INC.

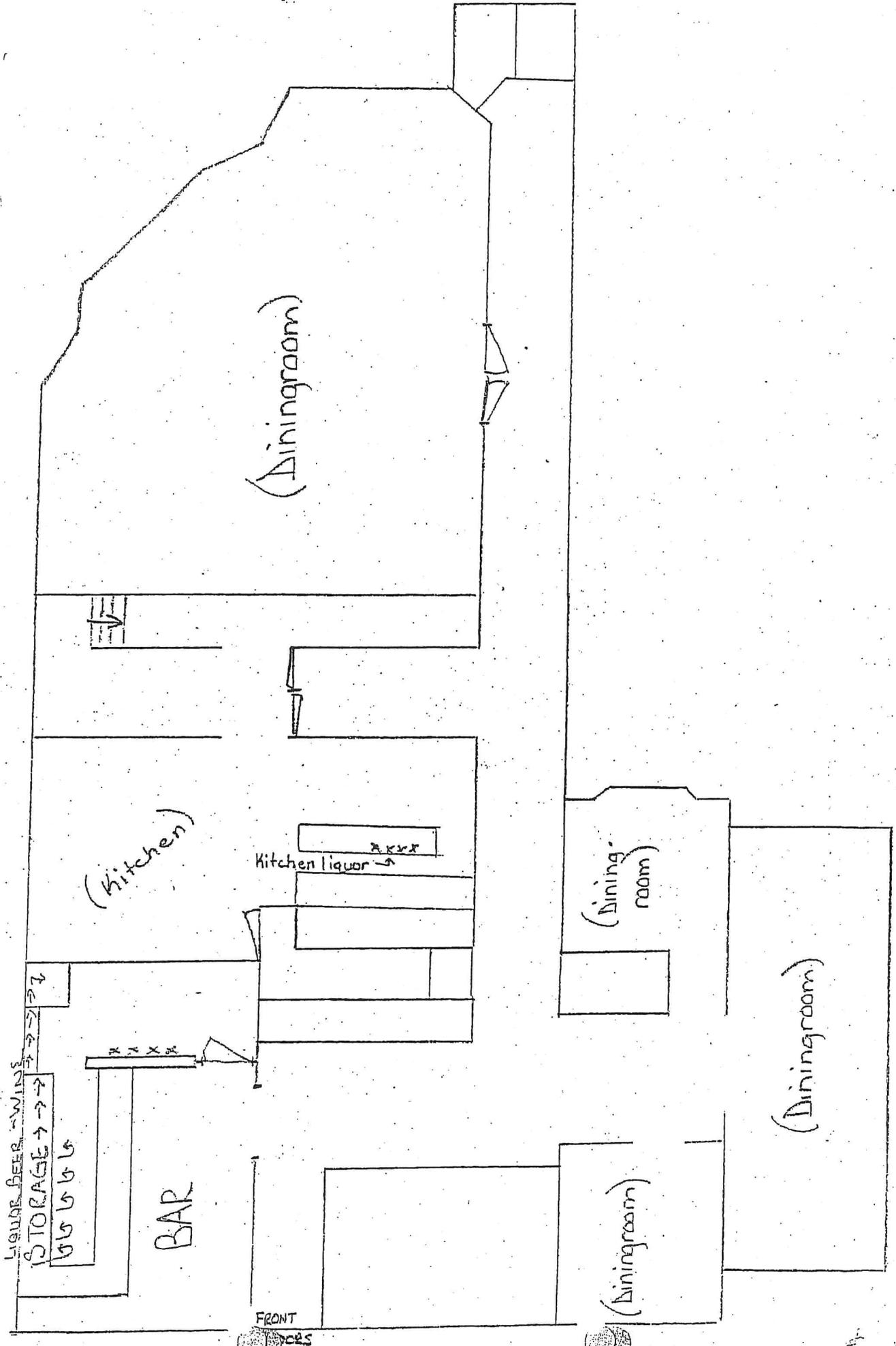
- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-0000548839-03
Withholding Tax	Withholding Tax	036-0000548839-04

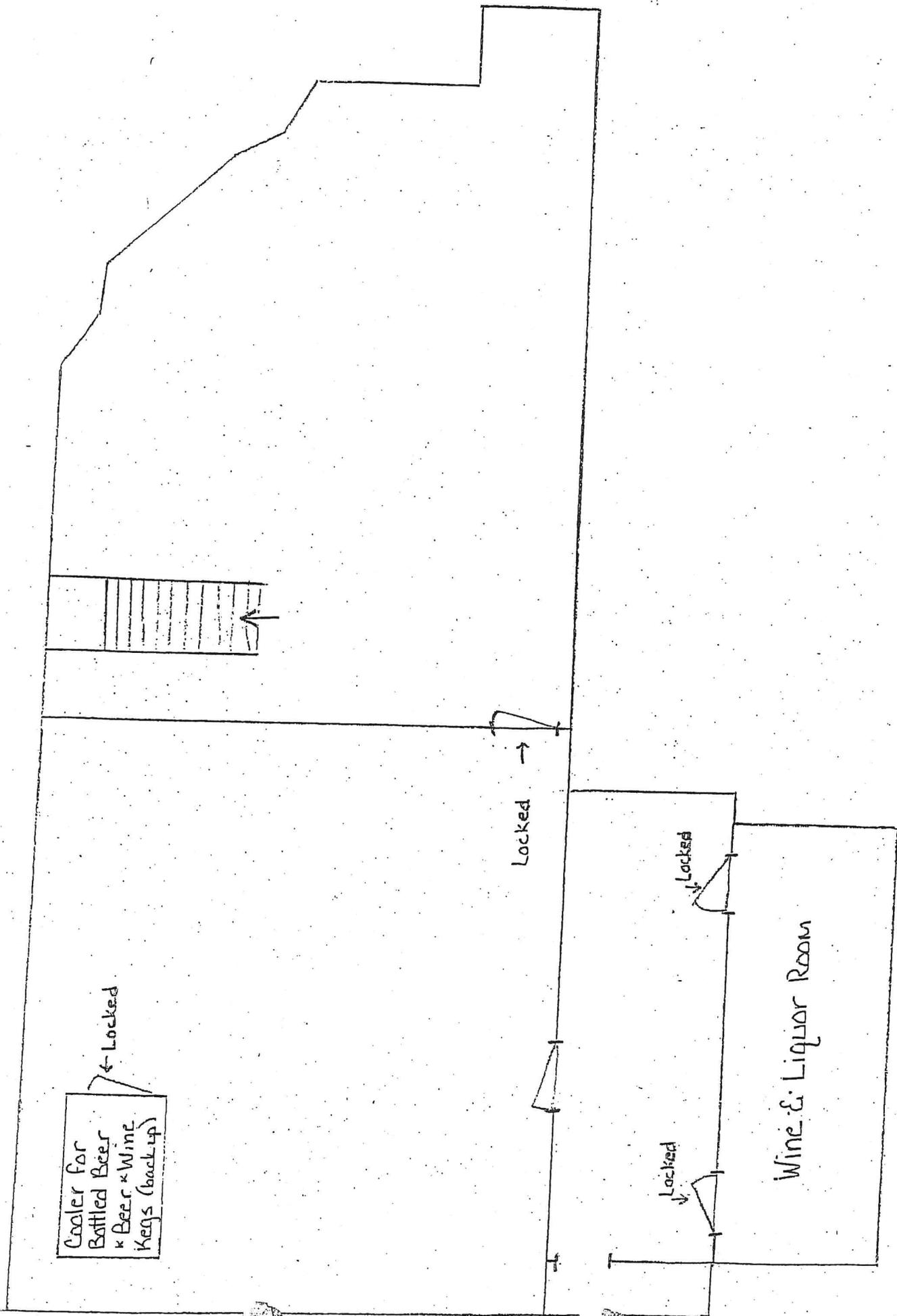
The following is a list of the business locations that you have registered with the Department of Revenue.

456-0000548839-03  
S. S. #2, INC.  
RED GERANIUM  
393 N EDWARDS BLVD  
LAKE GENEVA WI 53147-4563

Red Geranium Main Level (1st floor)



# 11ed Geranium Basement



# Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning 7/1/2018 20 18 ;  
ending 6/30/2019 20 19

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

County of Walworth Aldermanic Dist. No. N/A (if required by ordinance)

Applicant's WI Seller's Permit No. <u>456-1027919959-02</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

*pd 4/19/18*

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): "Two Thumbs Up 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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>President Freely, Kimberly, C</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Kim Freely</u>		
Directors/Managers			

3. Trade Name "Thumbs Up" Business Phone Number 262-248-6111  
4. Address of Premises 260 N Broad St Post Office & Zip Code LAKE Geneva, WI 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 WISCONSIN and date 4/2/13 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

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? Thumbs Up  
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864].  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19 day of April, 20 18  
K. Elder (Clerk/Notary Public)  
K. Elder (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
My commission expires July 2019  
K. Elder (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)  
K. Elder (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/19/18</u>	Date reported to council/board	Date provided to license issuer	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
	Freely	Kimberly	Christine

The 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 Two Thumbs Up 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? 9 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 Licenses or Permittee) (Address By City and County)

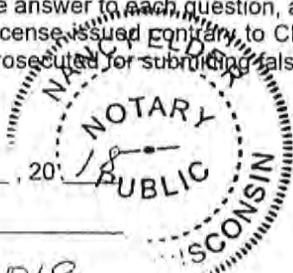
6. Named individual must list in chronological order last two employers.

Employer's Name <u>Retail Properties of America</u>	Employer's Address <u>2021 Spring Rd Suite 200 Oak Brook, IL 60523</u>	Employed From <u>10/2013</u>	To <u>2/2017</u>
Employer's Name <u>Sears Holdings Corp.</u>	Employer's Address <u>3335 Beverly Rd Hoffman Estates</u>	Employed From <u>7/2006</u>	To <u>10/2013</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 19 day of April, 2018  
Cathy Eden  
(Clerk/Notary Public)



K. Freely  
(Signature of Named Individual)

My commission expires July 2019



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  City of LAKE Geneva County of Walworth

The undersigned duly authorized officer(s)/members/managers of Two Thumbs Up 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 "Thumbs Up"  
(trade name)

located at 260 N Broad St, LAKE Geneva, WZ 53147

appoints Kimberly Freely

(print name of appointing 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? 9 months

Place of residence last year WISCONSIN

For: Two Thumbs Up 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, Kimberly Freely, 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] Agent's

Date of

**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 4-30-18 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

**WISCONSIN**  
**SELLER / SERVER CERTIFICATION**

**Trainee Name:** Kimberly Freely

**School Name:** 360training.com, Inc.

**Date of Completion:** 04/17/2018

**Certification #:** WI-77340

I, 

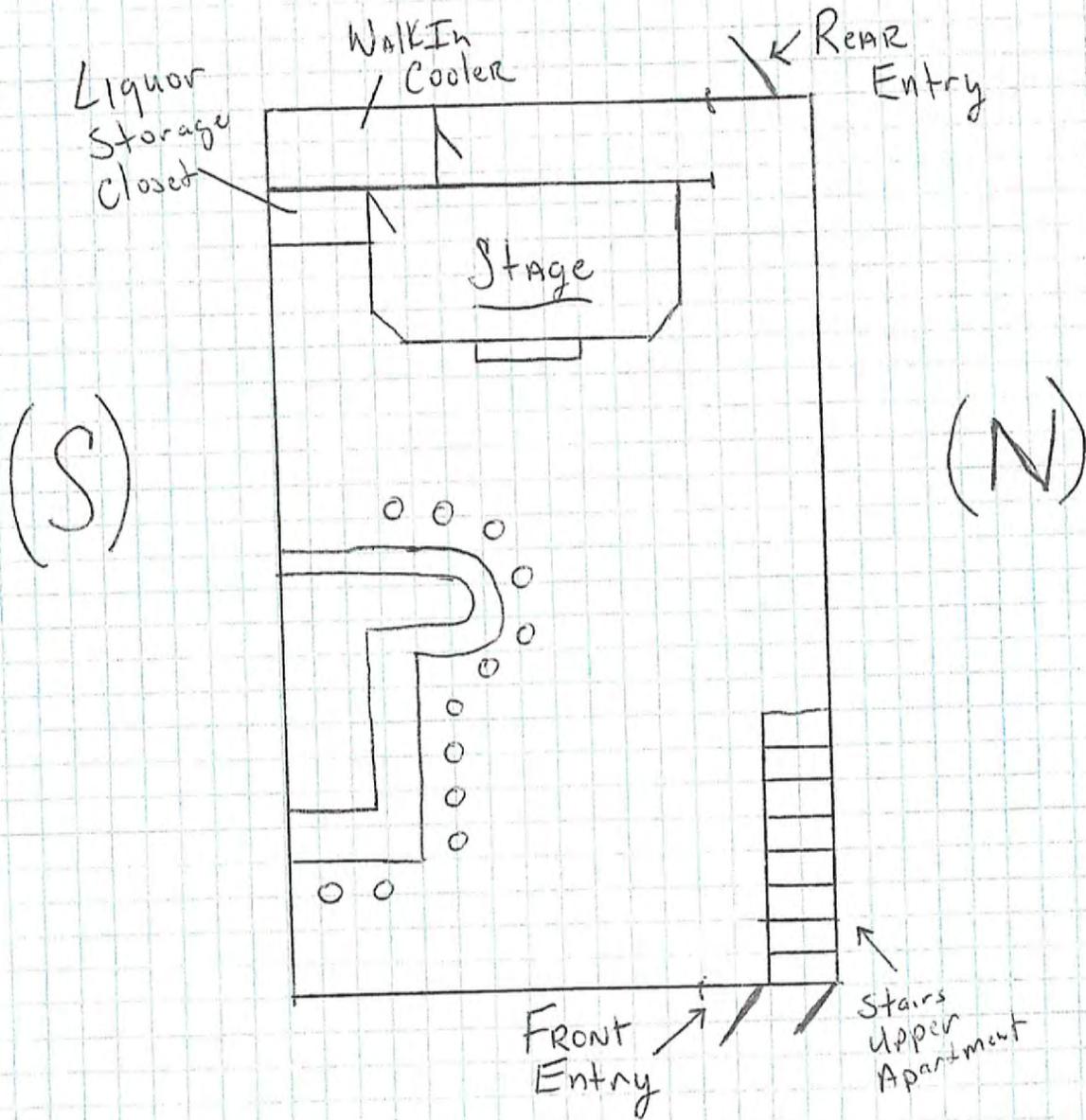
**Certify that the above named person  
successfully completed an approved  
Learn2Serve Seller/Server course.**

**COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66**



**Corporate Headquarters**  
6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

"Thumbs Up"  
260 BROAD ST.  
LAKE Geneva, WI 53147





WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8946  
 MADISON, WI 53708-8946

**Contact Information:**

2135 RIMROCK RD PO BOX 8946  
 MADISON, WI 53708-8946  
 ph: 608-266-2776 fax: 608-264-6884  
 email: dorbusinessstax@revenue.wi.gov  
 website: revenue.wi.gov

Letter ID L1176613664

TWO THUMBS UP LLC  
 39230 93RD ST  
 GENOA CITY WI 53128-1236

**Wisconsin Department of Revenue Seller's Permit**

Legal/real name: TWO THUMBS UP LLC  
 Business name: TWO THUMBS UP LLC  
 39230 93RD ST  
 GENOA CITY WI 53128-1236

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-1027919959-02

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1, 2018 ending: June 30, 2019

TO THE GOVERNING BODY of the:  Town of  Village of  City of } Lake Geneva  
County of Walworth Aldermanic Dist. No. N/A (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)  
Thomas Anthony Roman

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

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

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

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

President/Member \_\_\_\_\_

Vice President/Member \_\_\_\_\_

Secretary/Member \_\_\_\_\_

Treasurer/Member \_\_\_\_\_

Agent JAMES GEORGAKIS

Directors/Managers \_\_\_\_\_

C.1. Trade Name TUSCAN TAVERN and Grill Business Phone Number \_\_\_\_\_

2. Address of Premises 430 Broad 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Basement, BAR, outside seating area, 1st flr street level level 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 they must hold a Wisconsin Seller's Permit? (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

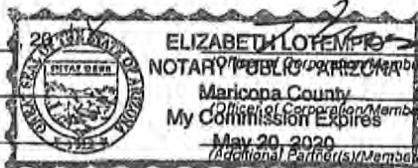
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 10<sup>th</sup> day of April

[Signature]  
(Clerk/Notary Public)

My commission expires May 20, 2020



[Signature]  
Notary Public (Partner/Member/Manager of Limited Liability Company / Partner/Individual)  
Maricopa County  
My Commission Expires May 20, 2020  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/13/18</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.	FEIN Number: <u>27-2243807</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

C180413-1  
Pd.  
\$625  
See map

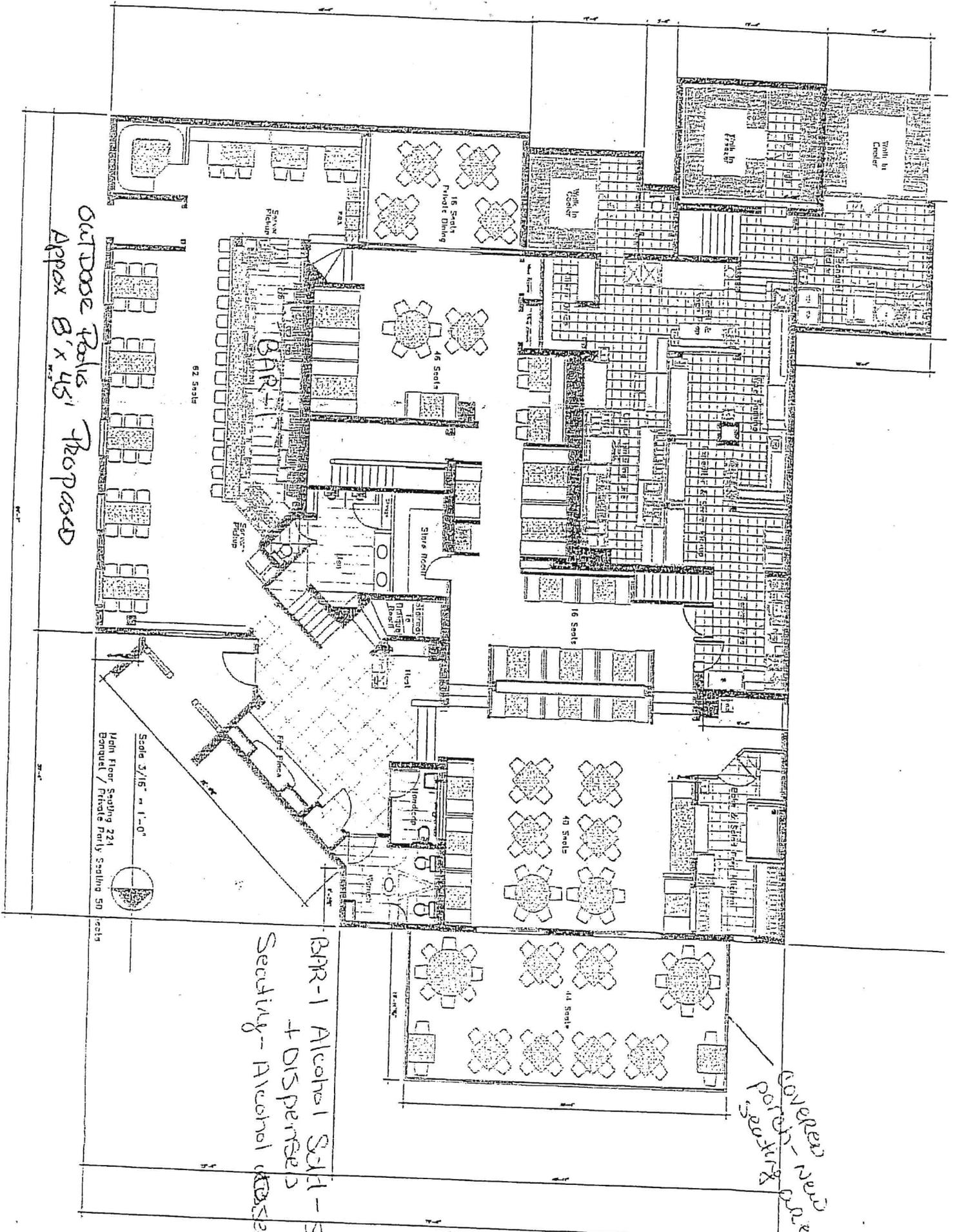
OUTDOOR Seating Proposed  
 Annex B' x 45'

Scale 3/16" = 1'-0"  
 Main Floor Seating 221  
 Banquet / Private Party Seating 50  
 seats

BAR-1 Alcohol S&H - Star  
 + DISPENSED  
 Seating - Alcohol Dispense

Covered - new  
 porch - new  
 Seating & Seating

/ US.com



Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning ending JULY 1 20 18 20 19

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [X] City of LAKE GENEVA

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

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

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

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

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

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.

Title Name Home Address Post Office & Zip Code
President/Member OWNER DAVID SCOTNEY 53147
Vice President/Member
Secretary/Member
Treasurer/Member
Agent SAVANNAH DETTMANN
Directors/Managers PAUL MECKLER

3. Trade Name OAKFIRE Business Phone Number 262 812 8007

4. Address of Premises 831 WAIGLEY DR LAKE GENEVA WI 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? [X] Yes [ ] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 07/11/2014 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [X] No

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

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 [X] No
(b) If yes, under what name was license issued?

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [X] Yes [ ] No

13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [X] Yes [ ] No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of may, 20 18

Signature of Clerk/Notary Public

My commission expires 2/5/2021

Signature of 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

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





Renewal

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01 20 18 ; ending 06/30 20 19

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [X] City of Lake Geneva

County of Walworth Aldermanic Dist. No. 3 (if required by ordinance)

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

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

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

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

Table with columns: Title, Name, Home Address, Post Office & Zip Code. Rows include Member Kathleen Ann Jackson, Member Douglas Albert Jackson, Secretary, Treasurer, Agent Kathleen Jackson, Directors/Managers.

3. Trade Name Studio Winery Business Phone Number 262-348-9100

4. Address of Premises 401 Sheridan Springs Road Post Office & Zip Code Lake Geneva, WI 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 [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state Wisconsin and date 10/15/07 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [X] No

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire lower level of 401 Sheridan Springs Road including Patio

10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [ ] No
(b) If yes, under what name was license issued?

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [X] Yes [ ] No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of April, 2018

[Signature of Clerk/Notary Public]

My commission expires 2/13/2021

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

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

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

TO BE COMPLETED BY CLERK

Table with 4 columns: Date received and filed with municipal clerk, Date reported to council/board, Date provisional license issued, Signature of Clerk / Deputy Clerk. Includes dates 4/13/2018 and license number.

Table with columns: License Type, Fee. Rows include Class B beer (\$100), Class B (wine only) winery (\$500), Publication fee (\$25.00), TOTAL FEE (\$625).

Handwritten note: pd 4/13/2018



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2018 ending: 06/30/2019  
(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 WI Seller's Permit No.:	FEIN Number:
<u>456-1028914898-02</u>	<u>81-0928145</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$ <u>600.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</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  
GEORGE D. ARGIROPOULOS, 248 LOOKOUT DRIVE, LAKE GENEVA, WI 53147

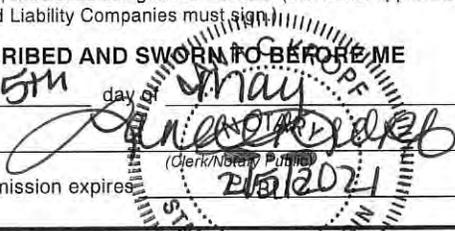
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LAKE AIRE LLC DBA LAKE AIRE RESTAURANT  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 804 W. MAIN ST, LAKE GENEVA, WI 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GEORGE D. ARGIROPOULOS</u>		
Vice President/Member	<u>DEMETRIUS G. ARGIROPOULOS</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>GEORGE D. ARGIROPOULOS</u>		
Directors/Managers			

C. 1. Trade Name LAKE AIRE RESTAURANT Business Phone Number 262-248-9913  
 2. Address of Premises 804 W. MAIN ST, LAKE GENEVA, WI 53147 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SERVED IN DINING ROOM 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 they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 15th day of May, 2018  
  
 My commission expires 2/15/2021

  
 (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>May 15, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

*pd 5/15/18*

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>ARGIROPOULOS</b>	(first name) <b>GEORGE</b>	(middle name) <b>D.</b>
--	-------------------------------	----------------------------

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- GEORGE D. ARGIROPOULOS of LAKE AIRE LLC DBA LAKE AIRE RESTAURANT  
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

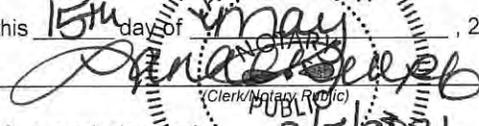
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 45 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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 15th day of May, 2018  
  
(Clerk/Notary Public)  
 My commission expires 2/5/2021

  
(Signature of Named Individual)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>ARGIROPOULOS</b>	(first name) <b>DEMETRIUS</b>	(middle name) <b>GEORGE</b>
--	----------------------------------	--------------------------------

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:

1. How long have you continuously resided in Wisconsin prior to this date? 7 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? .....  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
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. LAKE AIRE LLC, 804 W. MAIN ST., LAKE GENEVA, WI - ALCOHOL LICENSE  
(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 <b>GEORGE ARGIROPOULOS</b>	Employer's Address <b>804 W. MAIN ST., LAKE GENEVA</b>	Employed From <b>06/09</b>	To <b>05/18</b>
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 \_\_\_\_\_

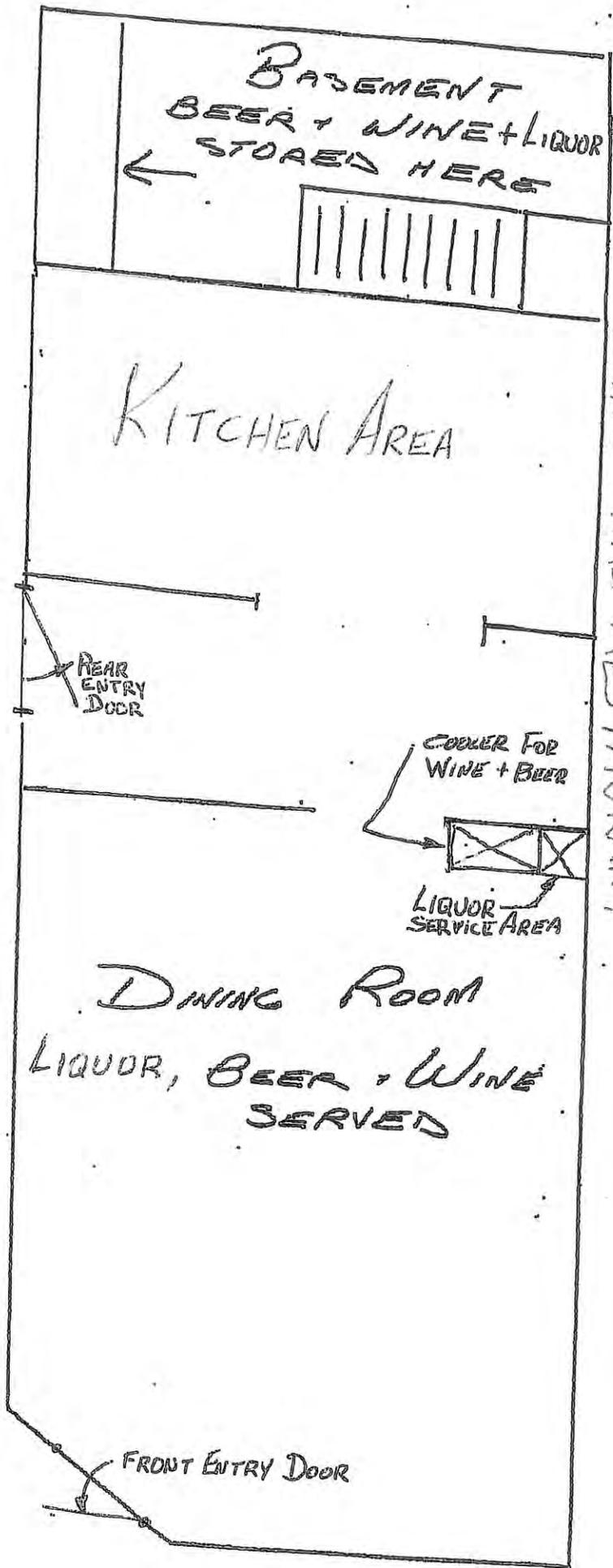
\_\_\_\_\_  
(Clerk/Notary Public)

*Demetrius Argiropoulos*  
\_\_\_\_\_  
(Signature of Named Individual)

My commission expires \_\_\_\_\_



Printed on  
Recycled Paper



LAKE AIRE RESTAURANT

BROAD STREET

MAIN STREET



# CITY OF LAKE GENEVA ALCOHOL LICENSE CHECKLIST

*Checklist must be submitted by each applicant seeking a new Alcohol License. Incomplete applications will be rejected.*

Applicant/Agent Name: SPYKO CONDO'S  
 Business Name and Address: HARBOUR SIDE Pub-Gull -  
 Type of Alcohol License(s) Sought: RESTAURANT CLASS B LIQUOR

Applicant	Office Use	Item
<input type="checkbox"/>	<input type="checkbox"/>	Discuss with City Clerk (or Assistant City Clerk) the desired alcohol license and proposed use.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Original Alcohol Beverage Retail License Application (AT-106)</b> Thoroughly complete questions 1-14 and complete the box in the upper right corner. Application can be notarized by the Clerk's Office.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Auxiliary Questionnaire (AT-103).</b> Thoroughly complete the top sections and questions 1-6. A copy must be submitted for each officer, director, member, manager and agent of the corporation, LLC, or non-profit organization. Application(s) can be notarized by the Clerk's Office.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Agent Schedule (AT-104).</b> Thoroughly complete the top section and the "Acceptance by Agent" section.
<input type="checkbox"/>	<input type="checkbox"/>	\$25 publication fee payable to the City of Lake Geneva and due upon application.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Proof of Completing Responsible Beverage Server Training Course.</b> Individuals, partners and agents of corporations and LLC's must have successfully completed an approved responsible beverage server training course within the past two years. <i>Does not apply to individuals who held, or were an agent of a corporation or LLC that held a liquor license within the past two years.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Proof of Residency.</b> Applicants must have resided 90 days continuously in this state prior to the date of application. Proof of residency could include voter registration, motor vehicle registration, driver's license, residential lease or purchase agreement, or income tax records. <i>Officers, directors, members or managers of corporations or LLCs are not required to meet the State residency requirement.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>Proof of Wisconsin Seller's Permit.</b> Can be a copy of a letter, e-mail or website from the State of Wisconsin proving that the applicant is in good standing for sales tax purposes and holds a valid seller's permit.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Map of premises.</b> Applicant must submit a map of the premises, identifying the building(s), room(s), and/or land area under his/her control where alcohol beverages will be sold, served, consumed, or stored. Map does not need to be drawn to scale but should include a small compass arrow showing which direction is north.

Applications (AT-106, AT-103, AT-104) may be obtained at City Hall or from the Wisconsin Department of Revenue website, <http://www.revenue.wi.gov/forms/alcohol>

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Applicant's WI Seller's Permit No. / FEIN Number: 4561029969354-0282-4462437

...nil to municipal clerk.  
 or the license period beginning July 1 20 18  
 ending June 30 20 19

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

County of Walworth Aldermanic Dist. No. 2 (if required by ordinance)

LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 600.00
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Harborside Pub & Grill, 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	Code
President/Member	<u>SPYRO CONDOS</u>	
Vice President/Member	<u>PATRICIA CONDOS</u>	
Secretary/Member		
Treasurer/Member		
Agent	<u>SPYRO CONDOS</u>	
Directors/Managers		

3. Trade Name Harbor Side Pub & Grill LLC Business Phone Number 262 248-3835  
 4. Address of Premises 100 Broad 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 2/19/2018 of registration.  
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

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

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

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

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? Common & Condos Old Harborside Cafe

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of the 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 7th day of March, 20 18

[Signature]  
 (Clerk/Notary Public)  
 My commission expires 1/2021

[Signature]  
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Patricia A. Condos  
 (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>3-27-18</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
<u>CONDOOS</u> <u>SPARO</u> <u>G</u>			
Home Address (street/number)	City	State	Zip

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- SPARO CONDOOS PRES of HARBOR SIDE PUB & GRILL 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? 63 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>Lake County Police Dept</u>	Employer's Address <u>626 CEDAR STREET</u>	Employed From <u>1976</u>	To <u>1987</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 27th day of March, 20 18

[Signature]  
(Notary Public)

My commission expires 3/2021



[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)
CONDOZ		PATRICIA	L

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.
- Patricia Condos VP of Harbor Side Pub & Grill 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? 38 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>Billboard SAVES Magazine</u>	Employer's Address <u>9000 Sunset Blvd, Los Angeles</u>	Employed From <u>1976</u>	To <u>1978</u>
Employer's Name <u>Kaiser Permanente</u>	Employer's Address <u>Palo Alto City, CA</u>	Employed From <u>1977</u>	To <u>1979</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 on this 27th day of March, 2018

[Signature]  
(Notary Public)  
My commission expires 2/5/2021

Patricia L. Condos  
(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.

Town

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

The undersigned duly authorized officer(s)/members/managers of HANNAH SIDE PUB GRILL 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

HANNAH SIDE PUB & GRILL  
(trade name)

located at 100 BROWN STREET LAKE GENEVA, WI 53147

appoints SPYRO CONOS

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? 123 weeks

Place of residence last year

For: HANNAH SIDE CAFE  
(name of corporation/organization/limited liability company)

By: SPYRO CONOS  
(signature of Officer/Member/Manager)

And: PATRICIA R. CONOS  
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, SPYRO CONOS, 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.

SPYRO CONOS 3/8/18  
(signature of agent) (date)

Agent's

Date of

(home address of agent)

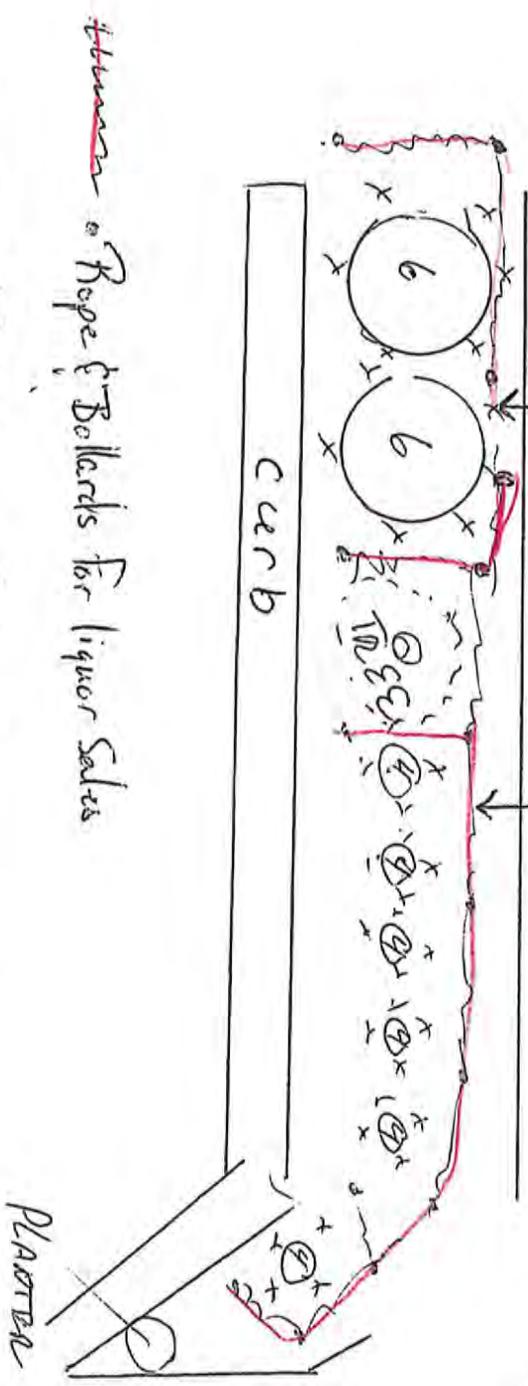
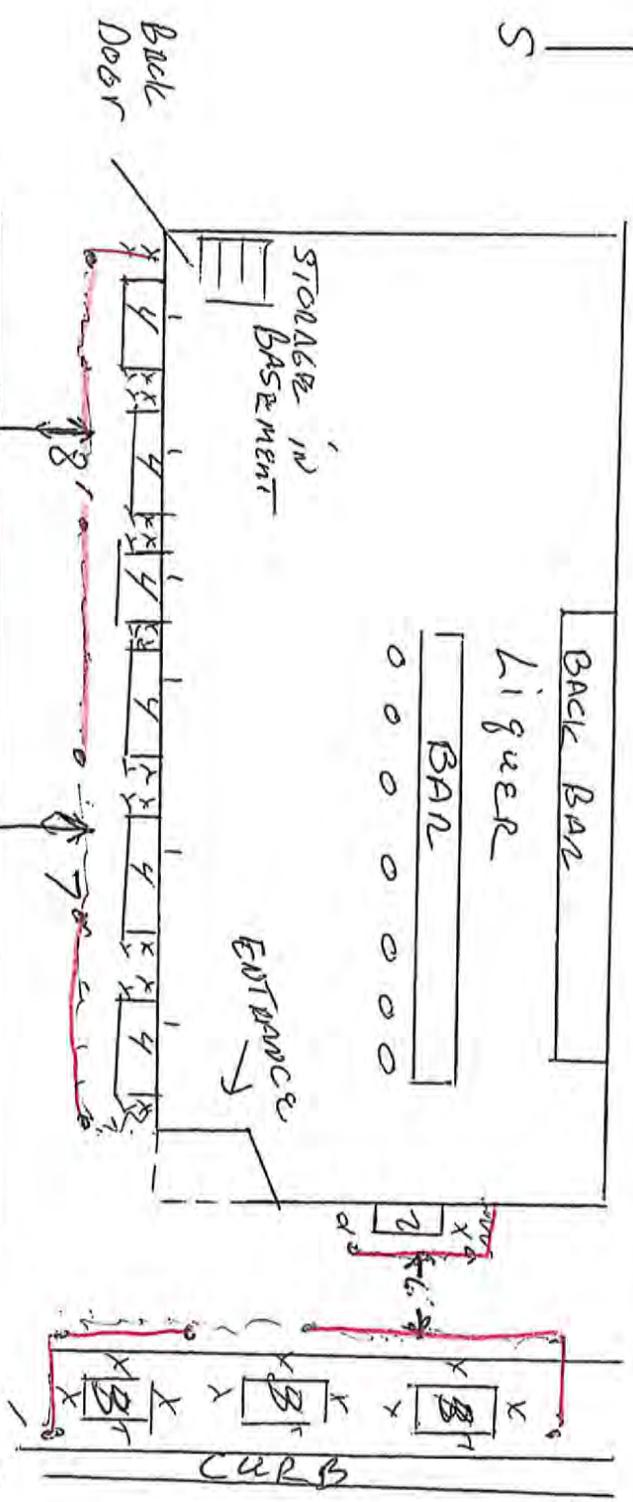
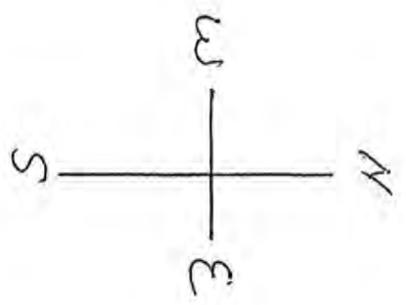
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)

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

Approved on 3 Apr 2018 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

SPEED'S HALBSIDE PUB & BELL LLC

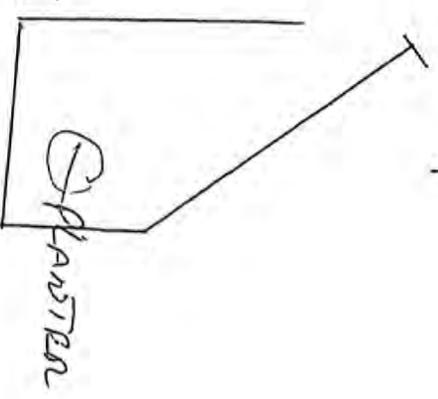
Liquor Service & SIDEWALK CAFE



~~Attorney~~ • Rope & Ballards for liquor Sales

- 71 CHAIRS X
- W/RIPELY PLATE
- 25 BALLARDS •

BRAD STREET



RENEWAL

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7/01 20 18 ; ending 6/30 20 19 ;

TO THE GOVERNING BODY of the: [ ] Town of [ ] Village of [X] City of LAKE Geneva

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

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

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

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

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

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

Table with columns Title, Name, Home Address, Post Office & Zip Code. Lists President/Member Siu Wing Leung, Vice President/Member RAN SI LEI, Secretary/Member LARRY R. SANDY, Treasurer/Member, Agent Siu Wing Leung, and Directors/Managers SAME AS OFFICERS/MEMBERS ABOVE.

- 3. Trade Name SU WINGS CHINESE RESTAURANT Business Phone Number 262-248-1178
4. Address of Premises 743 NORTH ST. Post Office & Zip Code LAKE GENOVA, WI 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 [X] No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? [ ] Yes [X] No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? [ ] Yes [X] No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 3/13/1990 of registration.
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? [ ] Yes [X] No
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? [ ] Yes [X] No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR, BACK ROOM, DINING ROOM, OFFICE, SIDEWALKS AREA, KITCHEN

- 10. Legal description (omit if street address is given above):
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? [X] Yes [ ] No
(b) If yes, under what name was license issued? SU WINGS CORP.
12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-800-937-8864] [X] Yes [ ] No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. [X] Yes [ ] No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? [X] Yes [ ] No

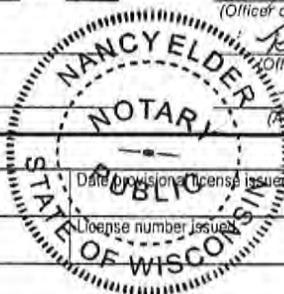
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of April, 20 18. Signatures of Siu W Leung (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual), Nancy Elder (Clerk/Notary Public), Ron S. Le (Officer of Corporation/Member/Manager of Limited Liability Company/Partner), and Larry R. Sandy (Additional Partner(s)/Member/Manager of Limited Liability Company if Any).

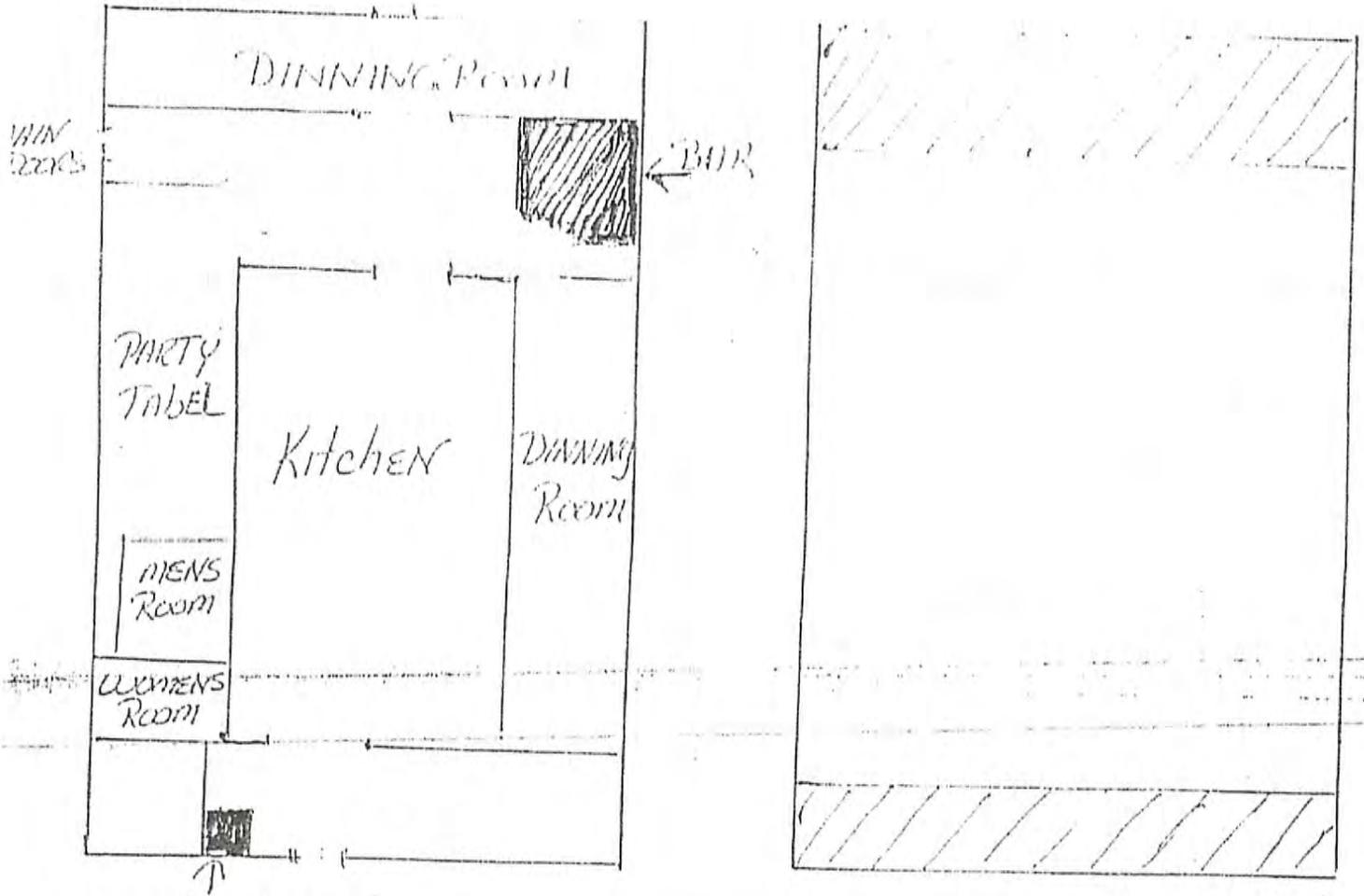
TO BE COMPLETED BY CLERK

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



First Floor

Basement



Storage for LIQUORE

Su Wing's Corp.  
743 North St.  
Lake Geneva

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2018 ending: 6/30/2019  
(MM DD YYYY) (MM DD YYYY)

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

County of Wauwatosa Aldermanic Dist. No. N/A (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 Bella Vista Suites on the shores of Lake Geneva, 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			
Vice President/Member	<u>Charles Lorenzi</u>		
Secretary/Member			
Treasurer/Member			
Agent	<u>Charles Lorenzi</u>		
Directors/Managers			

C. 1. Trade Name Bella Vista Suites on the shores of Lake Geneva Business Phone Number 262-248-2100  
 2. Address of Premises 335 Wingley Dr 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, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Loose ale, pilsner, rock sell basement, pub
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 13th day of August, 2018  
[Signature]  
(Clerk/Notary Public)  
 My commission expires 7/5/2021

[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>August 13, 2018</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>451000081500-03</u>	FEIN Number: <u>39-1940940</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Bridget Leech Date of Application: \_\_\_\_\_
2. Organization Name: Lake Geneva Business Improvement District
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_\_) Tax ID: 39-6005495
4. Mailing Address: P.O. Box 863
5. City, State, Zip: Lake Geneva, WI 53147
6. Phone: (262) 395-8128 E-mail: bridget@streetsoflakegeneva.com
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: \_\_\_\_\_
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: Lake Geneva Oktoberfest
2. Date(s) of Event: October 6 - 7, 2018
3. Location(s) of Event: 200 block of Broad Street and Flat Iron Park
4. Hours: 5am on October 6th - 8pm on October 7th

5. Event Chair/Contact Person: Bridget Leech Phone: (262) 395-8128

6. Day of Event Contact Name: Bridget Leech Phone: (262) 395-8128

7. Is the event open to the public?  Yes  No

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 15,000

10. Basis for Estimate: Previous years estimated attendance

11. Will you be setting up a tent?  Yes  No

*If yes, list the location, size, Rental Company, and proof of completion of locates.*

30' x 50' tent, provided by Arena Rentals, set near the intersection of Broad and Geneva. Tent will be weighted with

water barrels.

12. Will there be any animals?  Yes  No

*If yes, what type and how many:* 4 ponies in Flat Iron Park for Pony Rides

13. Detailed description of proposed event with map of exact location of the event and/or route.

- Pumpkin carving, craft fair, pony rides and bounce houses in Flat Iron Park
- Beer tent, entertainment, bounce houses, food sales on 200 block of Broad St.
- Use of downtown sidewalks for vendors
- Use of alleys on the 200 block of Broad Street (vendor load/unload, bathrooms, dumpsters, food storage etc.)
- Closing of the 200 block of Broad Street and Flat Iron Park
- Parking spots in lot behind Champs and lower Center St. lot (near Flat Iron Park)
- See attached map for details

14. Description of plan for handling refuse collection and after-event clean-up:

Event staff will monitor 200 block of Broad St. garbage receptacles, emptying them as needed, into dumpster provided for the event.

Garbage will also be monitored at Flat Iron Park and emptied as needed.

15. Description of plan for providing event security (if applicable):

Two (2) people will be provided as bouncers for the beer tent. No additional security will be provided

16. Will there be fireworks or pyrotechnics at your event?  Yes  No  
*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No  
*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No  
*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:  
*Road closures must include rental of barricades.*  
Closing of the 200 block of Broad Street from Main Street to Geneva Street (please see attached map) from 5am Saturday, October 6 - 9pm, Sunday, October 7

2. Will any parking stalls be used or blocked during the event?     Yes     No  
Date(s) of use: Saturday, October 6th and Sunday, October 7th  
Total Number of Stalls Request: 8  
Stall Number(s) and Location: Behind Champs: handicap, 923, 933  
Lower Center St. Lot: 989, 990, 991, 992  
Additional Information:  
Stalls need to be clear by 7am on Saturday, October 6th. They will be used for dumpster placement and vendor parking.

3. Description of signage to be used during event:  
*If requesting City banner poles, please include a Street Banner Display Application.*  
Downtown City street banner poles  
Signage on-site during event

**Anticipated Services**

*Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s).*

- Electricity      Explain: all poles on Broad St. from Main to Geneva, power in Brunk Pavilion
- Water            Explain: \_\_\_\_\_
- Traffic Control    Explain: \_\_\_\_\_
- Police Services    Explain: \_\_\_\_\_
- Fire/EMS Services Explain: \_\_\_\_\_
- Other              Explain: 15 picnic tables on Broad St., dumpster delivery and pickup, barricade delivery/setup/pickup

**Section V- Fees**

Application and Permit Fees	Unit Fee			Applicable Fee
<b>Parade Permit</b>				
Application Fee	\$25.00			_____
<b>Street Use Permit</b>				
Application Fee	\$25.00			25 _____
Permit Fee - Events lasting 2 days or less	\$40.00			40 _____
Permit Fee - Events lasting more than 2 days	\$100.00			_____
<b>Parking Stall Bag Request</b>				
Administrative Fee	\$10.00			10 _____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day		# of Stalls	# of Days	
March 1 - November 14	\$20.00	x 7	x 2	= 280 _____
November 15 - February 29	\$10.00	x _____	x _____	= _____
<b>Park Reservation Permit</b>				
Application Fee	\$25.00			25 _____
<b>Security Deposit</b>				
<b>Non-Profit or Resident</b>				
49 Attendees or Less	\$50.00			_____
50-149 Attendees	\$100.00			_____
150 or more Attendees	<i>Determined by Park Board</i>			_____
<b>Non-Resident</b>				
49 Attendees or Less	\$100.00			_____
50-149 Attendees	\$150.00			_____
150 or more Attendees	<i>Determined by Park Board</i>			_____
<b>Park Reservation Fees - Per Location, Per Day</b>				
<b>Non-Profit or Resident</b>				
49 Attendees or Less	\$30.00	x _____	x _____	= _____
50-149 Attendees	\$55.00	x _____	x _____	= _____
150 or more Attendees	\$105.00	x 1	x 2	= 210 _____
<b>Non-Resident</b>				
49 Attendees or Less	\$75.00	x _____	x _____	= _____
50-149 Attendees	\$125.00	x _____	x _____	= _____
150 or more Attendees	\$225.00	x _____	x _____	= _____
<b>Brunk Pavilion Rental Permit</b>				
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				
Non-Profit or Resident	\$250.00	x 1	=	250 _____
Non-Resident	\$500.00	x _____	=	_____
<b>Additional Park Amenities</b>				
Equipment (with delivery)	Rental Fee	# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each	x 15 +	\$50.00 =	275 _____
Barricades	\$5.00 each	x 6 +	\$50.00 =	80 _____
Trash Receptacles	\$8.00 each	x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x 1 +	\$0 =	50 _____
Dumpster Pick-up	\$50.00 plus additional landfill	_____		_____
Fencing - Snow	\$30.00 per 50 feet	_____		_____
<i>Requests for equipment are subject to availability.</i>				<b>Subtotal: \$</b> 1245 _____

Application and Permit Fees	Unit Fee		Applicable Fee
<b>Beach Reservation Permit</b>			
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>			
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>			
Application Fee	\$25.00		_____
Security Deposit			_____
Non-Profit or Resident			
49 Attendees or Less	\$50.00		_____
50-149 Attendees	\$100.00		_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>		_____
Non-Resident			
49 Attendees or Less	\$100.00		_____
50-149 Attendees	\$150.00		_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>		_____
Beach Reservation Fees - Per Day			
Non-Profit or Resident		# of Days	
49 Attendees or Less	\$30.00	x _____ =	_____
50-149 Attendees	\$55.00	x _____ =	_____
150 or more Attendees	\$105.00	x _____ =	_____
Non-Resident			
49 Attendees or Less	\$75.00	x _____ =	_____
50-149 Attendees	\$125.00	x _____ =	_____
150 or more Attendees	\$225.00	x _____ =	_____
			Subtotal: \$ _____
			+ Subtotal from Page 4: \$ _____

**Total PAID with Application: \$ 1245**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**

\_\_\_\_\_ DATE: \_\_\_\_\_

For Office Use Only

Date Filed with Clerk: 5/15/18 Payment with Application: \$ No payment made yet Receipt: \_\_\_\_\_

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: Lower Center + Geneva lot STADs

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

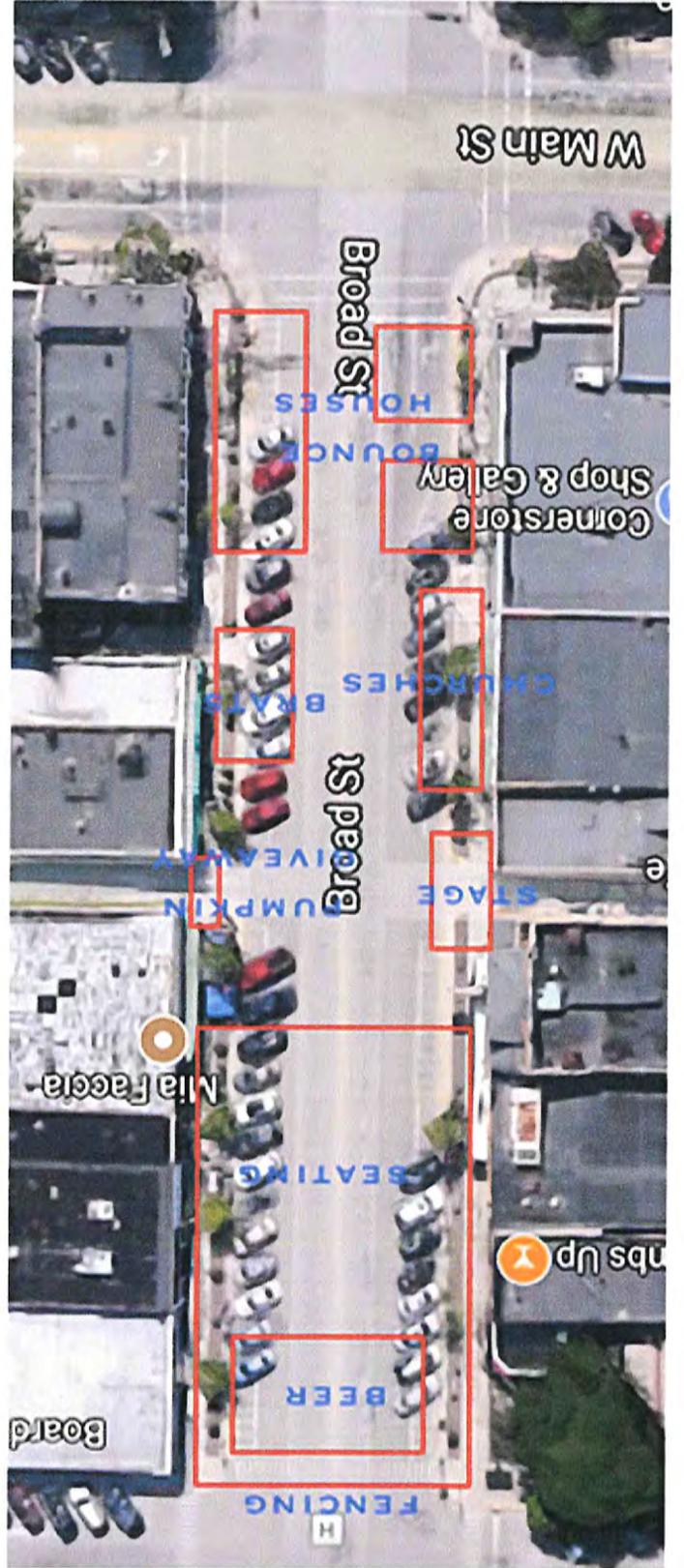
Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

18. Will you or any other vendors be selling food or merchandise

Lake Geneva's Oktoberfest will feature a variety of sales - examples include the following:

- Rotary Club of Lake Geneva – brats, hot dogs, chips
- Boy Scouts – apple cider donuts
- Various church groups – potato pancakes, hot pretzels, pulled pork, caramel apples etc.
- Various craft vendors selling a variety of items such as hand-knit items, artwork, photography, candles etc.





# CITY OF LAKE GENEVA

## TAXI COMPANY LICENSE APPLICATION

Please Check:

- Original Application
- Renewal of Current License

Fees of \$50.00 for first car and \$25.00 per each additional car are due upon application

*Annual License Expires June 30<sup>th</sup> each year*

Please fill in all blanks completely, as incomplete applications will be rejected.

**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: CRUZIN Transportation

Bus. Address (Physical): 32200-45<sup>th</sup> st #58

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Burlington, WI 53105

**BUSINESS OWNER/AGENT INFORMATION**

Owner/Agent Name: CYNTHIA HANSEN

Owner/Agent Address: 32200 - 45th St #58

City, State, Zip: Burlington, W. 53105

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

1. Have you been previously licensed to operate a taxicab company? YES  NO

If Yes, please state where: W.

2. Have you ever had a license revoked? YES  NO

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**TAXI VEHICLE INFORMATION**

Total Number of Vehicles to be operated: 1

Vehicle #1		
<u>Scion</u>	<u>XB</u>	<u>2005</u>
Make	Model	Year
<u>5</u>	<u>AAX 1067</u>	
Capacity	License Plate No.	
<u>JTLKT324250201301</u>		
VIN	Certificate of Title No.	

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

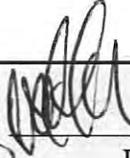
Vehicle #3		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #4		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

**APPLICANT SIGNATURE**

Cyril L. Hansen DATE: 5-23-2018

*For Office Use Only*

Date Filed: <u>May 23, 2018</u>	Police Chief
Receipt No: <u>0180523-13</u>	Recommendation: <u></u>
Total Amount: <u>\$50 -</u>	<u>Approved</u> Denied
Forwarded to Police Chief: _____	
Forwarded to City Attorney: _____	City Attorney Approval of Liability
Verified: Stark <input checked="" type="checkbox"/> MSI <input checked="" type="checkbox"/>	Insurance: _____
Notes: _____	
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____

## 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.

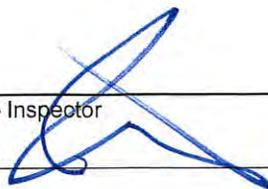
Vehicle Owner/Agent Name CYNTHIA HANSEN / CRUZIN Transportation

Vehicle - Year	Make	Model	Color	Odometer Reading	License Plate Number
2005	Scion	XB	Yellow	192575	
Name - Inspecting Company or Agency			Name - Inspector		Telephone Number
ACCELERATED			Self		2629489302
Address			City	State	Zip Code
667 W. State St.			Burlington	WI	53105

### VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
<b>BRAKES</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>SAFETY FEATURES</b>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>SUSPENSION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input checked="" type="checkbox"/>	<input 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"/>	<b>WIPERS / WIPER BLADES</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STEERING</b>	<input checked="" 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"/>	<b>TIRES - FRONT</b>	Lft	Rt	Lft	Rt
13. Power system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>EXHAUST SYSTEM</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>TIRES - REAR</b>	Lft	Rt	Lft	Rt
16. Tailpipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Brief Comments - Refer to Item Number

SIGNATURE - Inspector	Date - Inspection
	5-23-2018



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
05/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>State Farm</b> MINDY COOLING STATE FARM 24740 75TH ST SUITE A SALEM, WI 53168	<b>CONTACT NAME:</b> BRITTANY BRUMM <b>PHONE (A/C, No, Ext):</b> 262-843-4242 <b>FAX (A/C, No):</b> 262-843-8787 <b>E-MAIL ADDRESS:</b> BRITTANY@MINDYCOOLING.COM <b>PRODUCER CUSTOMER ID #:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b>  HANSEN, CYNTHIA A 32200 45TH ST LOT 58 BURLINGTON, WI 53105-9321	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

DESCRIPTION OF VEHICLE OR EQUIPMENT				
YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2005	SCION	XB	2WD SPORT	JTLKT324205201301
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).		

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	216 7601-E07-49	05/07/2018	11/07/2018	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 500,000
						BODILY INJURY (Per accident)	\$ 500,000
						PROPERTY DAMAGE	\$ 100,000
		GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE				MEDICAL	\$ 5,000
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
		<input checked="" type="checkbox"/> VEH COLLISION LOSS	216 7601-E07-49C	05/07/2018	11/07/2018	<input checked="" type="checkbox"/> ACV <input checked="" type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	216 7601-E07-49C	05/07/2018	11/07/2018	<input checked="" type="checkbox"/> ACV <input checked="" type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 250 DED
		EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>ADDITIONAL INTEREST</b> Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED NAME AND ADDRESS OF ADDITIONAL INTEREST	DESCRIPTION OF THE ADDITIONAL INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYEE LOAN / LEASE NUMBER AUTHORIZED REPRESENTATIVE 



# CITY OF LAKE GENEVA

626 Geneva Street  
Lake Geneva, WI 53147  
(262) 248-3673  
[www.cityoflakegeneva.com](http://www.cityoflakegeneva.com)



## Memorandum

**Date:** June 8, 2018  
**To:** City Council  
**From:** Blaine Oborn, City Administrator  
**Subject:** Discussion/Action on Employee Health Benefits regarding discontinuing Wellness Program with HealthCheck 360

- a. **Wellness Program with HealthCheck 360.** Attached is the overview of the Wellness Program with failure to participate resulting in a \$200 per month charge per employee or spouse. The Program is up for a July 1, 2018 renewal. The annual cost is \$13,430 with the City hoping to make up the cost with fewer claims because of healthier employees and reduced number of enrollees in the City's self-insured health plan. With the proposal to move to the ETF, it does not make sense to renew and do the annual Biometric testing in October 2018. The recommendation from the Personnel and the Finance, License & Regulation Committees is to discontinue Wellness Program and not renew the HealthCheck 360 agreement.

The City of Lake Geneva is excited to launch this year's HealthCheck360° program. As it happens each year, healthcare costs continue to increase. Currently the City of Lake Geneva is spending **2x** more than the national average on healthcare costs. If you participate fully in The City of Lake Geneva's wellness program powered by HealthCheck360°, you have the opportunity to continue paying **nothing** for your premium. See breakdown of savings below.

## Why Participate?

1. **Know your Numbers-** Identify your personal health risks and become motivated to take control of your future wellness.
2. **Improve your Health-** Get help making lifestyle changes that increase energy, improve productivity, and assist you in living life to the fullest. You will gain tools to effectively manage your health and track your progress.
3. **Save Money-** The HealthCheck360° program can save you 10% of your cobra rate pay per year!

\$200  
\$400

<b>Total Savings:</b>
<del>-\$131 per month single</del>
<del>-\$260 per month family</del>

## How do I earn the incentive rate?

Employees on the company sponsored health plan will need to complete the following tasks in order to receive monthly savings.

1. Biometric screening through HealthCheck360°
  - Repeat participants must earn a health score of 71 or greater or improve their last year's score by 5 or more points. (All new participants qualify with screening and survey completion.)
2. Online Health Risk Assessment (HRA) survey
3. HealthCorp compliance, if recommended

**Effective 01/01/2016, all participants on the health plan who do not complete the above requirements will be required to pay a 10% of the cobra rate each month for health insurance.**

## This is an annual savings of up to \$3,120!

If you are unable to participate in the biometric screening due to a medical condition, call HealthCheck360° to see what options are available for you. Call 1-866-511-0360 or email Support@HealthCheck360.com by October 12<sup>th</sup>, 2015.



HealthCheck360° is a four step employee wellness program that gives you the tools and support to actively manage and improve your health and well being.

- Biometric Screening
- Health Risk Assessment Survey
- Health Coaching
- Programming with MyHealthCheck360.com

If you have any questions regarding the HealthCheck360 program, email us at support@healthcheck360.com or call 1.866.511.0360.

GET ON THE  
**Road**  
TO BETTER  
**Health**  
HealthCheck360°

## Why Should I Participate?

HealthCheck360° and your employer want you to be educated on your health risks so you can make the best decisions for your health. Participation has numerous benefits.

The HealthCheck360° program helps you identify your personal health risks. Being educated allows you to take control of your health and well-being.

This employer paid benefit costs you nothing. Take advantage of a free and easy opportunity to monitor your health and wellness!

**Save Money**

You can save money each year. Your company feels strongly about supporting health improvement. HealthCheck360° is here to assist you.

**Know Your Numbers**

**Improve Your Health**

HealthCheck360° helps you make lifestyle changes that increase energy, improve productivity, and assist you in living life to the fullest. You get access to a customized online portal and support from a team of wellness coaches to help you achieve your goals.

**It's Free to You**

HealthCheck360°

# CITY OF LAKE GENEVA

626 Geneva Street  
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(262) 248-3673  
[www.cityoflakegeneva.com](http://www.cityoflakegeneva.com)



## Memorandum

**Date:** June 8, 2018  
**To:** City Council  
**From:** Blaine Oborn, City Administrator  
**Subject:** Discussion/Action on Employee Health Benefits regarding continuing Transparency Program with DirectPath

**Transparency Program with Direct Path.** Attached is the overview of Direct Path services. Direct Path advocacy services can be useful in the transition to the ETF (State Health Plan referred to as the Employee Trust Fund) so the City may want to consider a July 1, 2018 renewal. The annual cost is \$3,240. The City will receive the price shopping services and advocacy services for the remaining 6 months the City is self-insured and can evaluate the need for continuing after the January 1, 2019 transition to the ETF. The recommendation from the Personnel and the Finance, License & Regulation Committees is to continue the Transparency Program and renew the DirectPath agreement.

# Meet your personal health care advocate

Health care can be very confusing. Have you ever wondered the difference between an HRA, HSA and FSA? What about that confusing bill you received after your last doctor's visit? DirectPath is here to help!

## Your Advocate is ready to:

- Help you understand your health care benefits
- Assist with claims & billing issues
- Help you find in-network providers
- Verify coverage
- Educate you about health plan choices
- Clarify prescription drugs
- Provide total and out-of-pocket costs for tests and procedures

## YOUR ADVOCATE WILL EVEN SHOP FOR YOUR HEALTH CARE!

When you call DirectPath in advance of scheduling any health care test or procedure, your Advocate will compare the cost and quality of three providers and provide you with a comprehensive Transparency Report. It's just that simple!

Say goodbye to confusing health care. **Say hello to your DirectPath Advocate!**



**DirectPath**

To Reduce Health Care Costs

**866.253.2273**

Monday - Friday, 7:00am - 8:00pm CT | Saturday, 8:00am - 1:00pm CT | [www.directpathhealth.com](http://www.directpathhealth.com)

**City of Lake Geneva, Wisconsin**  
**Resolution 18-R44**

**Change in 2018-2019 COBRA Rates**

WHEREAS, the Personnel Committee and the Finance, License, and Regulation (FLR) Committees met on June 5, 2018 and recommend that the City Council changing the Funding and COBRA rates for the City Self-insured Employee Health Benefit Plan, and

WHEREAS, the Funding Rate is the amount the City charges the Utility Commission, Library Board, Cemetery Fund, and Parking Fund pay under the City's Self-insured Employee Health Benefit Plan to reimbursement the City (General Fund) for providing employee health benefits, and

WHEREAS, the Funding Rate is also used to calculate the percentage retirees reimburse the City for continued health benefit insurance coverage, and

WHEREAS, the COBRA rate is the Funding Rate plus 2% administrative fee that the City is required to offer separating employees under COBRA law for continued coverage in the City's self-insured employee health benefit plan, and

WHEREAS, the July 1, 2017 funding rate is \$2,736.94 per month for family coverage and \$1,310.57 per month for single coverage, and

NOW THEREFORE BE IT RESOLVED, that the Employee Health Benefit Funding Rate Effective July 1, 2018 is hereby changed for Family Coverage to \$3,045.43 per month and for Single Coverage to \$1,393.75 per month, and

BE IT FURTHER RESOLVED, that the Health Benefit COBRA Rate shall continue as the Funding Rate as established from time to time plus 2% for administrative costs.

Adopted this 11<sup>th</sup> day of June, 2018.

APPROVED:

\_\_\_\_\_  
Tom Hartz, Mayor

ATTEST:

\_\_\_\_\_  
Lana Kropf, City Clerk

# CITY OF LAKE GENEVA

626 Geneva Street  
Lake Geneva, WI 53147  
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## Memorandum

**Date:** June 8, 2018  
**To:** City Council  
**From:** Blaine Oborn, City Administrator  
**Subject:** Discussion/Action on Resolution 18-R44 regarding change in 2018-2019 COBRA rates

**July 1, 2018 COBRA rates.** The City's health insurance broker (Cottingham & Butler) has prepared the attached Medical Funding Rates Effective July 1, 2018 analysis. The recommendation is to increase the Single Funding Rate (COBRA without the 2% surcharge) from \$1,310.57 to \$1,393.75 and the Family Funding Rate from \$2,736.94 to \$3,045.43 per month. This is a monthly increase for Single and Family rates of \$83.18 and \$308.49 respectively. The 6.3% single and 11.3% family increases given the large increase to the stop loss and the massive amounts of claims this year is lower than what the City's broker expected.

The Funding Rate increase is passed on to the Utility Commission, Library, Cemetery Fund, Parking Fund, and retirees. Note that the City is on a January 1st fiscal year and the renewal is on a July 1st renewal year. I have provided an attached detail analysis of the effect of the increase for the remaining 6 month for the City Health & Other Benefits Budget in the General Fund showing additional revenue of \$30,503 to offset the increase in Administrative Charges and Health Claims. The analysis forecasts an increase in claims of 10% from Budget with the actual impossible to predict.

The recommendation from the Personnel and the Finance, License & Regulation Committees is to increase the COBRA rates as recommended and therefore approve the corresponding resolution.

# City of Lake Geneva

Medical Funding Rates - Renewal with ARAN  
Effective 07/1/2018

1st Year				2nd Year			
Month	Year	Claims	Lives	Month	Year	Claims	Lives
March	2016	N/A	73	March	2017	N/A	69
April	2016	N/A	72	April	2017	N/A	70
May	2016	\$158,251	72	May	2017	\$95,693	70
June	2016	\$122,726	71	June	2017	\$145,097	71
July	2016	\$69,895	72	July	2017	\$221,297	73
August	2016	\$125,425	71	August	2017	\$538,876	72
September	2016	\$66,698	73	September	2017	\$123,023	74
October	2016	\$112,083	72	October	2017	\$105,860	74
November	2016	\$221,673	69	November	2017	\$131,041	75
December	2016	\$59,577	68	December	2017	\$113,212	76
January	2017	\$82,985	65	January	2018	\$111,266	75
February	2017	\$108,082	66	February	2018	\$208,774	76
March	2017	\$82,044	N/A	March	2018	\$155,754	N/A
April	2017	\$47,330	N/A	April	2018	\$103,191	N/A
		1,256,770				2,053,083	
Stoploss Reimbursement		200,211		Stoploss Reimbursement		769,775	
<b>Total Claims and Lives</b>		1,056,559	844	<b>Total Claims and Lives</b>		1,283,308	875
Monthly Average	Monthly Trend (7.50% Annual)	Trend Months	Adjusted Average	Monthly Average	Monthly Trend (7.50% Annual)	Trend Months	Adjusted Average
1251.85	x	0.0063	x	26	=	1,455.27	
		<b>Claims</b>	<b>Credibility</b>	<b>Total</b>			
	1st Year	1,455.27	40%	582.11			
	2nd Year	1,594.97	60%	956.98			
	Plan Design Change			0.00			
	<b>Total</b>			1,539.09			
<b>Current Premium Rates</b>							
2017/18	Rate	1308.40		2736.94	\$2,033,244		
<b>Cottingham &amp; Butler Expected Funding Rates</b>							
<b>ARAN Expected Funding Rates</b>							
Ratio:	2.24						
	<b>Single</b>	<b>Family</b>	<b>Annualized</b>		<b>Single</b>	<b>Family</b>	<b>Annualized</b>
Count	27	49		Count	27	49	
Med Claims	855.30	1,915.87	1,403,649	Med Claims	774.17	2,240.49	1,568,239
Med Admin	22.80	22.80	20,794	Med Admin	22.80	22.80	20,794
PPO Access	3.65	3.65	3,329	PPO Access	3.65	3.65	3,329
Util. Review	9.90	9.90	9,029	Util. Review	9.90	9.90	9,029
Transplant	5.44	13.05	9,436	Transplant	5.44	13.05	9,436
Aggregate	27.77	27.77	25,326	Aggregate	27.77	27.77	25,326
Specific	304.23	887.48	620,408	Specific	304.23	887.48	620,408
ACA Fees	0.19	0.44	320	ACA Fees	0.19	0.44	320
Laser Liability	164.47	164.47	150,000	Laser Liability	164.47	164.47	150,000
<b>Total</b>	<b>1,393.75</b>	<b>3,045.43</b>	<b>2,242,291</b>	<b>Total</b>	<b>1,312.62</b>	<b>3,370.06</b>	<b>2,406,881</b>
<b>% Change</b>			<b>10.28%</b>	<b>% Change</b>			<b>18.38%</b>
<b>COBRA (102%)</b>	<b>1,421.62</b>	<b>3,106.34</b>		<b>COBRA (102%)</b>	<b>1,338.87</b>	<b>3,437.46</b>	

The attached represents Cottingham & Butler's best good faith estimate of your expected plan costs and is subject to change based on your plan's actual performance. Our estimate of your plan's costs may vary from that of your stoploss carrier, your plan's maximum costs, or costs as estimated by an actuary.

**City of Lake Geneva**  
**Health & Other Benefits Financial Analysis**

6/7/2018

**Budget Report:**

	2017 Actual	2018 Budget	Without Adj. 2018 Projected	With Adjustments 2019 Projected	
<b>Health &amp; Dental Reimbursable</b>					
Cemetery Health & Dental	(31,428)	(33,366)	(33,366)	(35,034)	5.0% COBRA Increase
Library Health & Dental	(77,031)	(81,782)	(81,782)	(85,871)	5.0% COBRA Increase
Parking Health & Dental	(75,245)	(79,885)	(79,885)	(83,879)	5.0% COBRA Increase
Retirees Reimbursements	(70,496)	(74,844)	(74,844)	(78,661)	5.0% COBRA Increase
Utility Dental	(14,727)	(15,635)	(15,635)	(15,635)	5.0% COBRA Increase
Utility Health Benefits	(312,757)	(332,047)	(332,047)	(348,981)	5.1% COBRA Increase
City Spousal Surcharge	(10,145)	(10,771)	(11,009)	(5,505)	Discontinue
Utility Spousal Surcharge	(1,573)	(1,670)	(4,718)	(2,359)	Discontinue
<b>Health &amp; Dental Reimbursable Total</b>	<b>(593,401)</b>	<b>(630,000)</b>	<b>(633,286)</b>	<b>(655,926)</b>	<b>22,639 Addition</b>
Health & Dental Reimbursable Employees		-	(41,080)	(45,353)	9 Months Premium Share
Health and Dental Administrative Charges*	539,600	630,000	693,000	693,000	10% Increase Forecast
Health and Dental Claims	1,443,660	1,500,000	1,650,000	1,650,000	10% Increase Forecast
Disability Premiums City	10,975	11,500	11,500	11,500	
EAP Program	3,743	3,800	3,800	3,800	
Opt Out Health Insurance Expense	3,916	3,800	3,800	3,800	
<b>Total Health &amp; Other Benefits</b>	<b>1,408,494</b>	<b>1,519,100</b>	<b>1,687,733</b>	<b>1,660,822</b>	
<b>Under (Over) Budget Forecast</b>			<b>(168,633)</b>	<b>(141,722)</b>	
Continuation of Spousal Surcharge with Increase				(8,363)	
<b>Revised Under (Over) Budget Forecast</b>				<b>(133,359)</b>	

**COBRA Rate Changes**

	<u>Current</u>	<u>Proposed</u>	Increase <u>Annual %</u>	Increase <u>Prorate %</u>	# of <u>Employees</u>
COBRA Single Monthly Rate	1,310.57	1,393.75	6.3%	3.2%	27
COBRA Family Monthly Rate	2,736.94	3,045.43	11.3%	5.6%	49
<b>COBRA Combined Monthly Rate</b>			<b>10.3%</b>	<b>5.1%</b>	<b>76</b>
Spousal Surcharge (10% of Single)**	131.06	139.38	6.3%	3.2%	10
Employee Premium (10% of Family-Single)**	142.64	165.17	15.8%	10.4%	32

\*Reflects discontinuing Health Check 360 and continuing Direct Path

\*\*Excludes Sworn Police Officers

**City of Lake Geneva, Wisconsin**

**Resolution 18-R45**

**Regarding discontinuing the working spousal surcharge as it relates to health insurance**

WHEREAS, on September 26, 2016, the City Council adopted a policy to impose a monthly surcharge on a spouse of an employee who is employed elsewhere and has health insurance available through their employer, and

WHEREAS, the Personnel Committee on June 5, 2018 recommends discontinuance of the monthly working spousal surcharge effective July 1, 2018, and

NOW THEREFORE BE IT RESOLVED that the monthly Working Spousal Surcharge for the City's Self-insured Employee Health Benefit Plan shall be discontinued effective July 1, 2018.

Adopted this 11<sup>th</sup> day of June, 2018.

APPROVED:

\_\_\_\_\_  
Tom Hartz, Mayor

ATTEST:

\_\_\_\_\_  
Lana Kropf, City Clerk

# CITY OF LAKE GENEVA

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## Memorandum

**Date:** June 8, 2018  
**To:** City Council  
**From:** Blaine Oborn, City Administrator  
**Subject:** Discussion/Action on Resolution 18-R45 regarding discontinuing the working spousal surcharge as it relates to health insurance

**Working Spousal Surcharge Resolution.** With the COBRA rate change, the Working Spousal Surcharge changes from \$131.06 to \$139.38 per month unless the City Council desires to modify the resolution. The Personnel Committee on June 5, 2018 recommended approval 3-2, with Proksa and Flower voting no to discontinue the Spousal Surcharge effective July 1, 2018. Discontinuance will result in a loss of additional revenue of \$8,363 for the remaining 6 months of the City 2018 Budget. The justification supporting discontinuing the spousal surcharge is the amount is small to the City but large to the 10 affected employees and to compensate for the premium share that was added after the enrollment period thus not allowing changing coverage.

The Finance, License, & Regulation Committee on June 5, 2018 did not recommend discontinuing the Spousal Surcharge on a 2-3 vote with Howell, Hedlund, and Proksa voting no. The justification supporting continuing the spousal surcharge is that stopping adds confusion, results in loss of revenue, and is not fair to other employees that modified coverage accordingly.

### Options for the City Council

- 1) Approve Resolution 18-R45 regarding discontinuing the working spousal surcharge as it relates to health insurance.
- 2) Not approve Resolution 18-R45 regarding discontinuing the working spousal surcharge as it relates to health insurance. Not approving continues Resolution 17-R49 and the Working Spousal Surcharge changes effective July 1, 2018 from \$131.06 to \$139.38 per month based upon the change in the COBRA (Medical Funding Rate).

# CITY OF LAKE GENEVA

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## Memorandum

**Date:** June 8, 2018  
**To:** City Council  
**From:** Blaine Oborn, City Administrator  
**Subject:** Discussion/Action regarding employee health insurance premium share

**Employee Premium Share Resolutions.** With the COBRA rate change, the Employee Premium Share changes from \$142.64 to \$165.17 per month effective July 1, 2018 unless the City Council desires to modify Resolution 17-R68. The recommendation from the Personnel and the Finance, License & Regulation Committees is to take no action on this item.

**City of Lake Geneva Wisconsin**  
**Resolution 17-R68- AMENDED**

**Establishing an Employee Health Benefit Family Premium Contribution**

WHEREAS, the Personnel Committee and the Finance, License, and Regulation (FLR) Committees met on December 5, 2017 and recommend that the City Council establish an Employee Health Benefit Premium Contribution, and

WHEREAS, an employee health benefit premium contribution is needed to offset high health benefit costs, and

WHEREAS, the monthly employee health benefit premium contribution is to be established for family coverage only on the City's self insured employee health benefit plan at 10% of the family COBRA rate, and

WHEREAS, the current family COBRA rate is \$2,736.94 per month and the current single COBRA rate is \$1,310.57 per month , and

WHEREAS, the Personnel and FLR committees recommended no employee health benefit premium contribution for single coverage on the City's self insured employee health benefit plan and a 10% contribution of the family plan, and

WHEREAS, the Common Council met on December 11, 2017 to discuss the impact of this change and offered an amendment, and

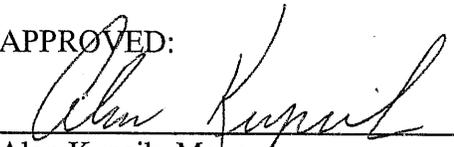
WHEREAS, the Council authorized that the amount of the employee contribution be changed to 10% of the difference of the COBRA family rate and the COBRA single rate, currently at \$142.64 per month, and

NOW THEREFORE BE IT RESOLVED, that the Employee Health Benefit Premium Contribution for Family Coverage is hereby established at 10% of the difference between the family COBRA rate and the single COBRA rate effective March 1, 2018, and

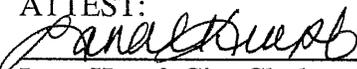
BE IT FURTHER RESOLVED, that the Health Benefit Premium Contribution shall be based on the then current single and family COBRA rate as established from time to time.

Adopted this 11<sup>th</sup> day of December, 2017.

APPROVED:

  
\_\_\_\_\_  
Alan Kupsik, Mayor

ATTEST:

  
\_\_\_\_\_  
Lana Kropf, City Clerk

# MEMORANDUM TO THE CITY OF LAKE GENEVA

To: Tom Earle  
 From: Wyatt Ploetz  
 Date: May 1, 2018  
 Re: Pay Request #1 for Willkomm Excavating & Grading, Inc.  
 Main Street Reconstruction

A review of the Request for **Payment No. 1** from **Willkomm Excavating & Grading, Inc.** for the **Main Street Reconstruction** contract has been completed. This pay request includes all work completed and measured to date.

Payment in the amount of **\$192,340.67** for this payment request has been recommended for approval by the Construction Manager on site.

The Contractor's documents are enclosed for the City's approval.

Payment amounts are broken up as follows:

**Main Street Reconstruction:**

	<u>New Invoice Amount</u>	<u>Previously Invoiced</u>	<u>Total</u>
Invoiced	\$202,463.86	\$ 0.00	\$202,463.86
Retainage	(\$ 10,123.19)	(\$ 0.00)	(\$ 10,123.19)
<b>Total Approved for Payment</b>	<b>\$192,340.67</b>	<b>\$ 0.00</b>	<b>\$192,340.67</b>

Contract Base Bid, based on plan quantities: \$654,928.79

Please feel free to contact me if you have any questions.

Please send Payment to:

**Willkomm Excavating & Grading, Inc.**  
 17108 County Line Road  
 Union Grove, WI 53182

DATE APPROVED	30 May 2018
APPROVED BY	
ACCOUNT #(S)	4332 161 701
DESCRIPTION	Cap. Borrow
PO #	Main St.

# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted AT LEAST 10 WEEKS prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Doug Skates Date of Application: 5-26-18
2. Organization Name: \_\_\_\_\_
3. Organization Type:  For Profit  Non-Profit (501(c) \_\_\_\_\_) Tax ID: N/A
4. Mailing Address: 1133 Bonnie Brae Lane
5. City, State, Zip: LG WI 53147

8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: Jazz at Rushwood
2. Date(s) of Event: 6-21-18
3. Location(s) of Event: Rushwood Park LG
4. Hours: 5 9 Performance 6-7:30/8pm  
Start Time End Time

5. Event Chair/Contact Person: Doug Skates Phone: 262-581-5836  
6. Day of Event Contact Name:     Phone:    

7. Is the event open to the public?  Yes  No

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 40

10. Basis for Estimate: Unknown - first time offering

11. Will you be setting up a tent?  Yes  No

*If yes, list the location, size, Rental Company, and proof of completion of locates.*

12. Will there be any animals?  Yes  No

*If yes, what type and how many:*    

13. Detailed description of proposed event with map of exact location of the event and/or route.

Bodger Jazz Ensemble performance from approx 6-7:30 or 8 pm. low impact with setup just near the berm facing Sueann Drive.

14. Description of plan for handling refuse collection and after-event clean-up:

Participants will use city containers. We will have additional bags if necessary.

15. Description of plan for providing event security (if applicable):

N/A

16. Will there be fireworks or pyrotechnics at your event?  Yes  No

*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No

*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No

*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV – Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:  
*Road closures must include rental of barricades.*

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

\_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:  
*If requesting City banner poles, please include a Street Banner Display Application.*

*N/A*

**Anticipated Services**

Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s).

- Electricity      Explain: Connection for sound system
- Water            Explain: —
- Traffic Control    Explain: —
- Police Services    Explain: —
- Fire/EMS Services Explain: —
- Other             Explain: —

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			_____
Permit Fee - Events lasting 2 days or less		\$40.00			_____
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____ =	_____
November 15 - February 29	\$10.00	x	_____	x _____ =	_____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			25 _____
Security Deposit					
Non-Profit or Resident					
49 Attendees or Less	\$50.00				50 _____
50-149 Attendees	\$100.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
Non-Resident					
49 Attendees or Less	\$100.00				_____
50-149 Attendees	\$150.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
<b>Park Reservation Fees - Per Location, Per Day</b>					
Non-Profit or Resident			# of Parks	# of Days	
49 Attendees or Less	\$30.00	x	1	x 1 =	30 _____
50-149 Attendees	\$55.00	x	_____	x _____ =	_____
150 or more Attendees	\$105.00	x	_____	x _____ =	_____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____ =	_____
50-149 Attendees	\$125.00	x	_____	x _____ =	_____
150 or more Attendees	\$225.00	x	_____	x _____ =	_____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				# of Days	
Non-Profit or Resident	\$250.00	x	_____	=	_____
Non-Resident	\$500.00	x	_____	=	_____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x	_____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each	x	_____ +	\$50.00 =	_____
Barricades	\$5.00 each	x	_____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each	x	_____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x	_____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill		_____		_____
Fencing - Snow	\$30.00 per 50 feet		_____		_____
<i>Requests for equipment are subject to availability.</i>					<b>Subtotal: \$</b> 105 _____

11-52-00-  
46740  
PKA  
11-00-00  
23530  
PKD  
11-52-00-  
46750  
PKF



**For Office Use Only**

Date Filed with Clerk: \_\_\_\_\_ Payment with Application: \$ \_\_\_\_\_ Receipt: \_\_\_\_\_

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

**Departmental review (all that apply):**

Police Chief:     Approved     Denied    Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:     Approved     Denied    Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:     Approved     Denied    Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:     Approved     Denied    Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:     Approved     Denied    Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

**Committee/Council review (all that apply):**

Park Board:    Meeting Date(s): \_\_\_\_\_     Approved     Denied

Reasons/Conditions: \_\_\_\_\_

Finance, License & Regulation:    Meeting Date(s): \_\_\_\_\_     Approved     Denied

Reasons/Conditions: \_\_\_\_\_

Council:    Meeting Date(s): \_\_\_\_\_     Approved     Denied

Reasons/Conditions: \_\_\_\_\_

**Clerk's Office Completion:**

Total Addtl fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:     Parade/PA     Street Use     Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

City of Lake Geneva  
626 Geneva St  
Lake Geneva WI 53147 262-248-3673

Receipt No: 7.000092 Jun 5, 2018

SKATES-BADGER JAZZ-6/21/18

PUBLIC CHARGES	
PARK APPLICATION FEE	25.00
PUBLIC CHARGES	
PARK FUND SECURITY	50.00
DEPOSITS	
PUBLIC CHARGES	
PARK USE FEES	30.00

Total: -----  
105.00

City GovPay  
Payor: =====  
105.00

SKATES-BADGER JAZZ-6/21/18  
Total Applied: -----  
105.00

Change Tendered: -----  
.00

06/05/2018 8:39 AM

**City of Lake Geneva  
Finance, License, & Regulation Committee  
June 5, 2018**

**Prepaid Checks**

**5/21/18 - 6/1/18**

**Total:  
\$47,198.62**

**Checks over \$5,000:**

\$	18,000.00	<i>Opening Beach Bank-Kiosk Change</i>
\$	17,851.00	<i>Bauer Sign &amp; Lighting - Library Sign (balance)</i>
\$	-	
\$	-	
\$	-	

FROM 05/21/2018 TO 05/29/2018

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
BAKER	BAKER & TAYLOR								
	C3122403-4/18			04/30/18		67651	05/23/18	6,353.46	55.01
	01	5014963194-2 ITEMS	9900005410						35.66
	02	5014944668-1 ITEM	9900005410						19.35
	L3367102-4/18			04/30/18		67651	05/23/18	6,353.46	4,828.49
	01	2033621134-23 ITEMS	9900005410						415.67
	02	2033633337-33 ITEMS	9900005410						551.48
	03	2033647055-27 ITEMS	9900005410						475.41
	04	2033660436-49 ITEMS	9900005410						828.71
	05	2033663190-51 ITEMS	9900005410						1,012.46
	06	2033670960-96 ITEMS	9900005410						1,544.76
	L3367362-4/18			05/22/18		67651	05/23/18	6,353.46	10.54
	01	2033638212-1 ITEM	9900005411						10.54
	L3367512-4/18			04/30/18		67651	05/23/18	6,353.46	951.34
	01	2033630296-2 ITEMS	9900005411						28.24
	02	2033630297-2 ITEMS	9900005411						22.08
	03	2033630299-1 ITEM	9900005411						11.61
	04	2033630298-1 ITEM	9900005411						11.05
	05	2033630300-1 ITEM	9900005411						21.80
	06	2033654550-2 ITEMS	9900005411						23.60
	07	2033654549-1 ITEM	9900005411						28.41
	08	2033654548-1 ITEM	9900005411						8.22
	09	2033663707-23 ITEMS	9900005411						356.54
	10	2033663708-21 ITEMS	9900005411						219.95
	11	2033663709-1 ITEM	9900005411						11.05
	12	2033677399-3 ITEMS	9900005411						43.81
	13	2033677400-11 ITEMS	9900005411						159.30
	14	2033677401-1 ITEM	9900005411						5.68
	L4013232-4/18			04/30/18		67651	05/23/18	6,353.46	501.95
	01	2033643973-4 ITEMS	9900005414						100.86
	02	2033657818-1 ITEM	9900005414						22.61
	03	2033657819-5 ITEMS	9900005414						113.00
	04	2033667018-2 ITEMS	9900005414						42.46
	05	2033667019-5 ITEMS	9900005414						138.11
	06	2033677378-1 ITEM	9900005414						25.35
	07	2033677379-2 ITEMS	9900005414						45.21
	08	2033677380-1 ITEM	9900005414						14.35
	L4140342-4/18			04/30/18		67651	05/23/18	6,353.46	6.13
	01	2033613501-1 ITEM	9900005411						6.13
VENDOR TOTAL:									6,353.46

FROM 05/21/2018 TO 05/29/2018

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
CITYLG	CITY OF LAKE GENEVA								
	BEACH BANK-FNB			05/24/18		67658	05/24/18	18,000.00	18,000.00
	01	OPENING BEACH BANK	4054101010						18,000.00
									VENDOR TOTAL: 18,000.00
FROGG	JEAN FROGGATT								
	REIMB 5/18			05/17/18		67653	05/23/18	151.39	151.39
	01	APCO/NENA CONF-250 MILES	1121005330						136.25
	02	APCO/NENA CONF-MEALS	1121005331						15.14
									VENDOR TOTAL: 151.39
PCL	PETTY CASH - LIBRARY								
	5/18			05/21/18		67654	05/23/18	63.96	63.96
	01	POSTAGE,STAMPS	9900005312						63.96
									VENDOR TOTAL: 63.96
T0001663	CAB CONSTRUCTION CO LLC								
	GOVPAY PERMIT			05/22/18		67655	05/23/18	60.00	60.00
	01	REFUND/FOR TOWN OF GENEVA	1124004440						60.00
									VENDOR TOTAL: 60.00
WALMA	WALMART COMMUNITY								
	6368-5/18			05/16/18		67656	05/23/18	52.95	52.95
	01	CLEANERS, ZIPLOC BAGS	1122005350						44.01
	02	DISH SOAP	1122005350						8.94
									VENDOR TOTAL: 52.95
WMCCA	WI MUNICIPAL COURT CLERKS ASOC								
	REGISTRATION 2018			05/21/18		67657	05/23/18	520.00	520.00
	01	WMCCA REG-CRISMAN, PEDERSEN	1112005332						520.00
									VENDOR TOTAL: 520.00
									TOTAL --- ALL INVOICES: 25,201.76

FROM 05/31/2018 TO 06/01/2018

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
AMAZO	AMAZON								
	8932-5/18			05/23/18		67714	05/31/18	663.17	663.17
		01 EXIT SIGN,CORD COVER	9900005250						70.98
		02 FILTERS,FORKS,FRAME,MIRROR	9900005211						84.35
		03 STORAGE TOTES	9900005310						196.93
		04 SEC MIRRORS,BULBS,TRASH BAGS	9900005350						248.45
		05 BOOKS	9900005410						54.03
		06 PATCH CABLE	9900005514						8.43
								VENDOR TOTAL:	663.17
BAUER	BAUER SIGN & LIGHTING								
	39444			05/22/18		67715	05/31/18	17,851.00	17,851.00
		01 LIBRARY SIGN-BALANCE	4599005960						17,851.00
								VENDOR TOTAL:	17,851.00
JANES	BLISS COMMUNICATIONS, INC								
	11389-2018			04/30/18		67716	05/31/18	245.70	245.70
		01 JANESVILLE GAZETTE RENEWAL	9900005412						245.70
								VENDOR TOTAL:	245.70
PCP	PETTY CASH - POLICE DEPT								
	PETTY CASH-5/18			05/30/18		67717	05/31/18	77.60	77.60
		01 USPS	1121005312						77.60
								VENDOR TOTAL:	77.60
RICHARD	KARA RICHARDSON								
	REIMB 5/18			05/23/18		67718	05/31/18	75.00	75.00
		01 MEALS-RESOURCE TRNG 6/11-14	1121005331						75.00
								VENDOR TOTAL:	75.00
USBANK	US BANK								
	3341-5/18			05/11/18		67719	05/31/18	3,064.39	3,064.39
		01 BEST BUY-LENS FILTER RET	1121005380						-24.99
		02 LISMORE EAU CLAIR-CREDIT	1121005331						-0.01
		05 LISMORE EAU CLAIR-CREDIT	1121005331						-25.12
		06 KALAHARI-FROGGATT	1121005331						82.00
		07 ROSATIS-GRITZNER	1121005399						63.16
		08 HOME DEPOT-DIVE TEAM EQUIP	5021005800						59.97
		09 HAMPTON APPLETON-HANSEN	1121005331						410.00
		10 UND WATER CONN-DIVE EQUIP	5021005800						271.89

FROM 05/31/2018 TO 06/01/2018

VENDOR #	INVOICE #	ITEM DESCRIPTION	ACCOUNT NUMBER	INV. DATE	P.O. NUM	CHECK #	CHK DATE	CHECK AMT	INVOICE AMT/ ITEM AMT
	3341-5/18			05/11/18		67719	05/31/18	3,064.39	3,064.39
		11 DIVE GEAR EXPRESS-MASKS	5021005800						55.60
		12 FORGET ME NOT-HINZPETER FLWRS	1121005399						47.98
		13 AMAZON-DRONE EQUIP	1121005380						69.98
		14 NWTC-DERRICK SEMINAR	1121005410						125.00
		15 PRESENTA PLQ-AWARDS PLQS	1121005399						143.70
		16 HEADSETS DIR-3 HEADSETS	1121005262						471.95
		17 HAMPTON APPLETON-HANSEN	1121005331						164.00
		18 PIGGLY WIGGLY-CHIEFS MTG	1121005399						22.20
		19 BEST BUY-LENS FILTER	1121005380						24.99
		20 KALAHARI-FROGGATT	1121005331						164.00
		21 MIKE CRIVELLO-67MM DIGI	1121005380						69.98
		22 AMAZON-VOICE RECORDERS	1121005342						323.04
		23 COMF STES STEVENS PT-HINZPETER	1121005331						89.00
		24 AMERICINN MERRILL-WARD	1121005331						82.00
		25 DOMINOS-COUNTER ACT LUNCH	1121005316						53.90
		26 DIVE RESCUE-DIVE EQUIP	5021005800						170.17
		27 FAA -FAA DRONE TEST	1121005380						150.00
								VENDOR TOTAL:	3,064.39
WMCA	WI MUNICIPAL CLERKS ASOC								
	ED POINTS APP			05/29/18		67720	05/31/18	20.00	20.00
	01 PROF ED ANNUAL POINTS APP		1114305332						20.00
								VENDOR TOTAL:	20.00
								TOTAL --- ALL INVOICES:	21,996.86

**City of Lake Geneva  
Finance, License, & Regulation Committee  
June 5, 2018**

**Accounts Payable**

	<u>Fund #</u>	
1. General Fund	11	\$ 52,192.02
2. Debt Service	20	\$ -
3. TID #4	34	\$ -
4. Lakefront	40	\$ 15,990.81
5. Capital Projects	52	\$ 34,488.00
6. Parking	42	\$ 308.61
7. Cemetery	48	\$ 100.80
8. Equipment Replacement	50	\$ 26,000.81
9. Library Fund	99	\$ 4,562.24
10. Impact Fees	45	\$ 1,690.00
11. Tourism Commission	47	\$ -
<b>Total All Funds</b>		<b><u><u>\$135,333.29</u></u></b>

**CITY OF LAKE GENEVA  
ACCOUNTS PAYABLE UNPAID ITEMS OVER \$5,000**

**FINANCE, LICENSE, & REGULATION COMMITTEE  
6/5/2018**

**TOTAL UNPAID ACCOUNTS PAYABLE** **\$ 135,333.29**

**ITEMS > \$5,000**

Fahrner Asphalt Sealers LLC - Crackfilling Contract	\$ 30,000.00
TSI, Inc - PortaCount Fit Tester	\$ 11,520.00
Lake Geneva Jaycees - 2018 Fireworks Contribution	\$ 10,000.00
Mared Mechanical - A/C Unit (Dispatch); Chiller Repair (City Hall)	\$ 5,647.00
Stryker Sales Corporation - Ambulance Cot Upgrades	\$ 5,470.00
Badger State Industries - Paper Towels, TP, Garbage Can Liners /Parks	\$ 5,239.28
	\$ -
	\$ -

Balance of Other Items \$ 67,457.01

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
ACL	ACL SERVICES LLC						
X670-201804-0	04/30/18	01	BLOOD DRAWS	1121005380		06/12/18	41.40
						INVOICE TOTAL:	41.40
						VENDOR TOTAL:	41.40
ALADT	ALADTEC, INC.						
2018-11176	05/17/18	01	SCHEDULING	1122005450		06/12/18	1,395.00
						INVOICE TOTAL:	1,395.00
						VENDOR TOTAL:	1,395.00
AMYS	AMY'S SHIPPING EMPORIUM						
16368	05/25/18	01	UPS-SALTER LABS	1122005312		06/12/18	11.09
						INVOICE TOTAL:	11.09
						VENDOR TOTAL:	11.09
AT&T81	AT&T						
RE060118	06/12/18	01	262 R42-8188 663 1 CITY HALL	1116105221		06/12/18	296.13
		02	262 R42-8188 663 1-POLICE	1121005221			296.13
		03	262 R42-8188 663 1-COURT	1112005221			32.90
		04	262 R42-8188 663 1-METER	4234505221			32.90
		06	262 248-2264 368 9-FIRE DEPT	1122005221			238.31
		07	262 248-4567 367 1-911 MODEM	1121005221			141.64
		08	262 248-4715 125 4-CITY HALL	1116105221			191.14
		10	262 248-4913 601 4-STR FAX/DSL	1132105221			143.06
		12	262 249-5299 313 5-6 LIB LINES	9900005221			134.76
		13	262 249-5299 313 5-1 STR LINE	1132105221			22.46
		14	262 249-5299 313 5-COURT FAX	1112005221			22.46
		15	262 249-5299 313 5-CH ALARM	1116105221			44.95
		16	262 249-5299 313 5-CEM 1 LINE	4800005221			22.46
		17	262 249-5299 313 5-LOWER RIV	4055205221			22.46
		18	262 249-5299 313 5-UPPER RIV	4055105221			44.92
		19	262 249-5299 313 5-FIRE 2 LINE	1122005221			44.92

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
AT&T81	AT&T						
RE060118	06/12/18	20	262 249-5299 313 5-POL 3 LINES	1121005221		06/12/18	67.38
		21	262 248-6837 457 9-POL 911 CON	1121005221			75.61
						INVOICE TOTAL:	1,874.59
						VENDOR TOTAL:	1,874.59
AUTUM	AUTUMN SUPPLY						
12211	04/30/18	01	LYSOL	1122005350		06/12/18	77.83
						INVOICE TOTAL:	77.83
						VENDOR TOTAL:	77.83
BEAR	BEARINGS INC SOUTH						
61345	05/21/18	01	BEARINGS-SNOW BLOWER	1132125351		06/12/18	470.52
						INVOICE TOTAL:	470.52
						VENDOR TOTAL:	470.52
BOUND	BOUND TREE MEDICAL LLC						
82855737	05/03/18	01	O-RINGS	1122005810		06/12/18	7.40
						INVOICE TOTAL:	7.40
82864860	05/14/18	01	COLD PACK	1122005810		06/12/18	39.11
						INVOICE TOTAL:	39.11
82866251	05/15/18	01	GLOVES, GLUTOSE	1122005810		06/12/18	115.81
						INVOICE TOTAL:	115.81
						VENDOR TOTAL:	162.32
BREEZY	BREEZY HILL NURSERY						
POS0327072	05/24/18	01	TOPSOIL-2YDS	1152005352		06/12/18	48.00
						INVOICE TOTAL:	48.00
						VENDOR TOTAL:	48.00

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE # VENDOR #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
BSL	BADGER STATE INDUSTRIES						
306-175241	05/21/18	01	PAPER TOWELS,TP	1152005350		06/12/18	5,025.20
						INVOICE TOTAL:	5,025.20
306-175325	05/22/18	01	PAPER TOWELS,TP,LINERS	1116105350		06/12/18	214.08
						INVOICE TOTAL:	214.08
						VENDOR TOTAL:	5,239.28
BUMPL	BUMPER TO BUMPER AUTO PARTS						
662-388393	05/12/18	01	BACK-UP ALARM	1122005351		06/12/18	42.12
						INVOICE TOTAL:	42.12
662-388666	05/17/18	01	GOLFCAR BATTERY	1121005361		06/12/18	285.98
		02	CREDIT-CORE	1121005361			-36.00
						INVOICE TOTAL:	249.98
662-388820	05/19/18	01	BATTERY-2850 T1	1122005351		06/12/18	869.94
						INVOICE TOTAL:	869.94
662-388839	05/19/18	01	BATTERY PROTECT	1122005351		06/12/18	3.79
						INVOICE TOTAL:	3.79
662-388853	05/19/18	01	CREDIT-T1 BATTERY CORE	1122005351		06/12/18	-108.00
						INVOICE TOTAL:	-108.00
662-389432	05/30/18	01	OIL-SWEEPER	1132105341		06/12/18	13.58
						INVOICE TOTAL:	13.58
						VENDOR TOTAL:	1,071.41
CDW	CDW GOVERNMENT INC						
MQL7651	05/07/18	01	WIRELESS ACCESS-TRNG ROOM	1121005305		06/12/18	19.10
						INVOICE TOTAL:	19.10
MQT2449	05/09/18	01	WIRELESS ACCESS-BASEMENT	1121005305		06/12/18	163.19
						INVOICE TOTAL:	163.19

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
CDW	CDW GOVERNMENT INC						
MRP3250	05/11/18	01	ACCOUNTING SERVER	5000005800		06/12/18	218.80
						INVOICE TOTAL:	218.80
MRZ3503	05/14/18	01	COMPUTER MEMORY	5000005800		06/12/18	217.38
						INVOICE TOTAL:	217.38
MSN3817	05/21/18	01	COMPUTER MEMORY	5000005800		06/12/18	368.12
						INVOICE TOTAL:	368.12
MSP3449	05/16/18	01	NETWORK SWITCH	5000005800		06/12/18	317.96
						INVOICE TOTAL:	317.96
MSZ6906	05/18/18	01	NETWORK CABLES,PATCH CORDS	5000005800		06/12/18	32.97
						INVOICE TOTAL:	32.97
MTK9313	05/21/18	01	DESKTOP COMPUTER RPLCMTS	5000005800		06/12/18	3,091.17
						INVOICE TOTAL:	3,091.17
MTV8890	05/22/18	01	CREDIT-SERVER	5000005800		06/12/18	-218.80
						INVOICE TOTAL:	-218.80
						VENDOR TOTAL:	4,209.89
CES	CES						
LKG/047094	05/17/18	01	EXT LIGHT BULBS-VISITORS CNTR	1152005350		06/12/18	412.69
						INVOICE TOTAL:	412.69
LKG/047177	05/21/18	01	LED BULBS-VISITORS CNTR	1152005350		06/12/18	8.44
						INVOICE TOTAL:	8.44
						VENDOR TOTAL:	421.13
CHASE	CHASE CARD SERVICES						
7531-5/18	05/21/18	01	DSPS-CREDENTIAL RENEW (3)	1124005320		06/12/18	122.40

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
CHASE	CHASE CARD SERVICES						
7531-5/18	05/21/18	02	CHULA VISTA-LWIM CONF	1114205331		06/12/18	82.00
		03	EPIC SPORTS-BASKETBALL NETS	1152015952			40.34
		04	VISTA PRINT-BUSINESS CARDS	1114105399			14.98
		05	EASY KEYS-FILE CABINET KEYS	1116105310			9.88
		06	NAMEBADGE.COM-MAYOR NAME BADGE	1114105399			14.24
		07	LWM-GOVT 101 FLOWER/PROKSA	1111005332			170.00
		08	LWM-GOVT 101 EARLE/WASWO	1132105332			170.00
		09	HOME DEPOT-BLEACH,SQUEEGEES	1122005350			38.90
		10	SUPPLY CO-CLOCK,HANDLES,CANS	1122005350			60.00
		11	HOME DEPOT-FLOWERS	1122005350			59.92
		12	HOME DEPOT-LAWN MOWER	1122005350			399.00
		13	HOME DEPOT-TARPS	1122005340			129.90
		14	USPS-PACKAGING,STAMPS	9900005312			22.53
		15	JIMMY JOHNS-LAKESHORES LUNCH	9900005211			55.93
		16	UNITED-SOUKUP CONF	9900005332			170.40
						INVOICE TOTAL:	1,560.42
						VENDOR TOTAL:	1,560.42
DINGES	DINGES FIRE COMPANY						
47163	05/18/18	01	SCBA ANNUAL TESTING	1122005820		06/12/18	2,873.00
						INVOICE TOTAL:	2,873.00
						VENDOR TOTAL:	2,873.00
DIREC	DIRECTPATH LLC						
AT39633	06/01/18	01	AD PATIENT CARE-JUN	1110205132		06/12/18	243.00
						INVOICE TOTAL:	243.00
						VENDOR TOTAL:	243.00
DUNN	DUNN LUMBER & TRUE VALUE						
715640	03/07/18	01	HANGER	1122005340		06/12/18	7.49
		02	DISCOUNT	1100004819			-0.37
						INVOICE TOTAL:	7.12

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
DUNN	DUNN LUMBER & TRUE VALUE						
718366	04/04/18	01	SEALER/FLOOR WAX	1122005340		06/12/18	24.99
		02	DISCOUNT	1100004819			-1.25
						INVOICE TOTAL:	23.74
719568	04/16/18	01	HOSE NOZZLE	1122005340		06/12/18	16.58
		02	DISCOUNT	1100004819			-0.83
						INVOICE TOTAL:	15.75
721212	05/01/18	01	LIGHT BULBS	9900005350		06/12/18	29.25
						INVOICE TOTAL:	29.25
722504	05/10/18	01	METAL POLISH	1122005351		06/12/18	13.98
		02	DISCOUNT	1100004819			-0.70
						INVOICE TOTAL:	13.28
722954	05/14/18	01	SMALL TOOLS FUEL,QUICK LINKS	1122005341		06/12/18	54.56
		02	DISCOUNT	1100004819			-2.73
						INVOICE TOTAL:	51.83
722988	05/15/18	01	SOLAR SALT	9900005350		06/12/18	55.92
						INVOICE TOTAL:	55.92
723159	05/16/18	01	SCREW EXTRACTOR SET	1122005350		06/12/18	49.48
		02	DISCOUNT	1100004819			-2.47
						INVOICE TOTAL:	47.01
723734	05/21/18	01	PIPE HEX DIE	1152015350		06/12/18	8.39
		02	DISCOUNT	1100004819			-0.42
						INVOICE TOTAL:	7.97
723810	05/22/18	01	STREET LITE PHOTO EYE	1134105261		06/12/18	7.99
		02	DISCOUNT	1100004819			-0.40
						INVOICE TOTAL:	7.59
723919	05/22/18	01	KEYS-RANGE	1121005342		06/12/18	3.98

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
DUNN	DUNN LUMBER & TRUE VALUE						
723919	05/22/18	02	DISCOUNT	1100004819		06/12/18	-0.20
						INVOICE TOTAL:	3.78
724039	05/23/18	01	GFI,LITE CNTRL-BEACH HOUSE	4054105352		06/12/18	21.98
		02	DISCOUNT	1100004819			-0.40
						INVOICE TOTAL:	21.58
724111	05/23/18	01	BROOM-FLAT IRON PARK	1152015350		06/12/18	9.99
		02	DISCOUNT	1100004819			-0.50
						INVOICE TOTAL:	9.49
724215	05/24/18	01	CONNECTORS-BEACH HOUSE	4054105352		06/12/18	12.98
		02	DISCOUNT	1100004819			-0.65
						INVOICE TOTAL:	12.33
724473	05/26/18	01	NUTS,BOLTS,TAPE,FLEX SEAL	1122005351		06/12/18	54.07
		02	DISCOUNT	1100004819			-2.70
						INVOICE TOTAL:	51.37
						VENDOR TOTAL:	358.01
EAGLM	EAGLE MEDIA INC						
125437	01/25/18	01	UNIFORM-GEE	1121005138		06/12/18	10.00
						INVOICE TOTAL:	10.00
						VENDOR TOTAL:	10.00
EAM	EMERGENCY APPARATUS MAINT						
99880	05/09/18	01	INSP/REPAIRS-LADDER	1122005240		06/12/18	445.50
						INVOICE TOTAL:	445.50
						VENDOR TOTAL:	445.50
ELKHO	ELKHORN CHEMICAL CO INC						
600137	05/22/18	01	LINERS,DEODORANT BLOCKS	4055205350		06/12/18	414.44
						INVOICE TOTAL:	414.44
						VENDOR TOTAL:	414.44

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
EMS	EMS MEDICAL BILLING ASSOCIATES						
APRIL 2018	05/12/18	01	COMMISSIONS-APR	1122005214		06/12/18	2,981.25
						INVOICE TOTAL:	2,981.25
						VENDOR TOTAL:	2,981.25
FAHRN	FAHRNER ASPHALT SEALERS LLC						
208224402-002	05/16/18	01	CRACKFILLING CONTRACT	4332101701		06/12/18	30,000.00
						INVOICE TOTAL:	30,000.00
						VENDOR TOTAL:	30,000.00
FORD	FORD OF LAKE GENEVA						
62766	04/03/18	01	MOUNT/BALANCE-4 TIRES	1122005240		06/12/18	90.64
						INVOICE TOTAL:	90.64
62780	04/04/18	01	MOUNT/BALANCE-4 TIRES	1122005240		06/12/18	184.21
						INVOICE TOTAL:	184.21
63481	05/17/18	01	OIL CHANGE-#200	1121005361		06/12/18	40.09
						INVOICE TOTAL:	40.09
						VENDOR TOTAL:	314.94
FRS	FIRE-RESCUE SUPPLY LLC						
7493	02/14/18	01	VEHICLE WASH	1122005350		06/12/18	150.00
						INVOICE TOTAL:	150.00
7601	04/13/18	01	BOOTS	5022005800		06/12/18	375.00
						INVOICE TOTAL:	375.00
						VENDOR TOTAL:	525.00
GEAR	GEAR WASH LLC						
13979	04/06/18	01	TURNOUT GEAR	1122005820		06/12/18	129.87
						INVOICE TOTAL:	129.87

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
GEAR	GEAR WASH LLC						
13980	04/06/18	01	TURNOUT GEAR	5022005800		06/12/18	641.21
						INVOICE TOTAL:	641.21
						VENDOR TOTAL:	771.08
GENCODE	GENERAL CODE LLC						
PG000015123	05/16/18	01	SUPPLEMENT #17	1114305218		06/12/18	2,126.82
						INVOICE TOTAL:	2,126.82
						VENDOR TOTAL:	2,126.82
GENES	GENESEEE AGGREGATE CORPORATION						
4109	05/21/18	01	BEACH SAND-95.94 TONS	4054105352		06/12/18	671.58
						INVOICE TOTAL:	671.58
						VENDOR TOTAL:	671.58
GREAT	GREAT AMERICA LEASING CORP						
22708681	05/23/18	01	BIZHUB-MAY	1122005340		06/12/18	211.57
						INVOICE TOTAL:	211.57
						VENDOR TOTAL:	211.57
GROUND	GROUND AFFECTS LANDSCAPING						
18799	05/14/18	01	CH LANDSCAPE WALL	4316101701		06/12/18	4,488.00
						INVOICE TOTAL:	4,488.00
						VENDOR TOTAL:	4,488.00
INITIAL	INITIAL DESIGNS						
6809	05/14/18	01	T-SHIRTS	1122005138		06/12/18	566.25
						INVOICE TOTAL:	566.25
6848	05/31/18	01	SHIRT BADGES-BEHRENS,LECHNER	1122005138		06/12/18	115.50
						INVOICE TOTAL:	115.50

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
INITIAL	INITIAL DESIGNS						
6849	06/01/18	01	EMBROIDER SHIRTS	1122005138		06/12/18	139.50
						INVOICE TOTAL:	139.50
						VENDOR TOTAL:	821.25
ITU	ITU ABSORB TECH INC						
7008240	05/18/18	01	MATS,MOPS,FRAGRANCE	4055205360		06/12/18	90.41
						INVOICE TOTAL:	90.41
						VENDOR TOTAL:	90.41
JAMES	JAMES IMAGING SYSTEMS INC						
823150	05/16/18	01	TOSH ES3555C-APR	1121005531		06/12/18	162.82
						INVOICE TOTAL:	162.82
823151	05/16/18	01	TOSH ES357-APR	1121005531		06/12/18	49.80
						INVOICE TOTAL:	49.80
						VENDOR TOTAL:	212.62
JANIK	JANI-KING OF MILWAUKEE						
MIL06180387	06/01/18	01	CLEANING-JUNE	9900005360		06/12/18	1,083.00
						INVOICE TOTAL:	1,083.00
						VENDOR TOTAL:	1,083.00
JERRY	JERRY WILLKOMM INC						
241716	05/02/18	01	1500 GALS GAS	1132105341		06/12/18	3,898.50
						INVOICE TOTAL:	3,898.50
						VENDOR TOTAL:	3,898.50
JOHNSON	JOHNSON CONTROLS						
20207416	05/01/18	01	ALARM INSPECTIONS	1151105240		06/12/18	1,240.08
						INVOICE TOTAL:	1,240.08
						VENDOR TOTAL:	1,240.08

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
KAPUR KAPUR & ASSOCIATES, INC							
94078	05/23/18	01	ENG-CORE-APR	1100001391		06/12/18	444.00
						INVOICE TOTAL:	444.00
						VENDOR TOTAL:	444.00
KIESLER KIESLER'S POLICE SUPPLY INC							
860061	05/02/18	01	RASMUSSEN-GUN	1121005138		06/12/18	602.80
						INVOICE TOTAL:	602.80
						VENDOR TOTAL:	602.80
KINGW PAMELA KINGWILL							
APRIL 2018	04/30/18	01	INSVC BELOIT-88 MILES	9900005332		06/12/18	47.96
						INVOICE TOTAL:	47.96
						VENDOR TOTAL:	47.96
KORNAK EMILY KORNAK							
REIMB 5/7/18	05/07/18	01	PIGGLY WIGGLY-PLANNING LUNCH	9900005221		06/12/18	28.09
		02	PIGGLY WIGGLY-PLANNING LUNCH	9900005221			15.68
		03	CHASE-JERSEY'S STAFF LUNCH	9900005332			184.68
						INVOICE TOTAL:	228.45
						VENDOR TOTAL:	228.45
LARK LARK UNIFORM OUTFITTERS INC							
264856	04/19/18	01	UNIFORM-NELSON	1121005138		06/12/18	125.90
						INVOICE TOTAL:	125.90
265363	04/28/18	01	BADGE REPAIR	1121005139		06/12/18	12.00
						INVOICE TOTAL:	12.00
265540	05/01/18	01	UNIFORM-MCBRIDE	1121005138		06/12/18	17.95
						INVOICE TOTAL:	17.95

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
LARK	LARK UNIFORM OUTFITTERS INC						
265671	05/03/18	01	UNIFORM-MCBRIDE	1121005138		06/12/18	84.95
						INVOICE TOTAL:	84.95
265686	05/04/18	01	UNIFORM-HALL	1121005138		06/12/18	113.90
						INVOICE TOTAL:	113.90
266129	05/10/18	01	UNIFORM-RICHARDSON	1121005138		06/12/18	34.85
						INVOICE TOTAL:	34.85
266646	05/16/18	01	UNIFORM-MCBRIDE	1121005138		06/12/18	344.90
						INVOICE TOTAL:	344.90
						VENDOR TOTAL:	734.45
LASERW	LASER WORKS UNLIMITED LLC						
1397	04/30/18	01	AWARDS/PLAQUES	1121005190		06/12/18	61.72
		02	AWARDS/PLAQUES	1121005399			72.73
						INVOICE TOTAL:	134.45
						VENDOR TOTAL:	134.45
LGJAY	LAKE GENEVA JAYCEES						
FIREWORKS-2018	06/01/18	01	FIREWORKS CONTRIBUTION	4054105780		06/12/18	10,000.00
						INVOICE TOTAL:	10,000.00
						VENDOR TOTAL:	10,000.00
LGUTI	LAKE GENEVA UTILITY						
857 TOWNLINE RD	05/23/18	01	857 TOWNLINE RD STE 103	4500002452		06/12/18	1,690.00
						INVOICE TOTAL:	1,690.00
						VENDOR TOTAL:	1,690.00
MARED	MARED MECHANICAL						
107571	04/30/18	01	A/C UNIT-DISPATCH	5021005800		06/12/18	3,967.00
						INVOICE TOTAL:	3,967.00

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
MARED	MARED MECHANICAL						
107786	05/18/18	01	CHILLER REPAIR	1116105360		06/12/18	1,680.00
						INVOICE TOTAL:	1,680.00
						VENDOR TOTAL:	5,647.00
MARTIN	MARTIN GROUP						
1233815	05/21/18	01	KONICA 20-MAY	1121005531		06/12/18	14.84
						INVOICE TOTAL:	14.84
						VENDOR TOTAL:	14.84
MIDWETA	MIDWEST TAPE						
96010858	04/17/18	01	3 ADULT DVDS	9900005414		06/12/18	68.97
						INVOICE TOTAL:	68.97
96012370	04/17/18	01	3 YOUTH DVDS	9900005411		06/12/18	65.97
						INVOICE TOTAL:	65.97
96019025	04/18/18	01	3 ADULT DVDS	9900005414		06/12/18	62.97
						INVOICE TOTAL:	62.97
96019027	04/18/18	01	1 YOUTH DVD	9900005411		06/12/18	26.24
						INVOICE TOTAL:	26.24
96024679	04/20/18	01	8 ADULT DVDS	9900005414		06/12/18	276.42
						INVOICE TOTAL:	276.42
96025439	04/21/18	01	1 YOUTH DVD	9900005411		06/12/18	26.24
						INVOICE TOTAL:	26.24
96030778	04/23/18	01	1 ADULT DVD	9900005414		06/12/18	20.24
						INVOICE TOTAL:	20.24
96032842	04/23/18	01	CREDIT-PROCESSING SVC	9900005414		06/12/18	-5.00
						INVOICE TOTAL:	-5.00

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
MIDWETA	MIDWEST TAPE						
96039595	04/26/18	01	1 YOUTH DVD	9900005411		06/12/18	25.49
						INVOICE TOTAL:	25.49
96043064	04/27/18	01	19 ADULT DVDS	9900005414		06/12/18	614.01
						INVOICE TOTAL:	614.01
96046756	04/30/18	01	1 ADULT DVD	9900005414		06/12/18	32.64
						INVOICE TOTAL:	32.64
96055936	05/01/18	01	1 YOUTH DVD	9900005411		06/12/18	17.99
						INVOICE TOTAL:	17.99
96056548	05/02/18	01	1 ADULT DVD	9900005414		06/12/18	32.99
						INVOICE TOTAL:	32.99
96066255	05/04/18	01	CREDIT-PROCESSING SVC	9900005414		06/12/18	-20.00
						INVOICE TOTAL:	-20.00
96068966	05/05/18	01	3 ADULT DVDS	9900005414		06/12/18	76.47
						INVOICE TOTAL:	76.47
96073381	05/07/18	01	1 ADULT BLURAY	9900005414		06/12/18	29.99
						INVOICE TOTAL:	29.99
96080756	05/11/18	01	4 ADULT DVDS	9900005414		06/12/18	80.96
						INVOICE TOTAL:	80.96
96087139	05/11/18	01	3 ADULT DVDS	9900005414		06/12/18	62.62
						INVOICE TOTAL:	62.62
96099049	05/15/18	01	1 YOUTH DVD	9900005411		06/12/18	14.24
						INVOICE TOTAL:	14.24
96115282	05/21/18	01	1 ADULT DVD	9900005414		06/12/18	18.74
						INVOICE TOTAL:	18.74

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
MIDWETA MIDWEST TAPE							
96117179	05/22/18	01	4 ADULT DVDS	9900005414		06/12/18	94.46
						INVOICE TOTAL:	94.46
96118780	05/22/18	01	1 YOUTH DVD	9900005411		06/12/18	15.99
						INVOICE TOTAL:	15.99
						VENDOR TOTAL:	1,638.64
MLIC SECURIAN FINANCIAL GROUP							
RE060118	06/01/18	01	INV 099002-JUL LIFE INS	1112005134		06/12/18	10.55
		02	INV 099002-JUL LIFE INS	1113005134			34.58
		03	INV 099002-JUL LIFE INS	1114305134			12.39
		05	INV 099002-JUL LIFE INS	1115105134			30.31
		07	INV 099002-JUL LIFE INS	1124005134			27.48
		12	INV 099009-JUL LIFE INS	1121005134			223.82
		15	INV 099010-JUL LIFE INS	1122005133			65.17
		17	INV 099019-JUL LIFE INS	9900005134			63.66
		20	INV 099044-JUL LIFE INS	4234505134			43.41
		23	INV 099052-JUL LIFE INS	4055105134			4.09
		24	INV 099052-JUL LIFE INS	1132105134			134.41
		25	INV 099052-JUL LIFE INS	1116105134			25.76
		26	INV 099016-JUL LIFE INS	4800005134			30.28
		27	JUL LIFE INS	1110005133			129.41
		28	JUL LIFE INS	1100002134			862.79
		29	INV 099002-JUL LIFE INS	1114205134			42.70
						INVOICE TOTAL:	1,740.81
						VENDOR TOTAL:	1,740.81
MUTUA MUTUAL OF OMAHA							
RE060118	05/19/18	01	CEM DISABILITY-JUN	4800005137		06/12/18	29.16
		02	PKG DISABILITY-JUN	4234505137			16.81
		03	CH DISABILITY-JUN	1110205134			169.25
		04	LIB DISABILITY-JUN	9900005137			56.63

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
MUTUA	MUTUAL OF OMAHA						
RE060118	05/19/18	05	PD DISABILITY-JUN	1110205134		06/12/18	568.95
		11	STR DISABILITY-JUN	1110205134			210.41
		12	UTIL DISABILITY-JUN	1100001634			154.50
		13	WWTF DISABILITY-JUN	1100001634			73.25
						INVOICE TOTAL:	1,278.96
						VENDOR TOTAL:	1,278.96
NAPAE	ELKHORN NAPA AUTO PARTS						
117180	05/18/18	01	AIR,OIL FILTERS	1132105351		06/12/18	157.72
						INVOICE TOTAL:	157.72
						VENDOR TOTAL:	157.72
OFFIC	OFFICE DEPOT						
134542612001	05/04/18	01	HILITERS,PENS,SHEETS	1122005350		06/12/18	56.59
						INVOICE TOTAL:	56.59
134542958001	05/03/18	01	WALL CALENDAR	1122005310		06/12/18	28.99
						INVOICE TOTAL:	28.99
139588719001	05/16/18	01	CALC RIBBONS	1115105310		06/12/18	13.59
		02	CORR TAPE	1116105310			4.06
						INVOICE TOTAL:	17.65
						VENDOR TOTAL:	103.23
OFFICP	OFFICE PRO INC						
299402-001	04/04/18	01	BINDER,POST-ITS	9900005310		06/12/18	15.71
						INVOICE TOTAL:	15.71
300902-01	04/17/18	01	COPY PAPER	9900005310		06/12/18	134.95
						INVOICE TOTAL:	134.95
						VENDOR TOTAL:	150.66

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
OTIS	OTIS ELEVATOR COMPANY						
CMM04054618	05/21/18	01	ANNUAL ELEV MAINT	1116105360		06/12/18	3,554.64
						INVOICE TOTAL:	3,554.64
						VENDOR TOTAL:	3,554.64
PAPENM	MICHAEL A PAPENFUS						
05/28/18	05/28/18	01	SAND HAULING-5 LOADS	4054105352		06/12/18	900.00
						INVOICE TOTAL:	900.00
						VENDOR TOTAL:	900.00
PARAT	PARATECH AMBULANCE SERVICE						
23826	05/15/18	01	CPR CARDS-15	1122005218		06/12/18	209.00
						INVOICE TOTAL:	209.00
APRIL 2018	05/14/18	01	INTERCEPTS-APR	1122005218		06/12/18	379.63
						INVOICE TOTAL:	379.63
						VENDOR TOTAL:	588.63
PEARCE	ROBERT A PEARCE FARMS INC						
2223	05/25/18	01	STRAW BALES	1152005352		06/12/18	150.00
						INVOICE TOTAL:	150.00
						VENDOR TOTAL:	150.00
PETES	PETE'S TIRE ELKHORN LLC						
50929	05/24/18	01	FLEX VALVE EXT-E2	1122005240		06/12/18	50.00
						INVOICE TOTAL:	50.00
						VENDOR TOTAL:	50.00
QUILL	QUILL CORPORATION						
7003370	05/09/18	01	PAPER,DUSTER,FLDRS	1121005310		06/12/18	223.84
						INVOICE TOTAL:	223.84

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
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QUILL	QUILL CORPORATION						
7024220	05/10/18	01	MEMORY CARD	1121005310		06/12/18	10.29
						INVOICE TOTAL:	10.29
7135481	05/15/18	01	CERTIFICATE PAPER	1121005310		06/12/18	36.77
						INVOICE TOTAL:	36.77
						VENDOR TOTAL:	270.90
RED	RED THE UNIFORM TAILOR						
0W69321A	05/09/18	01	UNIFORM-GEE	1121005138		06/12/18	73.70
						INVOICE TOTAL:	73.70
OB214522	05/21/18	01	UNIFORM-BOULAND	1121005138		06/12/18	26.50
						INVOICE TOTAL:	26.50
						VENDOR TOTAL:	100.20
RHYMEL	RHYME BUSINESS PRODUCTS						
22661846	05/16/18	01	SHARP MX3070-MAY	9900005532		06/12/18	336.35
						INVOICE TOTAL:	336.35
						VENDOR TOTAL:	336.35
ROTE	ROTE OIL COMPANY						
1812900614	05/09/18	01	348.1 GALS CLEAR DIESEL	1132105341		06/12/18	960.41
						INVOICE TOTAL:	960.41
1812900615	05/09/18	01	372.5 GALS DYED DIESEL	1132105341		06/12/18	912.26
						INVOICE TOTAL:	912.26
1814500618	05/25/18	01	140.8 GALS CLEAR DIESEL	1132105341		06/12/18	402.55
						INVOICE TOTAL:	402.55
63002825	05/23/18	01	FUEL HOSE	1132105341		06/12/18	60.00
						INVOICE TOTAL:	60.00
						VENDOR TOTAL:	2,335.22

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
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SCHIL	SCHILLER LLC						
14245	04/30/18	01	SNOW,SALT SVC	9900005360		06/12/18	225.00
						INVOICE TOTAL:	225.00
						VENDOR TOTAL:	225.00
SES	SECURITY EQUIPMENT SUPPLY						
D29377	05/17/18	01	VIDEO SYSTEM-WEST PIER	4052115810		06/12/18	1,227.90
						INVOICE TOTAL:	1,227.90
						VENDOR TOTAL:	1,227.90
SHRED	SHRED-IT						
8124832905	05/22/18	01	SHREDDING SVC-MAY	1116105360		06/12/18	15.00
		02	RECORDS SHREDDING	1116105360			138.50
						INVOICE TOTAL:	153.50
8124833661	05/22/18	01	SHREDDING SVC-MAY	1121005531		06/12/18	35.00
						INVOICE TOTAL:	35.00
						VENDOR TOTAL:	188.50
SIGNA	SIGNATURE SIGNS LLC						
5226	05/15/18	01	BEACH SIGNAGE	4054105310		06/12/18	164.00
		02	PARKING SIGNAGE	4234505340			150.00
						INVOICE TOTAL:	314.00
						VENDOR TOTAL:	314.00
SOMAR	SOMAR TEK LLC/SOMAR ENTERPRISE						
100947	05/07/18	01	AMMUNITION	1121005410		06/12/18	1,075.00
						INVOICE TOTAL:	1,075.00
						VENDOR TOTAL:	1,075.00
STANG	KAY STANG						

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
-----							
STANG	KAY STANG						
APRIL 2018	05/01/18	01	INSVC BELOIT-88 MILES	9900005332		06/12/18	47.96
						INVOICE TOTAL:	47.96
						VENDOR TOTAL:	47.96
STBAR	STATE BAR OF WISCONSIN						
5042961	05/07/18	01	HANDBOOK UPDATES	1121005399		06/12/18	102.75
						INVOICE TOTAL:	102.75
						VENDOR TOTAL:	102.75
STRYK	STRYKER SALES CORPORATION						
2408565M	05/08/18	01	COT UPGRADES	5022005800		06/12/18	5,470.00
						INVOICE TOTAL:	5,470.00
						VENDOR TOTAL:	5,470.00
SUPPLY	THE SUPPLY CORPORATION						
68326-IN	05/14/18	01	MASKS	1152005340		06/12/18	67.50
						INVOICE TOTAL:	67.50
68371-IN	05/17/18	01	TP DISPENSER	1152005350		06/12/18	346.23
						INVOICE TOTAL:	346.23
68393-IN	05/25/18	01	HAND SOAP,MOP	1152005352		06/12/18	279.95
						INVOICE TOTAL:	279.95
						VENDOR TOTAL:	693.68
SYMBO	SYMBOLOGY INCORPORATED						
57842	05/07/18	01	CODABAR W/CHECK	9900005511		06/12/18	143.54
						INVOICE TOTAL:	143.54
						VENDOR TOTAL:	143.54
T0001662	CHRISTIAN D STREULI						

INVOICES DUE ON/BEFORE 06/12/2018

INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
T0001662 CHRISTIAN D STREULI							
REFUND-STREULI	05/17/18	01	STREULI-#CN80F3555B	1112004510		06/12/18	113.00
						INVOICE TOTAL:	113.00
						VENDOR TOTAL:	113.00
T0001664 JAQULYN KUCZMARSKI							
REFUND KUCZMARSKI	05/21/18	01	KUCZMARSKI-SEC DEP-5/19/18	4055102353		06/12/18	1,000.00
		02	KUCZMARSKI-SETUP-5/19/18	4055104674			-225.00
		03	KUCZMARSKI-SEC GUARD-5/19/18	4055104674			-204.00
						INVOICE TOTAL:	571.00
						VENDOR TOTAL:	571.00
T0001665 CHELSEY HAMILTON							
REFUND HAMILTON	05/21/18	01	HAMILTON-SEC DEP-5/18/18	4055102353		06/12/18	1,000.00
		02	HAMILTON-SETUP-5/18/18	4055104674			-50.00
		03	HAMILTON-SEC GUARD-5/18/18	4055104674			-204.00
						INVOICE TOTAL:	746.00
						VENDOR TOTAL:	746.00
T0001666 ISABEL SANDOVAL							
REFUND SANDOVAL	05/30/18	01	SANDOVAL-SEC DEP 5/26/18	4055102353		06/12/18	1,000.00
		02	SANDOVAL-SETUP 5/26/18	4055104674			-180.00
		03	SANDOVAL-SEC GRD 5/26	4055104674			-204.00
						INVOICE TOTAL:	616.00
						VENDOR TOTAL:	616.00
T0001667 LAKE GENEVA MIDDLE SCHOOL							
REFUND LGMS	05/31/18	01	LGMS-SEC DEP 5/30/18	4055102353		06/12/18	1,000.00
		02	LGMS-SETUP 5/30/18	4055104674			-40.00
		03	LGMS-SEC GRD 5/30/18	4055104674			-114.75
		04	LGMS-LEASE 5/30/18	4055104674			-400.00
						INVOICE TOTAL:	445.25
						VENDOR TOTAL:	445.25

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
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TIME	TIME WARNER CABLE						
710897601051418	05/14/18	01	INTERNET SVC-MAY	1121005221		06/12/18	206.79
						INVOICE TOTAL:	206.79
						VENDOR TOTAL:	206.79
TRANS	TRANS UNION LLC						
4819948	04/27/18	01	BACKGROUNDS CHECKS	1121005411		06/12/18	62.52
						INVOICE TOTAL:	62.52
						VENDOR TOTAL:	62.52
TSI	TSI INC						
90994987	05/09/18	01	PORTA COUNT FIT TESTER	5022005800		06/12/18	11,520.00
						INVOICE TOTAL:	11,520.00
						VENDOR TOTAL:	11,520.00
UNIQU	UNIQUE MANAGEMENT SERVICES INC						
461018	04/01/18	01	COLLECTION FEES-APR	9900005510		06/12/18	35.80
						INVOICE TOTAL:	35.80
462411	05/01/18	01	COLLECTION FEES-MAY	9900005510		06/12/18	35.80
						INVOICE TOTAL:	35.80
						VENDOR TOTAL:	71.60
USCELL	US CELLULAR						
RE060118	06/01/18	01	HARBORMASTER CELL-MAY	4055105221		06/12/18	18.90
		02	MAYOR'S CELL-MAY	1116105221			18.90
		03	BLDG INSP CELL-MAY	1124005262			18.90
		05	CITY ADMIN CELL-MAY	1116105221			41.98
		07	BEACH CELL-MAY	4054105221			18.90
		08	PARKING MTR 1 CELL-MAY	4234505221			18.90
		09	PARKING MTR 2 CELL-MAY	4234505221			18.90

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
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USCELL US CELLULAR							
RE060118	06/01/18	10	CITY HALL CELL-MAY	1116105221		06/12/18	17.69
		12	PARKING SUPERVISOR-MAY	4234505221			17.19
		13	CEMETERY CELL-MAY	4800005221			18.90
		14	ST DIRECTOR CELL-MAY	1132105221			23.90
		15	ST FOREMAN CELL-MAY	1132105221			18.90
		16	PARKING MGR CELL-MAY	4234505221			10.50
		17	CITY CLERK CELL-MAY	1116105221			106.97
		18	ST FOREMAN CELL-MAY	1132105221			79.33
						INVOICE TOTAL:	448.76
						VENDOR TOTAL:	448.76
VERIZON VERIZON WIRELESS							
9806405756	05/01/18	01	AIR CARDS-APR	1121005221		06/12/18	40.01
						INVOICE TOTAL:	40.01
9806569548	05/03/18	01	AIR CARDS-APR	1121005221		06/12/18	1,380.77
						INVOICE TOTAL:	1,380.77
9807882817	05/23/18	01	CELL CHGS-MAY	1122005221		06/12/18	336.43
						INVOICE TOTAL:	336.43
						VENDOR TOTAL:	1,757.21
VON VON BRIESEN & ROPER SC							
11387	05/09/18	01	OUTSIDE LEGAL FEES	1121005214		06/12/18	424.00
						INVOICE TOTAL:	424.00
						VENDOR TOTAL:	424.00
WALCOT WALWORTH COUNTY TREASURER							
64-246 5/18	05/31/18	01	COURT FINES-MAY 2018	1112002420		06/12/18	1,335.19
						INVOICE TOTAL:	1,335.19
						VENDOR TOTAL:	1,335.19

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INVOICE #	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	P.O. #	DUE DATE	ITEM AMT
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WALLI	FRED WALLING						
113-2474287-0860252	05/22/18	01	DAILY PLANNER 2018-2019	1124005310		06/12/18	15.95
						INVOICE TOTAL:	15.95
						VENDOR TOTAL:	15.95
WIDNR	WI DEPT OF NATURAL RESOURCES						
265110230-2018-1	05/23/18	01	ANNUAL BURN PERMIT	1152005840		06/12/18	165.00
						INVOICE TOTAL:	165.00
						VENDOR TOTAL:	165.00
WISC	STATE OF WISCONSIN						
64-246 5/18	05/31/18	01	COURT FINES-MAY 2018	1112002424		06/12/18	4,083.85
						INVOICE TOTAL:	4,083.85
						VENDOR TOTAL:	4,083.85
						TOTAL ALL INVOICES:	135,333.29