



City of Lake Geneva, 626 Geneva St, Lake Geneva, Wisconsin- 262.248.3673- www.cityoflakegeneva.com

**FINANCE, LICENSING & REGULATION COMMITTEE
TUESDAY, JUNE 2, 2020 – 6:00 PM
CITY HALL, COUNCIL CHAMBERS**

Committee Members: Chairperson Ken Howell, Alderpersons: Joan Yunker, Mary Jo Fesenmaier, John Halverson, and Rich Hedlund

THE CITY OF LAKE GENEVA IS HOLDING ALL MEETINGS VIRTUALLY TO HELP PROTECT OUR COMMUNITY FROM THE CORONAVIRUS (COVID-19) PANDEMIC. YOU CAN CALL-IN OR WATCH THE MEETING IN SEVERAL WAYS:

1. Livestream at the City of Lake Geneva Vimeo Channel found here www.vimeo.com/lakegeneva
2. Television: Watch live broadcast of the meeting on Spectrum Cable Channel 25
3. Listen to audio via phone: (602) 333-2017 (Long distance rates may apply) (888) 204-5987 (Toll Free) ACCESS CODE:9746153
4. You can provide public comment on agenda items by emailing your comments to the City Clerk at cityclerk@cityoflakegeneva.com or you may deliver your written comments to the City of Lake Geneva City Hall, 626 Geneva Street, Lake Geneva, WI 53147. All written comments must be provided to the City Clerk by 5:00 P.M. on the date of the meeting. All written comments will be read aloud during the agenda item when public comments are allowed during the meeting.

CITY HALL WILL NOT BE OPEN TO THE PUBLIC DURING THE MEETING. YOU CAN OBSERVE THE MEETING VIA THE ABOVE LISTED COMMUNICATIONS.

AGENDA

1. Call to Order by Chairperson Howell
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes
4. Approve the minutes of the May 19, 2020 Finance, Licensing, and Regulation Committee meeting as prepared and distributed
5. **Licenses & Permits**
 - a. Discussion/Recommendation regarding an original application of Massage Establishment License for O'Mann Therapeutic Massage LLC
 - b. Discussion/Recommendation regarding an Event Permit application filed by Treadhead Cycling for the event of Treadhead Fall Tour to be held on September 20, 2020 from 6:00 a.m. to 10:00 a.m. at Dunn Field (*Applicant is requesting waiver of parking fees for stall reservation in Eastview Parking Lot, in an amount of \$510.00*)

6. Discussion/ Recommendation regarding **Resolution 20-R42** authorizing and directing the proper city official(s) to approve the Liquor License renewals for the period of July 1, 2020, to June 30, 2021
7. Discussion/ Recommendation regarding an Original Class “B” Fermented Malt Beverage and Class “C” Wine License Application filed by RL KL Company LLC d/b/a SuWings Chinese Restaurant, 743 North Street, Ransi Lei, Agent
8. Discussion/Recommendation regarding a Renewal “Class B” Intoxicating Liquor and Class “B” Fermented Malt Beverage License Application filed by Samson Enterprises LLC, Northsider’s, 642 W Main St, Michelle Norgard, Agent- *Chief Rasmussen not approve on the renewal application*
9. Discussion/Possible Recommendation regarding the issuance of “Class B” Intoxicating Liquor Licenses
10. Discussion/Possible Recommendation regarding City of Lake Geneva Short Term Rental Fees and Permits
11. **Presentation of Accounts**
 - a. Prepaid Bills in the amount of \$ 20,444.69
 - b. Regular Bills in the amount of \$ 622,562.29

12. 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.

cc: Committee Members, Mayor, Council, Administrator, Attorney, Media

FINANCE, LICENSING & REGULATION COMMITTEE MINUTES
TUESDAY, MAY 19, 2020 – 6:00 PM
CITY HALL, COUNCIL CHAMBERS

Committee Members: Chairperson Ken Howell, Alderpersons: Joan Yunker, Mary Jo Fesenmaier, John Halverson, and Rich Hedlund

Chairperson Howell called the meeting to order at 6:04 p.m.

Roll Call

Present: Howell, Yunker, Fesenmaier, Halverson, and Hedlund

Absent: 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

Kevin Morici; Spoke in opposition of the reduction of short term rental fees.

Anthony Scalzitti; Spoke in opposition of the reduction of short term rental fees.

Approve the minutes of the May 5, 2020 Finance, Licensing, and Regulation Committee meeting as prepared and distributed

Motion by Fesenmaier to approve, second by Howell. No discussion. Motion carried 5-0.

Licenses & Permits

Discussion/Recommendation regarding renewal application of Massage Establishment License for Element Massage Studio

Motion by Hedlund to approve, second by Fesenmaier. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding an Event Permit application filed by VIST Lake Geneva for the event of Concerts in the Park to take place, 7/2/2020, 7/9/2020, 7/16/2020, 7/23/2020, 7/30/2020, 8/6/2020, and 8/13/2020, located in Brunk Pavilion in Flat Iron Park from 6:00 p.m. to 8:00 p.m. (Applicant is requesting waiver of parking fees in an amount of \$440.00)

Motion by Hedlund to approve without the waiver of parking fees, second by Halverson. Hedlund questioned why the City would want to waive the parking fees. Flower suggested that they just use the parking stalls at the Visitor Center and is not in favor of waiving any fees at this time. Motion carried 5-0.

Discussion/Possible Recommendation regarding City of Lake Geneva Policy & Evaluation Regarding Issuance of Regular and Reserve Intoxicating Liquor Licenses

Mayor Klein stated that she wanted this on the agenda just to see if the committee had a revisions or changes to offer. Fesenmaier indicated that the policy was contradictory to itself and would like to see it abolished. Hedlund stated that he was never

Discussion/Possible Recommendation regarding the reduction or waiver of the City of Lake Geneva Short Term Rental Fees

Attorney Draper stated that the City is facing litigation regarding the fees associated with the short term rental permit. Draper stated that the committee should lower the cost to reflect the administrative fees which are \$984, per the Building and Zoning Department. He added that the Building & Zoning Department would be comfortable charging \$500 and that the ordinance changes would be coming to the Council for discussion.

Motion by Howell to continue to the next meeting, no second offered. Motion failed.

Motion by Hedlund to lower the short term rental fee to \$750, second by Yunker. Hedlund stated that this would put the City more in line with other municipalities and would more closely match what the actual cost is. Fesenmaier stated that she would like to see the fee set at \$1,000.00 Motion carried 3-2, with Halverson and Fesenmaier voting no.

Discussion/Recommendation regarding approval of the 2020 Lifeguard Services Agreement with Water Safety Patrol in an amount not to exceed \$36,845.00

Hedlund wondered if the Water Safety Patrol would offer a prorated amount for the contract if the each is closed. The City Administrator stated that he could certainly ask, but the City needs to have this contract in place for when the beach opens.

Motion by Fesenmaier to send to Council without recommendation, second by Hedlund. Motion carried 5-0.

Discussion regarding the City of Lake Geneva Capital Projects and Equipment Replacement Funds Status

City Administrator Nord stated that there is a summary from all of the departments for the Capital Projects. He stated that this was a discussion item and felt that the revenues that are coming seem to be better than initially projected. The committee decided to not remove any budgeted projects for the time being but would still monitor. No action taken.

Discussion regarding City of Lake Geneva April 2020 Treasurer's Report and Budget versus Actual

Finance Director Hall stated that the cash balance without down slightly due to the Riviera Renovations with a decrease in parking and room tax collections. She added that any budget line item that is 34% or lower is right on track for the budget. She added that the City is down in revenues by about \$340,000 but that the City could like at using the reserve fund to help offset. No action taken.

Presentation of Accounts

Prepaid Bills in the amount of \$ 43,210.00

Motion by Hedlund to approve, second by Howell. No discussion. Motion carried 5-0.

Regular Bills in the amount of \$ 174,484.69

Motion by Hedlund to approve, second by Fesenmaier. No discussion. Motion carried 5-0.

Adjournment

Motion by Hedlund to adjourn the meeting, second by Halverson. Motion carried 5-0. The meeting adjourned at 7:00 p.m.



CITY OF LAKE GENEVA MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original or Renewal

Application must be accompanied by the following documents:

1. \$50.00 License fee, payable to the City of Lake Geneva and due upon application
2. Copy of Applicant's Driver's License
3. A listing of the name and address of each Massage Technician employed or subcontracted by the establishment
4. Copy of each Massage Technician's Current and Valid State of Wisconsin Massage Therapist or Bodywork Therapist Certificate
5. Copy of each Massage Technician's Driver's License
6. If the applicant business is a corporation, include a report of the names and current addresses of all officers, directors, and stockholders owning more than 10% of stock in the corporation

BUSINESS INFORMATION

Trade Name: O'Mann Therapeutic Massage LLC

Corporate Name (if applicable): _____

Business Address (Physical): 901 Maxwell ST. Lake Geneva, WI 53147

City, State, Zip: (physical) Lake Geneva, WI 53147

Please explain the nature of services to be provided: massage therapy, -deep tissue sports massage

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Olivia C. Mann

Please provide names and addresses of any and all previous establishments where applicant was employed or subcontracted as a Massage technician during the last 3 years, including type of work performed and dates of employment:

Jasmine Salon + Spa - 251 Cook St, Lake Geneva 10/18 - Present
Axis Chiropractic - 1280 Brown St Suite K2 Oconomowoc, WI
1/2/2019 - 6/12/2019

Have you ever had a massage or similar license/permit revoked, suspended, or denied?

NO YES If yes, please explain: _____

Have you ever been arrested, charged, and/or convicted for any offense, other than misdemeanor traffic violations, in Wisconsin or any other state?

NO YES If yes, provide the offense, date, location, and disposition: _____

The undersigned hereby swears, under penalty of law, that the foregoing information provided in this application is true and correct to the best of his/her knowledge and belief.

APPLICANT SIGNATURE: Olivier M Date: 5/13/2020

For Office Use Only

Date Filed: May 15, 2020 Receipt #: 10007846 Amt Paid: 50-

Forwarded to Police Dept: May 15, 2020 Background Completed: 5-21-20 gt

Police Chief Recommendation: [Signature] Approved Denied

Fingerprinting required for new establishments - Fingerprinted by LGPD:

Forwarded to Building Dept: _____ Inspector approval required for new establishments

Building Inspector Recommendation: _____ Approved Denied

FLR/Council Approval Dates: _____ License #: _____

Verified: Stark MSI Notes/Conditions: _____

Copies to: Building & Zoning Police Chief Fire Chief

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 4 WEEKS prior to the proposed event date(s).

Section I. APPLICANT INFORMATION

NAME OF APPLICANT:

Andrea Pether

NAME OF EVENT ORGANIZER/PRODUCER:

Treadhead Fall Tour

PRODUCTION COMPANY/ORGANIZATION:

Treadhead Cycling

FEDERAL TAX ID:

81-4747657

STREET ADDRESS:

N2957 Marshall Ln

APT. UNIT OR SUITE #:

CITY:

Lake Geneva

STATE:

WI

ZIP CODE:

53147

E-MAIL ADDRESS:

akpether@gmail.com

DAYTIME PHONE:

262-215-8679

CELL PHONE:

''

Are you a For Profit or Non-profit Organization 501(c) ___?

EIN # (Tax Exempt Number): 81-4747657

*ALL non-profits must present a copy of their current Tax ID - EIN #.

Section II. EVENT INFORMATION

Public Assembly Permit - * Non-profit (No Charge), Otherwise FEE \$60 per day

(Meet one or more criteria) Single day event use of City of Lake Geneva facilities with NO street, parking or intersection closures, attendance under 500, NO serving of alcohol in public space.

Block Parties or use of Gazebo for 1 Hour Photo Ops: * Non-profit (No Charge), Otherwise FEE \$75.00

Small event limited to one street with 4 barricades in a neighborhood or gazebo in Flat Iron Park.

Tier 1 Events: * Non-profit (No Charge), Otherwise FEE \$250 for an event up to seven days, additional \$50 per day thereafter

(Meet one or more criteria) Rolling closure of streets, public walkway, limited parking stalls or intersection closures that do not impact public use, attendance of 501 to 3,000, four (4) hours or less of alcohol sales or serving, majority use of a city park(s), or other municipal facility.

Tier 2 Events: * Non-profit (No Charge), Otherwise FEE \$500 for an event up to seven days, additional \$100 per day thereafter

(Meets one or more criteria) Non-profit or not-for-profit organization offering multiple-day events, attendance of more than 3,000+, more than four (4) hours of alcohol sales or serving, and/or exclusive use of City park(s), street(s), limited parking stalls, or other municipal facility.

Note: Seminary (includes the use of the Shelter) and Flat Iron Park (includes the use of Brunk Pavilion) have 3 available picnic tables and 10 benches which you can select as part of your event permit. Any additional picnic tables, benches, or barricades needed should be directed to a rental company.

1. Title of Event: Treadhead Fall Tour
 2. Date(s) of Event: 9/20/20
 3. Location(s) of Event: Registration Tent @ Dunn Field
 4. Hours: 6:00 am - 10:00 am
 Note: Start Time & End Time

5. Event Chair/Contact Person: Andrea Pether Phone: 262-215-8679
 6. Day of Event Contact Name: Jeanne Bishop Phone: 262-581-6711

7. Is the event open to the public? Yes No
 8. Will you charge an admission fee? Yes No
 9. Estimated Attendance Number: 50-100
 10. Basis for estimate: last years similar event
 11. Will you be setting up a tent? Yes No

If yes, list the location, size, Rental Company, and proof of completion of locates.
Tent owned by cycling club 10x10.
We would like to set it up for ride registration purposes

12. Will there be any animals? Yes No
 If yes, what type and how many: _____

13. Attach a detailed description of proposed event with map of the exact location of the event and/or route.

14. Description of plan for handling refuse collection and after-event clean-up:
Garbage cans provided by club

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.

19. Do you intend to use the available picnic tables and benches in the location? Yes No

Section III. STREET USE

Check if this section does not apply.

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.

- Description of the portion(s) of road(s) to be used:
Road closures must include rental of barricades, please work with our Street Dept.
- Will any parking stalls be used or blocked during the event? Yes No

Date(s) of use: 9/20/20
 Total Number of Parking Stalls Request: 25
 Parking Stall Number(s) and Location: EastView School

- Description of signage to be used during event:

If requesting City banner poles, please include a Street Banner Display Application.

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: _____
- Water Explain: _____
- Traffic Control Explain: _____
- Police Services Explain: _____
- Fire/EMS Services Explain: _____
- Other Explain: _____

***Please note:** The City of Lake Geneva, the Police Department and/or Fire Department have the right to cancel an event due to inclement weather or any safety risk.

ALL PARKS & PUBLIC SPACES: *must be left the way they were originally found. A credit card is required to be held should the park/public space incur damage or not be picked up.*

Credit Card # (Required): 5189 4100 6715 8033
 Expiration Date: 01/23 CVV #: 295
 Name on Credit Card: Andrea Pether
 Billing Address: 02957 Marshall Ln
 City, State, Zip: Lake Geneva W 53147

The applicant for her/himself and for other persons, organizations, firms and corporations, if any listed in this application, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless and defend, the CITY OF LAKE GENEVA, a Wisconsin Municipal Corporation located in the Walworth County, and each and every of its elected and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally from and against any and all claims, causes of action, actions, liabilities, demands, losses, damages, and/or expenses of whatsoever kind and nature including counsel or attorneys' fees, which I have or may, at any time, incur or sustain arising from, resulting from, incurred in consequence of, or pertaining to, any and all intentional and negligent acts, omissions, incidents, activities and transactions, of whatever kind and nature, direct or indirect, of mine own and those of or by the CITY OF LAKE GENEVA, and each and every of its elected and appointed officials, employees, representatives, and agents, regardless of when or where, occurring or arising from this event.

Applicant's Signature: Andrea Pether Date: 4/5/20

For Office Use Only

Date Filed with Clerk: 4/9/20 Payment with Application: \$ 60.00 Receipt: 10.007499

*Circulation required to the following Departments:

Department: Date: Circulated:

City Clerk/Administrator 4/9/20
Notes: [Signature]

Police Chief
Notes: _____

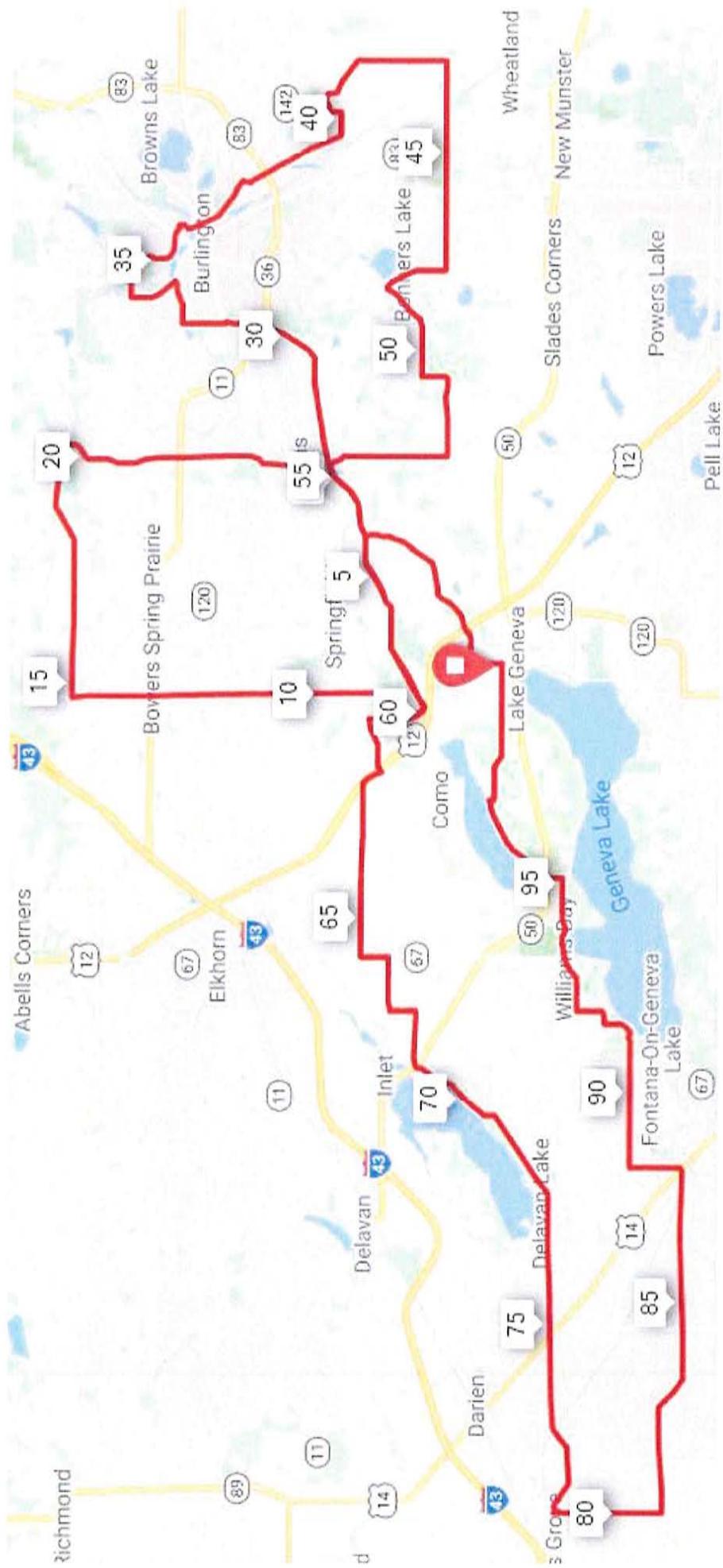
Fire Chief
Notes: _____

Street Dept
Notes: Mail Room

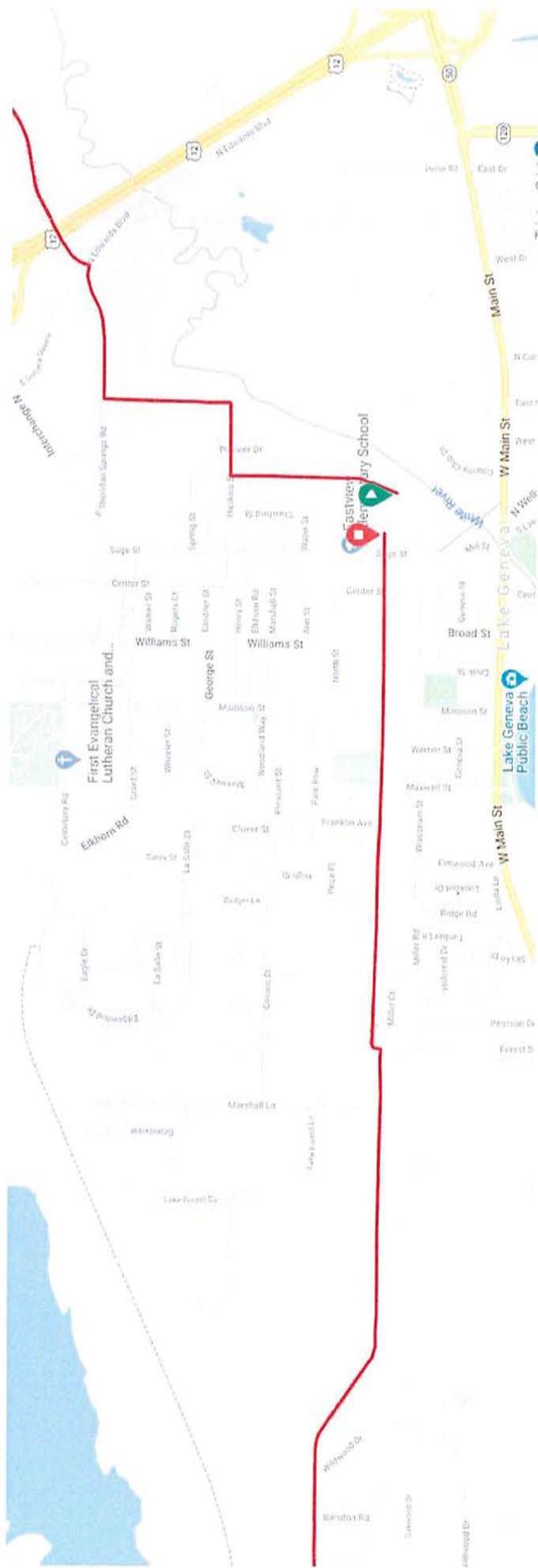
Parking Dept. Requesting Wavier of \$510.00
Notes: [Signature]

Piers, Harbors & Lakefront
Notes: _____

FL&R: Meeting Date: _____
Council: Meeting Date: _____



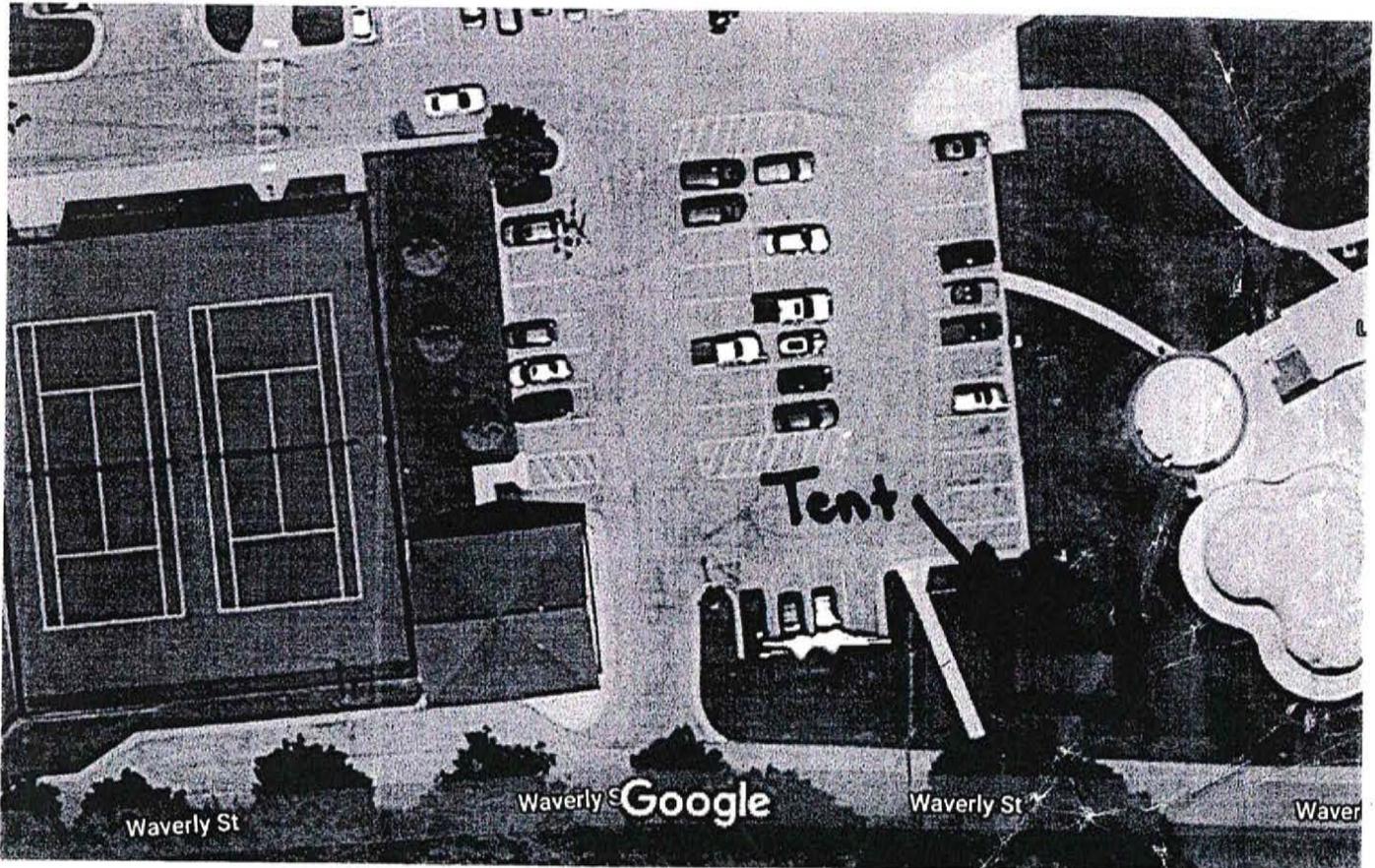
*Rec'd
5/13/20*



rec'd 5/5/20
and
resubmitted

Google Maps

We would like to set up the tent somewhere in the grassy area



Map data ©2020, Map data ©2020 20 ft

- ✓ Registration tent open from 6:00am-10:00 am then will be taken down.
- ✓ Approximately 50 free parking spaces to be utilized at Eastview School parking lot.
- ✓ Signs placed at Dodge St & Sage and Sage & Waverly until registration closes.

Nancy Elder

From: Andrea Pether <akpether@gmail.com>
Sent: Thursday, April 23, 2020 4:22 PM
To: Nancy Elder
Subject: Re: Treadhead Fall Tour
Attachments: S011004564_2004231354000.pdf

Hi!

Sorry for the delay in getting this back to you. We are not really picky where the tent is set up, we were thinking somewhere in the grassy area between the tennis courts and the skate park. Does this attachment explain the area we are thinking?

Thank you very much!
Andrea Pether

On Thu, Apr 16, 2020 at 4:09 PM Nancy Elder <deputyclerk@cityoflakegeneva.com> wrote:

Good morning Andrea,

I hope this email finds you well!

The City of Lake Geneva Police Chief is requesting a map with the layout or drawing of the public space to be utilized for the Treadhead Fall Tour Event Permit Application.

Would you please forward a map with drawing of the layout for your event using public property so the Police Chief & other department heads can review for approval?

Thanks,

Nan Elder

Assistant City Clerk

City of Lake Geneva

626 Geneva Street

Lake Geneva, WI 53147

RESOLUTION OF THE COMMON COUNCIL

Authorizing and directing the proper city official(s) to approve the Liquor License renewals for the period of July 1, 2020, to June 30, 2021

Committee Action: Finance, Licensing, and Regulation Committee to consider June 2, 2020

Fiscal Impact: Class A Beer=\$100; Class A Liquor=\$500; Class B Beer & Liquor=\$600; Class C Wine=\$100; Publication fee=\$20

File Number: 20-R42

Date Introduced: June 22, 2020

WHEREAS the City Clerk’s office has received applications for Liquor License renewals for the period of July 1, 2020, to June 30, 2021, for the following businesses:

Combination “Class A” Intoxicating Liquor & Class “A” Fermented Malt Beverage:

- Cove Condominium Association Inc d/b/a The Cove of Lake Geneva (Gift Shop), 111 Center St, Patrick McCarthy, Agent
- Kwik Trip Inc d/b/a Kwik Trip 219, 710 Williams St, Laura Meinen, Agent
- Maya Geneva Inc d/b/a Maya Geneva Inc, 605 Williams St, Wayne Schwartz, Agent
- Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
- Quick and Save LLC d/b/a Quick and Save, 1231 Grant St, Pradip Patel, Agent
- Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink’s Piggly Wiggly, 100 East Geneva Sq, Mark Stinebrink, Agent
- Walmart Stores INC d/b/a Walmart Store #910, 201 S Edwards Blvd, Rebecca Edwards, Agent
- Target Corp d/b/a Target Store T2348, 660 N Edwards Blvd, Katherine Johnson, Agent
- StopNGo of Madison INC d/b/a StopNGo Store # 265, 896 Wells St, Andrew Bowman, Agent
- New World Wine Shop INC d/b/a New World Wine Shop, 830 W Main St Suite G, Jerry Sibbing, Agent
- Kelley Williamson Company d/b/a Kelley’s Market, 350 N Edwards Blvd, Suzanne Dorsey-Sterling, Agent
- Queso LLC d/b/a The Cheese Box, 801 S Wells St, Zbigniew Boroweic, Agent
- Brutap LLC d/b/a Bruno’s Liquors, 524 Broad St, James Sharkus, Agent
- 1111 N Edwards Blvd, LLC d/b/a Fairfield Inn & Suites, 1111 N Edwards Blvd, Michelle Adkins, Agent

“Class A” Intoxicating Liquor:

- Lake Geneva School of Cooking LLC d/b/a Lake Geneva School of Cooking, 727 Geneva St, John Bogan, Agent
- Lake-Ben INC d/b/a Cornerstone Shop & Gallery, 214 Broad St, Karin Bennett, Agent

Combination “Class B” Liquor & Class “B” Fermented Malt Beverage (Hotel Exemption):

- Cove Condominium Association Inc d/b/a The Cove of Lake Geneva, 111 Center St, Patrick McCarthy, Agent
- Harbor Shores Hotel Management INC d/b/a Harbor Shores on Lake Geneva, 300 Wrigley Dr, Tessa Springer, Agent

Combination “Class B” Liquor & Class “B” Fermented Malt Beverage:

- Harry’s Café & Place Inc d/b/a Harry’s Café, 808 Main St, James Chironis, Agent
- Medusa Grill & Bistro LLC d/b/a Medusa Grill & Bistro, 501 Broad St, Gregory Anagnos, Agent
- Popeyes Galley & Grog LTD d/b/a Popeye’s on Lake Geneva, 811 Wrigley Dr, Veronica Anagnos, Agent
- Gleneagles LLC d/b/a Sopra, 724 W Main St, Alastair Cumming, Agent
- Capitol Geneva LLC d/b/a Sprecher’s Restaurant & Pub, 111 Center St, Elizabeth Dion, Agent
- Mercedes or Bust LLC d/b/a The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
- 422 S. Wells St. LTD d/b/a Celebration on Wells, 422 S Wells St, Charles Lorenzi, Agent
- L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jessica Bush, Agent
- Chubby Kitty LLC d/b/a Fat Cat’s, 104 Broad St, Mark Basil, Agent
- Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- Sandal Inc d/b/a Lake Geneva Lanes, 192 E Main St, Franklin Guske, Jr, Agent
- Geneva Bay Club LLC d/b/a Maxwell Mansion, 421 Baker St, Charles Fritz IV, Agent
- DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
- Two Thumbs Up LLC d/b/a Thumbs Up, 260 Broad St, Kimberly Freely, Agent
- LG Hospitality Group LLC d/b/a Tuscan Tavern & Grill, 430 Broad St, James Georgalas, Agent
- Oakfire LLC d/b/a Oakfire, 831 Wrigley Dr, David Scotney, Agent

Combination Reserve “Class B” Liquor & Class “B” Fermented Malt Beverage:

- Lake Aire LLC d/b/a Lake Aire Restaurant, 804 W Main St, George Argiropoulos, Agent
- Harborside Pub & Grill LLC d/b/a Harborside Pub & Grill, 100 Broad St, Spyro Condos, Agent
- 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

Class “B” Fermented Malt Beverage:

- KNMG Hotels LLC d/b/a Comfort Suites, 300 E Main St, Eric Schmitt, Agent
- Jackson Wine, LLC d/b/a Studio Winery/Geneva Lake Distillery, 401 Sheridan Springs Rd, Kathleen Jackson, Agent

Class “B” Fermented Malt Beverage & Class “C” Wine:

- Beachside Hospitality Inc d/b/a Barrique Wine & Brew Bar, 835 Wrigley Dr, Nancy Trilla, Agent
- Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
- Plaza Media LLC d/b/a Geneva Theater, 244 Broad St, Shad Branen, Agent
- Happy Restaurant INC d/b/a Happy Café, 526 Wells St, Min Ting Zhong, Agent
- Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Justin Ochlek, Agent
- DCRB Inc d/b/a Avant Cycle Café, 234 Broad St, Andrew Gruber, Agent

WHEREAS, your Finance, Licensing, and Regulation Committee met on June 2, 2020, to consider the terms of the Liquor License renewal applications and, upon advisement from the Police Chief, recommends approval all of a licenses; now therefore

BE IT RESOLVED by the Common Council of the City of Lake Geneva that the proper city official(s) be hereby authorized and directed to issue the Liquor License to these businesses.

Council Action: **Adopted** **Failed** **Vote** _____

Mayoral Action: **Accept** **Veto**

Charlene Klein, Mayor Date

Attest:

Lana Kropf, City Clerk Date

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) MCCARTHY	(First) PATRICK	(Middle Name) JOSEPH	[Redacted]
Full Name (Last)	(First)	(Middle Name)	
Full Name (Last)	(First)	(Middle Name)	
			Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company COVE CONDOMINIUM ASSOCIATION, INC.	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name DUSKI	(First) MARK	(Middle Name) WILLIAM	[Redacted]
Vice President / Member Last Name PATERA	(First) JAMES	(Middle Name) ALAN	
Secretary / Member Last Name LOWMAN	(First) KAYE	(Middle Name) ROSE	
Treasurer / Member Last Name KANE	(First) BETH	(Middle Name)	
Directors / Managers Last Name BURKE	(First) DENNIS	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

1. Trade Name COVE CONDOMINIUM ASSOCIATION, INC. Business Phone Number 262-249-9460
 2. Address of Premises 111 CENTER ST Post Office & Zip Code LAKE GENEVA, 53115

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 & STORAGE

Applicant's Wisconsin Seller's Permit Number 456-1020042-03	
FEIN Number 39-1819821	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 625

5/1/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Patrick J. McCarthy	Title / Member Assn	Date 4/30/20
Signature Patrick J. McCarthy		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of
 Village of Lake Geneva City of
 City of

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

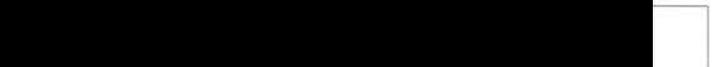
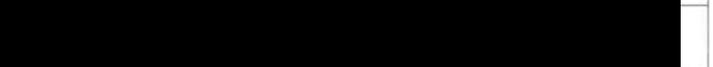
B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kwik Trip, Inc.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>P.O. Box 2107, La Crosse, WI 54602</u>
---	---

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Meinen</u>	(First) <u>Laura</u>	(Middle Name) <u>Lee</u>	
----------------------------------	-------------------------	-----------------------------	---

All Officer(s) Director(s) of Corporation and Members / Manager

President / Member Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name <u>Wrobel</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>James</u>	
Directors / Managers Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

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. Premise 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

Applicant's Wisconsin Seller's Permit Number 456-0000287614-03	
FEIN Number 39-1036365	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 625.00

pd
4/16/20

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3.** 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 page 3** 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

New agent reported March 2020

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Zietlow, Donald P.	Title / Member President	Date 4-9-20
Signature <i>Donald P. Zietlow</i>		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company MAYA GENEVA INC
Address of Corporation / Limited Liability Company (if different from licensed premises)

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
SCHWARTZ WAYNE WAREN

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>DADHWAL</u>	<u>SHIKHA</u>		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name MAYA GENEVA Business Phone Number 2622482248

2. Address of Premises 605 WILLIAMS ST LAKE GENEVA WI Post Office & Zip Code 53147

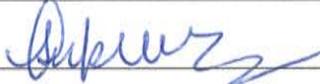
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

Applicant's Wisconsin Seller's Permit Number <u>456-1029216988-02</u>	
FEIN Number <u>81-4710508</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u> pd 5/6/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) DADHWAL SHIKHA	Title / Member OWNER	Date 05/04/20
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Walgreen Co.

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
Tiedke Suzanne _____

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	[REDACTED]
<u>Ashworth</u>	<u>Richard</u>	<u>Mark</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Badgley</u>	<u>Lisa</u>	<u>Dawn</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>Amsbary Jr.</u>	<u>Joseph</u>		
Treasurer / Member Last Name	(First)	(Middle Name)	
<u>Avula</u>	<u>Hari</u>		
Directors / Managers Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Walgreens #05600 Business Phone Number 262-248-7885

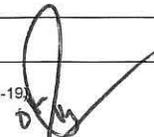
2. Address of Premises 351 Edwards Blvd. Post Office & Zip Code Lake Geneva, WI 53147

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.

Applicant's Wisconsin Seller's Permit Number 456-0000455404-05	
FEIN Number 36-1924025	
TYPE OF LICENSE REQUESTED	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 100
<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
TOTAL FEE	\$ 625

05/11/20



5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 Change in officers

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Hora, Lisa	Title / Member Vice President	Date 5-1-20
Signature <i>Lisa Badgley</i>		
Lisa Badgley, Vice President		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>NAREMRA</u>		[Redacted]

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	[Redacted]
---	------------

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
<u>PATEL</u>	<u>PRADIP</u>	

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>PATEL</u>	<u>NARENDRA</u>		[Redacted]
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

1. Trade Name QUICK AND SAME. Business Phone Number 608-359-5110.

2. Address of Premises 1231 Grant 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.) In the Coolers and some in the store.

Applicant's Wisconsin Seller's Permit Number <u>456-10301821002</u>	
FEIN Number <u>83-2192427</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u> <i>plus 14</i>

[Handwritten signature]

DWER ->

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** Yes No

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

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) PATEL NARENDRA	Title / Member OWNER	Date 5/17/20
Signature <i>Narendray Patel</i>		

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

F-2020

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1022650040-02</u>	
FEIN Number <u>26-3523874</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625</u> <i>paid 4/20</i>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Stinebrink's Lake Geneva Foods LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
Stinebrink (Mark) Edward

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Stinebrink</u>	<u>Mark</u>	<u>Edward</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Stinebrink</u>	<u>Brett</u>	<u>Michael</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

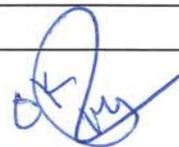
C. Business Information

1. Trade Name Stinebrink's Piggy Wiggly Business Phone Number 202-248-8798

2. Address of Premises 100 E. Geneva St Post Office & Zip Code Lake Geneva 53147

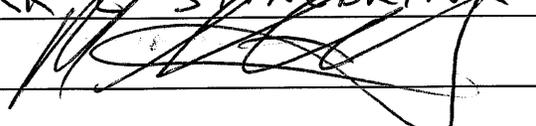
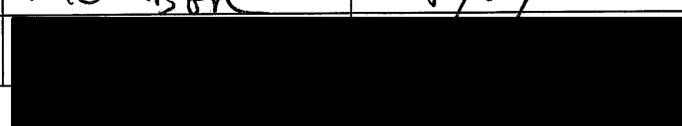
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) Liquor Department in store + locked liquor cage in backroom.



5. Legal description (omit if street address is given on previous page): Gracey Store
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) MARK E SANDBRINK	Title / Member MEMBER	Date 05/01/2020
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06/30/2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Wal-Mart Stores East, LP
 Address of Corporation / Limited Liability Company (if different from licensed premises): 

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name: MURPHY (First): ANITA (Middle Name): CV

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SEE ATTACHED LIST</u>			
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name WALMART #910 Business Phone Number 262-248-2266

2. Address of Premises 201 SOUTH 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.)

SEE ATTACHED PREMISES DESCRIPTION

Applicant's Wisconsin Seller's Permit Number 456-1020028180-05	
FEIN Number 71-0862119	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u>

pd 4/16/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
 CHANGE OF CORPORATE OFFICERS AND CHANGE OF AGENT

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Daniel J. Rice	Title / Member Assistant Secretary	Date
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-0000026531-04	
FEIN Number 41-0215170	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 625

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Target Corporation

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
Johnson	Katherine	

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Haaland	Corey	L	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Brown-Wiese	Janine	L	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Target Store T-2348 Business Phone Number 262-248-5610

2. Address of Premises 660 N Edwards Blvd Post Office & Zip Code Lake Geneva

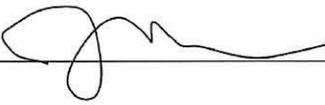
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 building; stored in grocery department aisles and coolers; sold in front checklanes

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Brown-Wiese, Janine L.	Title / Member Vice President	Date 4/20/2020
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

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

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
BOWMAN ANDREW J

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOWMAN</u>	<u>ANDREW</u>	<u>J</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>O'BRIEN</u>	<u>KEVIN</u>		
Treasurer / Member Last Name	(First)	(Middle Name)	
<u>BOWMAN</u>	<u>ANDREW</u>	<u>J</u>	
Directors / Managers Last Name	(First)	(Middle Name)	
<u>BOWMAN</u>	<u>ANDREW</u>	<u>J</u>	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

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, 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.) 39'X60'; ALCOHOL STORED IN

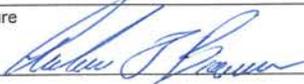
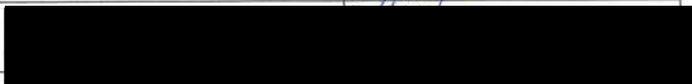
COOLER & BACK ROOM

Applicant's Wisconsin Seller's Permit Number 456000015686103	
FEIN Number 39-1018040	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 625

pd
4/28/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) BOWMAN, ANDREW J	Title / Member PRESIDENT	Date 4/24/2020
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	
<u>Sibbing</u>	<u>Jerry</u>	<u>T</u>	
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
New World Wine Shop Inc

All corporations/organizations or limited liability companies apply liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
<u>Sibbing</u>	<u>Jerry</u>	

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	
<u>Sibbing</u>	<u>Jerry</u>		
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name New World Wine Shop Business Phone Number 262-812-4080

2. Address of Premises 830 W Main St Lake Geneva WI Post Office & Zip Code 53147

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

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

Fancy Fair Mall 830 W Main St Lake Geneva WI
53147

Applicant's Wisconsin Seller's Permit Number <u>456-1020896518-02</u>	
FEIN Number <u>47-3418492</u>	
TYPE OF LICENSE REQUESTED	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> pd 5/21
TOTAL FEE	\$ <u>625.00</u>

or f

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
SIBBING, Jerry, T.	President	5-19-00
Signature		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company

Kelley Williamson Company

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name Dorsey-Sterling (First) Suzanne (Middle Name) _____

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Kelley's Market 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.)

See Attached

Applicant's Wisconsin Seller's Permit Number <u>490-0000322069-03</u>	
FEIN Number <u>30-1314080</u>	
TYPE OF LICENSE REQUESTED	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	\$
TOTAL FEE	\$ <u>625.00</u> <i>pd 4/23/20</i>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Viederis, Debbie</i>	Title / Member <i>Admin Assist</i>	Date <i>4/20/20</i>
Signature <i>Debbie Viederis</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Apr 23, 2020</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1028621165702</u>	
FEIN Number <u>37-1759272</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625.00</u> <i>pd 5/11/20</i>

A. Individual or Partnership:

Full Name (Last) <u>Borowiec</u>	(First) <u>Zbigniew</u>	(Middle Name) <u>J</u>
Full Name (Last) <u>Borowiec</u>	(First) <u>Cheryl</u>	(Middle Name) <u>A</u>
Full Name (Last)	(First)	(Middle Name)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Queso Corp</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Borowiec</u>	(First) <u>Zbigniew</u>	(Middle Name) <u>John</u>
------------------------------------	----------------------------	------------------------------

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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

2. Address of Premises 801 S Wells St Post Office & Zip Code Lake Geneva WI

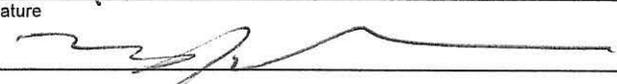
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) Cheesebox retail

Space-Storage room upper level

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Zbigniew J Borowiec	Title / Member Owner	Date 5/8/2020
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-1027154523-03	
FEIN Number 27-3223289	
TYPE OF LICENSE REQUESTED	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 -
TOTAL FEE	\$ 625 -

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
[REDACTED]			
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
BRUTAD LLC.

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
SHARKUS JAMES ELIOT

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name (First) (Middle Name)	<u>SHARKUS</u> <u>JAMES</u> <u>ELIOT</u>		
Vice President / Member Last Name (First) (Middle Name)			
Secretary / Member Last Name (First) (Middle Name)			
Treasurer / Member Last Name (First) (Middle Name)			
Directors / Managers Last Name (First) (Middle Name)			
Directors / Managers Last Name (First) (Middle Name)			

C. Business Information

- Trade Name BRUNO'S LIQUORS Business Phone Number 262-248-6407
- Address of Premises 524 BROAD ST. Post Office & Zip Code LAKE GENEVA WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) THE ENTIRE BUILDING IS USED TO STORE ALCOHOL. SEE MAP ENCLOSED.

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) SHARKUS JAMES E.	Title / Member Owner	Date 5-5-2020
Signature <i>James E. Sharkus</i>		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Ad 1111 N. Edwards Blvd., LLC

All corporations/organizations or limited liability companies applying liquor must appoint an agent.

Agent Last Name Adkins (First) Michelle (Middle Name) Mairie

All Officer(s) Director(s) of Corporation and Members / Manager

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Konrad</u>	<u>Jason</u>		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Fairfield Inn & Suites Business Phone Number 262-348-9000

2. Address of Premises 1111 N. Edwards, 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.)

packaged goods sold & guest can consume sealed beverages in their guestrooms, 1st floor lounge and outdoor patio - Retail only for special events.

Applicant's Wisconsin Seller's Permit Number <u>436 102 984 393002</u>	
FEIN Number <u>83-0543026</u>	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ <u>625.00</u>

5. 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, 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 page 3** 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 page 3.** Yes No
6. 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
7. 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
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. 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
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Marta Petrykowski</i>	Title / Member <i>Authorized Signatory</i>	Date <i>5/13/2020</i>
Signature <i>[Signature]</i>	Phone Number [REDACTED]	Email Address [REDACTED]

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1026678393-03</u>	
FEIN Number <u>26-2852617</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>525</u> <i>pl 5/5/20</i>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Lake Geneva School of Cooking LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name BOGAN (First) JOHN (Middle Name) BERNARD

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BOGAN</u>	<u>JOHN</u>	<u>BERNARD</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Lake Geneva School of Cooking LLC 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 the Geneva Village Shops and Lake Geneva School of Cooking. Kitchen area for cooking office / Basement for storage

OK AS

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) BOGAN, JOHN B.	Title / Member President	Date 5/4/20
Signature 	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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. 3
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456000018094203</u>	
FEIN Number <u>391476289</u>	
TYPE OF LICENSE REQUESTED	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> - <u>pd 5/11/20</u>
TOTAL FEE	\$

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company LAKE-BEV INC.

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name DUNNETT (First) KARIN (Middle Name) MARIE

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name <u>BENNETT</u>	(First) <u>BRUCE</u>	(Middle Name) <u>CHARLES</u>	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name <u>BENNETT</u>	(First) <u>KARIN</u>	(Middle Name) <u>MARIE</u>	<u>SAME</u>
Secretary / Member Last Name <u>BENNETT</u>	(First) <u>KARIN</u>	(Middle Name) <u>MARIE</u>	<u>SAME</u>
Treasurer / Member Last Name <u>BENNETT</u>	(First) <u>BRUCE</u>	(Middle Name) <u>CHARLES</u>	<u>SAME</u>
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name CORNSTONE SHOP & GALLERY Business Phone Number 262 248 6989

2. Address of Premises 214 BROAD ST LG WI 53147 Post Office & Zip Code LG 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 STORE 214 BROAD ST LG WI 53147

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** *N/A* 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
Did NOT go to public in 2019
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Bennett Kath M</i>	Title / Member <i>Vice President</i>	Date <i>5-8-2020</i>
Signature <i>K M Bennett</i>	Phone Number	Email Address

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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(mm dd yyyy) (mm dd yyyy)

of 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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Beachside Hospitality, Inc

All corporations/organizations or limited liability companies applying for a liquor license must appoint an agent.

Agent Last Name (First) (Middle Name)
Trilla Nancy L

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Trilla</u>	<u>Thomas</u>	<u>W</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Trilla</u>	<u>Dana</u>	<u>M</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Barrique Bistro & Wine Bar Business Phone Number 262-248-1948

2. Address of Premises 835 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.)

1100 Sq. Ft. Dining Room, Kitchen, Bathrooms, Basement & Patio

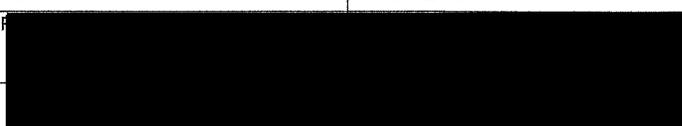
Applicant's Wisconsin Seller's Permit Number <u>456-1028134918</u>	
FEIN Number <u>46-2588851</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input checked="" type="checkbox"/> Class C wine	\$ 100.00
<input type="checkbox"/> 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	\$ 25.00
TOTAL FEE	\$ 225.00

pd 5/1/20

OK

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3**. Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Thomas W. Trilla	Title / Member Owner	Date 04/30/2020
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/1/20	Date reported to council / board	Date license granted 10.007649
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Simple Cafe LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Thomas</u>	(First) <u>Andrew</u>	(Middle Name) [Redacted]
----------------------------------	--------------------------	-----------------------------

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

Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Thomas <u>Hartz</u>	<u>Thomas</u>	<u>Andrew</u>	
<u>Hartz</u>	<u>Lori</u>		

C. Business Information

1. Trade Name Simple Cafe Business Phone Number 262-248-3556

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

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.)

Sold & consumed in dining room & enclosed outdoor patio. Stored in locked room in basement.

Applicant's Wisconsin Seller's Permit Number <u>456-1027064186-03</u>	
FEIN Number <u>27-1037204</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>225</u>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Hertz, Thomas A	Title / Member Member & Partner	Date 5/13/2020
Signature Thomas A Hertz		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

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

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
Branen Shad Anthony

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Branen</u>	<u>Shad</u>	<u>Anthony</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Geneva Theater Business Phone Number 262-763-6789

2. Address of Premises 244 Broad St., Lake Geneva Post Office & Zip Code 53147

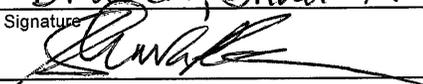
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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 concessions stand, meeting areas, auditoriums, stock room, lobby. (curbside pickup if allowed.)

Applicant's Wisconsin Seller's Permit Number <u>456102714485203</u>	
FEIN Number <u>27 295 2942</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>225</u> pd 5/4/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Branen, Shad A	Title / Member President	Date 4/24/20
Signature 	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Liang</u>	(First) <u>Yongzhong</u>	(Middle Name)
Full Name (Last) <u>Zhong</u>	(First) <u>Minting</u>	(Middle Name)
Full Name (Last)	(First)	(Middle Name)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Happy Restaurant, Inc

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name Zhong (First) Minting (Middle Name)

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name <u>Liang</u>	(First) <u>Yongzhong</u>	(Middle Name)	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Happy Cate Business Phone Number 262-248-8181

2. Address of Premises 526 Swell 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.)

Restaurants and Storage located in dining room, kitchen & office

Happy Cate

Applicant's Wisconsin Seller's ID: <u>456102727331003</u> <i>YH</i>	
FEIN Number <u>270069183</u>	
TYPE OF LICENSE REQUESTED	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	\$ 25-
TOTAL FEE	\$ 225- <i>pd 5/5/20</i>

OK

2

5. Legal description (omit if street address is given on previous page): in dining room, kitchen fridge
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>Liang Yang Zhou</u>	Title / Member <u>owner</u>	Date <u>5/1/2020</u>
Signature <u>[Signature]</u>	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>BREAKFAST BUNGALOW LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>OCHALEK</u>	(First) <u>JUSTIN</u>	(Middle Name) <u>TAYLOR</u>
-----------------------------------	--------------------------	--------------------------------

All Officer(s) Director(s) of Corporation and Members / Manag

President / Member Last Name <u>OCHALEK</u>	(First) <u>JUSTIN</u>	(Middle Name) <u>TAYLOR</u>
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name <u>OCHALEK</u>	(First) <u>PAUL</u>	(Middle Name) <u>DAVID</u>
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name GREAT EGGS Business Phone Number 262-812-4017
- Address of Premises 300 COOK ST. #101 LAKE GENEVA Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
FIRST FLOOR UNIT 101,
KITCHEN, DINING ROOM, CLOSET AND OUTDOOR SEATING

Applicant's Wisconsin Seller's Permit Number <u>LS6100961262702</u>	
FEIN Number <u>82136877</u>	
TYPE OF LICENSE REQUESTED	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)	\$ 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>225.00</u> <i>pd 5/20/20</i>

5. Legal description (omit if street address is given on previous page): BREAKFAST BUNGALOW LLC

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, 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 page 3** 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 page 3.** Yes No

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

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

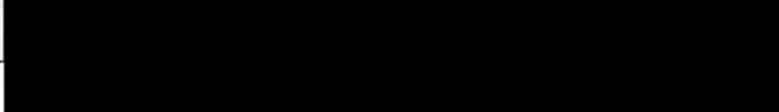
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>ORRICK, PAUL D</u>	Title / Member <u>MANAGER</u>	Date <u>5-19-20</u>
Signature <u>Paul Orrick</u>		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456 102 970 428502</u>	
FEIN Number <u>83-2278727</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>225</u> <i>pd 5/19/20</i>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
DCRB INCORPORATED

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name Andrew Gruber (First) Andrew (Middle Name) _____

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ESARCO</u>	<u>Ann</u>		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Avant Cycle CAFE Business Phone Number 262 215 0434
 2. Address of Premises 234 Broad ST Post Office & Zip Code LAKE GENEVA WI 53147

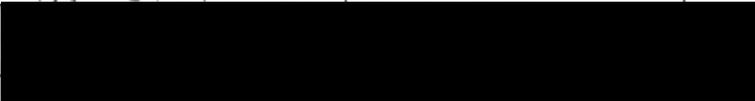
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

see ATTACHED - on file

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Ann ESARCO</i>	Title / Member <i>president MANAGING</i>	Date <i>5.10.20</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK *10.007910*

Date received and filed with municipal clerk <i>5/19/20</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <i>[Signature]</i>

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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)

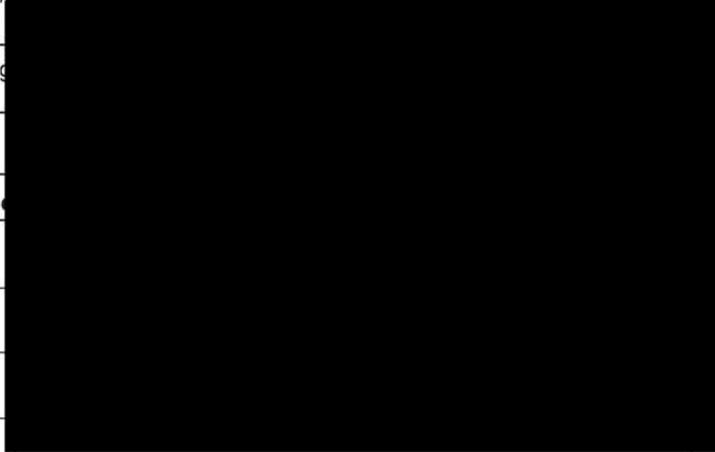
Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company KNMG Hotels LLC Address of Corporation / Limited Liability Company (if different from licensed premises) 

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name Schmitt (First) Eric (Middle Name) _____

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Patel</u>	<u>Narendra</u>		
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Patel</u>	<u>Mahendra</u>		
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Patel</u>	<u>Ghanshyam</u>		
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Comfort Suites Business Phone Number 262-248-2300

2. Address of Premises 300 E 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.) Back Office, pantry, lobby

board room, VIP room, guest rooms, breakfast room, hallway, outdoor patio

Applicant's Wisconsin Seller's Permit Number <u>450102927460704</u>	
FEIN Number <u>47-3821089</u>	
TYPE OF LICENSE REQUESTED	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-</u>
TOTAL FEE	\$ <u>125-</u> <i>add 11/20</i>



5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Ghanshyam Patel</i>	Title / Member <i>Manager</i>	Date <i>5/8/2020</i>
Signature <i>G Patel</i>	Phone Number [REDACTED]	Email Address [REDACTED]

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>4560003399252.02</u>	
FEIN Number <u>26.1237633</u>	
TYPE OF LICENSE REQUESTED	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-</u>
TOTAL FEE	\$ <u>125-</u>

pd 5/21/20

A. Individual or Partnership:

Full Name (Last) <u>JACKSON</u>	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
JACKSON WINE LLC

All corporations/organizations or limited liability companies apply liquor must appoint an agent.

Agent Last Name JACKSON (First) KATHLEEN (Middle Name) ANN

All Officer(s) Director(s) of Corporation and Members / Mana

President / Member Last Name <u>JACKSON</u>	(First) <u>KATHLEEN</u>	(Middle Name) <u>ANN</u>	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name <u>JACKSON</u>	(First) <u>DOUGLAS</u>	(Middle Name) <u>ALBERT</u>	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name STUDIO WINERY / GENEVA LAKE DISTILLING Business Phone Number 762 348 9100
 2. Address of Premises 401 SHERIDAN SPRINGS RD Post Office & Zip Code LAKE GEORGE NY 12147

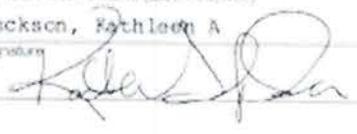
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
ENTIRE LOWER LEVEL OF INCLUDING PART OF 401 SHERIDAN SPRINGS RD.

on file

5. Legal description (omit if street address is given on previous page) _____
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, 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 page 3.** 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 page 3.** 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
We are permitted by the State for our distillery/rectifier (includes winery) so we only need a beer license going forward.
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 Sellers 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
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. This signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's name (Last, First, MI.) Jackson, Kathleen A	Title / Member Member	Date 05/22/2020
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Harry's Cafe and Place, Inc.

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name James Chironis (First) James (Middle Name) G.

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)
<u>James G. Chironis</u>	<u>James</u>	<u>G.</u>
Vice President / Member Last Name <u>Chironis</u>	(First) <u>Harry</u>	(Middle Name) <u>S.</u>
Secretary / Member Last Name <u>Chironis</u>	(First) <u>Harry</u>	(Middle Name) <u>S.</u>
Treasurer / Member Last Name <u>Chironis</u>	(First) <u>James</u>	(Middle Name) <u>G.</u>
Directors / Managers Last Name <u>Chironis</u>	(First) <u>Louise</u>	(Middle Name) <u>S.</u>
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name Harry's Cafe Business Phone Number 262 248 3494
 2. Address of Premises 808 Main 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.)
one story brick building records stored in office : storage of liquor stored in office, bar, and basement and kitchen. Sales are in cafe, bar and seated sidewalk tables.

Applicant's Wisconsin Seller's Permit Number <u>456000060124103</u>	
FEIN Number <u>39150551</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625</u>

pd 4/28/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Louie S. Chronis</i>	Title / Member <i>Manager</i>	Date
Signature <i>Louie S Chronis</i>	Phone Number	Email Address

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
MEDUSA GRILL & BISTRO, LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
ANAGNOS GREGORY

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name (First) (Middle Name)	<u>ANAGNOS</u> <u>GREGORY</u>		
Vice President / Member Last Name (First) (Middle Name)			
Secretary / Member Last Name (First) (Middle Name)			Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name (First) (Middle Name)			Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name (First) (Middle Name)			Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name (First) (Middle Name)			Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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, 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.)

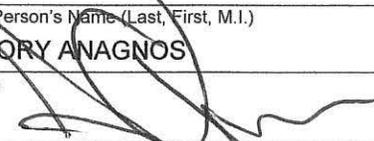
RESTAURANT - TWO DINING ROOMS WITH BARS - BASEMENT OFFICE

Applicant's Wisconsin Seller's Permit Number <u>600-002765267-4</u>	
FEIN Number <u>20-4154247</u>	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ 625

pd 5/11/20

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) GREGORY ANAGNOS	Title / Member OWNER	Date 5/ 6/2020
Signature 	Phone Number 	Email Address 

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Popeye's Galley & Grog, Ltd.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name <u>Anagnos</u>	(First) <u>Veronica</u>	(Middle Name)

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name <u>Anagnos</u>	(First) <u>Veronica</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Popeye's Galley & Grog, Ltd Business Phone Number 262-248-4381

2. Address of Premises 811 Wrigley Dr 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, Outdoor Patio, Bars, Storage, Dining Room. See attached document for details.

Applicant's Wisconsin Seller's Permit Number <u>456-1027844309-02</u>	
FEIN Number <u>45-4669918</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" 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</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>625.00</u>

Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** Yes No

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

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Anagnos, Veroinca	Title / Member Owner	Date May 1 2020
Signature <i>Veroinca Anagnos</i>	Phone Number [REDACTED]	Email Address [REDACTED]

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
GLENEAGLES LLC dba SOPRA

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
CUMMING ALASTAIR MUNRO

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name (First) (Middle Name)	<u>CUMMING ALASTAIR MUNRO</u>	
Vice President / Member Last Name (First) (Middle Name)	<u>CUMMING SIMON MUNRO</u>	
Secretary / Member Last Name (First) (Middle Name)		
Treasurer / Member Last Name (First) (Middle Name)		Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name (First) (Middle Name)		Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name (First) (Middle Name)		Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name SOPRA Business Phone Number 262-249-0800
- Address of Premises 724 W. MAIN ST. Post Office & Zip Code LAKE GENEVA, 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
SIDEWALK CAFE RESTAURANT, BASEMENT, BEHIND BAR, RECORDS IN BASEMENT

Applicant's Wisconsin Seller's Permit Number <u>456-1026406069-02</u>	
FEIN Number <u>26-1269448</u>	
TYPE OF LICENSE REQUESTED	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 checked="" type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
TOTAL FEE	\$ <u>625-</u>

pd
4/29/20

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2020 ending: 06/30/2021
(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	[REDACTED]	[REDACTED]
Vice President/Member	KATRINA L LEDERER	[REDACTED]	[REDACTED]
Secretary/Member	FELIX B RIGHGELS	[REDACTED]	[REDACTED]
Treasurer/Member	KRISTIN L RICHGELS	[REDACTED]	[REDACTED]
Agent	ELIZABETH DION	[REDACTED]	[REDACTED]
Directors/Managers	SUSAN GETGEN	[REDACTED]	[REDACTED]

C. 1. Trade Name SPRECHER'S RESTAURANT & PUB

Business Phone Number 242-248-7047

2. Address of Premises 111 CENTER ST

Post Office & Zip Code 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BAR DINING ROOM BANQUET 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Kevin Lederer MANAGING MEMBER
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 29, 2020</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>450-1027203323-03</u> FEIN Number: <u>272378492</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
TOTAL FEE	\$ <u>625</u>

pd 4/29/20

Instructions for Renewal Alcohol Beverage License Application

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. One 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:

One officer 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:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: 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 _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____	
CHARGE _____	WHERE CONVICTED _____	
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456102643611902</u>	
FEIN Number <u>474458435</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u> <i>pd 6/21/21</i>

A. Individual or Partnership:

Full Name (Last) <u>Tumas</u>	(First) <u>Elizabeth</u>	(Middle Name) <u>A.</u>	[Redacted]
Full Name (Last)	(First)	(Middle Name)	
Full Name (Last)	(First)	(Middle Name)	
			Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Mercedes or Bust, L.L.C.</u>	[Redacted]
--	------------

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name <u>Tumas</u>	(First) <u>Elizabeth</u>	(Middle Name) <u>A</u>	[Redacted]
---------------------------------	-----------------------------	---------------------------	------------

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name <u>Tumas</u>	(First) <u>Elizabeth</u>	(Middle Name) <u>A</u>	[Redacted]
Vice President / Member Last Name	(First)	(Middle Name)	[Redacted]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name The Bottle Shop Business Phone Number 262-348-9463
- Address of Premises 617 W. Main St. Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Retail store, Lounge, Patio, Theatre, Annex room, storage rooms

Handwritten signature

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Tomas, Elizabeth A.</i>	Title / Member <i>owner</i>	Date <i>5-20-2020</i>
Signature <i>Elizabeth A Tomas</i>		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
422 S. WELLS ST. LTD.

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
LORENZI Charles B

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>LORENZI</u>	<u>Charles</u>	<u>B</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

1. Trade Name Celebration on Wells Business Phone Number 262-248-2535

2. Address of Premises 422 S. Wells St Post Office & Zip Code L.G. 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.)
all parts of the building plus basement for storage

Applicant's Wisconsin Seller's Permit Number <u>456-0000567764-03</u>	
FEIN Number <u>39-1631275</u>	
TYPE OF LICENSE REQUESTED	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>150-</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>300-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
TOTAL FEE	\$ <u>625</u> <i>ms 11/20</i>

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, first, M.I.) <i>Charles, Lorenzi</i>	Title / Member <i>Owner</i>	Date <i>5.7.20</i>
Signature <i>Clay</i>		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-000033849703</u>	
FEIN Number <u>39-1534508</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625- plus 11</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company / Agent
L+B Mainstreet LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	[REDACTED]
<u>Gregory Bush</u>	<u>Gregory</u>	<u>James</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Bush</u>	<u>Jack</u>	<u>Edward</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>Christenson</u>	<u>Jessica</u>	<u>Bae</u>	
Treasurer / Member Last Name	(First)	(Middle Name)	
<u>Bush</u>	<u>Grace</u>	<u>Anne</u>	
Directors / Managers Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Champs Business Phone Number 262248-6008
- Address of Premises 747 W Main St Post Office & Zip Code 53147
- 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.)
inside + outside beer garden beverages will be sold. consumed inside + outside beer garden

over ->

5. Legal description (omit if street address is given on previous page): _____

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, 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 page 3** 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 page 3.** Yes No

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

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

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

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Jessica R Christenson</i>	Title / Member <i>owner</i>	Date <i>5/19/20</i>
Signature <i>[Signature]</i>	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last) <u>Basil</u>	(First) <u>Mark</u>	(Middle Name) <u>David</u>
Full Name (Last) —	(First) —	(Middle Name) —
Full Name (Last) —	(First) —	(Middle Name) —

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Chubby Kitty LLC MARK BASIL

All corporations/organizations or limited liability companies applying liquor must appoint an agent.

Agent Last Name <u>Basil</u>	(First) <u>Mark</u>	(Middle Name) <u>David</u>
---------------------------------	------------------------	-------------------------------

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name FAT CAT'S Business Phone Number 262 745 1213
 2. Address of Premises 104 Broad St. Post Office & Zip Code 53147

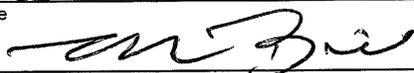
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) Bar Main floor. Alcohol stored behind bar, upstairs cabinet and downstairs storage room under stairway. Beer stored in upstairs coolers and downstairs cooler.

Applicant's Wisconsin Seller's Permit Number <u>456027472908202</u>	
FEIN Number <u>454497705</u>	
TYPE OF LICENSE REQUESTED	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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25~</u>
TOTAL FEE	\$ <u>625</u> <i>add 11/20</i>

5. Legal description (omit if street address is given on previous page): FAT CAT'S 104 Broad St. LG. WI
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, 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 page 3** Yes No 53147
- 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Basil Mark D.	Title / Member OWNER	Date 5/8/2020
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
HOGS & KISSES, INC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LINDA</u>	<u>M</u>

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LINDA</u>	<u>M</u>
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LINDA</u>	<u>M</u>
Treasurer / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LINDA</u>	<u>M</u>
Directors / Managers Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LINDA</u>	<u>M</u>
Directors / Managers Last Name	(First)	(Middle Name)

Applicant's Wisconsin Seller's Permit Number 456000047935803	
FEIN Number 391353912	
TYPE OF LICENSE REQUESTED	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
TOTAL FEE	\$ <u>625-</u> <i>pd 4/20/20</i>

C. Business Information

- Trade Name HOGS & KISSES Business Phone Number 262-248-7447
- Address of Premises 149 BROAD ST, PO BOX 536 Post Office & Zip Code LAKE GENEVA, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BRICK BUILDING @ 149 BROAD STREET IN LAKE GENEVA. BAR, RESTAURANT, BASEMENT STORAGE ROOM, COOLERS, FREEZER AND OFFICE

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) LINDA CHIRONIS	Title / Member OFFICER	Date April 21, 2020
Signature <i>Linda Chironis</i>	Phone Number [REDACTED]	Email Address [REDACTED]

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-000000940</u>	
FEIN Number <u>39-1225711</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u> <i>pp 5/10/20</i>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Sandal Inc., DBA Lake Geneva Lanes

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
Guske Franklin Delano

All Officer(s) Director(s) of Corporation and Members / Managers:

President / Member Last Name	(First)	(Middle Name)	
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Urbahn</u>	<u>Jacquelyn</u>	<u>Ann</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>	
Treasurer / Member Last Name	(First)	(Middle Name)	
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>	
Directors / Managers Last Name	(First)	(Middle Name)	
<u>See Attached Form</u>			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Lake Geneva Lanes Business Phone Number (262) 248-4805

2. Address of Premises 192 E. Main St. Lake Geneva WI Post Office & Zip Code PO Box 366, 53147

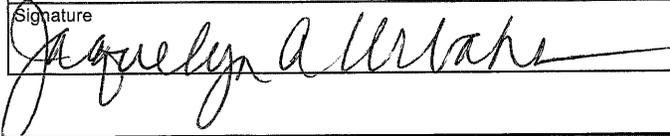
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) please see attached diagram

Building has 16 bowling lanes with a bar, kitchen and arcade area. Storage of alcohol is in the bar area, liquor dry storage area on the main level and walk-in cooler in basement area. Basement also stores soda for system and liquor for liquor system.

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Urbahn, Jacquelyn, A.	Title / Member VP	Date 05/01/2020
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 6, 2020	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1027856636-02</u>	
FEIN Number <u>45-4544420</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625.00</u> pd 6/5/20

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company GENEVA BAY CLUB, LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name FRITZ (First) CHARLES (Middle Name) ANDREW

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>FRITZ</u>	<u>CHARLES</u>	<u>ANDREW</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name MAXWELL MANSION Business Phone Number 262-248-1856
 2. Address of Premises 421 BAKER STREET Post Office & Zip Code FWB 1087 53197

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 w/3 BUILDINGS WITH AN ENCLOSED POOL WITH FENCE AROUND GROUNDS. STORAGE IS IN BASEMENT OF MANSION & STABLES BUILDINGS. RECORDS ARE KEPT IN MANSION OFFICE & ONLINE & ON COMPUTER.

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) FRITZ, CHARLES A.	Title / Member MANAGER	Date 5.4.2020
Signature <i>Charles A. Fritz</i>	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456000234318202</u>	
FEIN Number <u>20-3313403</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625-</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>DCR Restaurant Group LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Bittner</u>	(First) <u>Chad</u>	(Middle Name)
-----------------------------------	------------------------	---------------

All Officer(s) Director(s) of Corporation and Members / Manager

President / Member Last Name <u>Bittner</u>	(First) <u>Chad</u>	(Middle Name) <u>R.</u>	
Vice President / Member Last Name <u>Bittner</u>	(First) <u>Richard</u>	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Next Door Pub & Pizzeria Business Phone Number 2102-248-9551

2. Address of Premises 411 Interchange N. Post Office & Zip Code L6 WI 53147

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

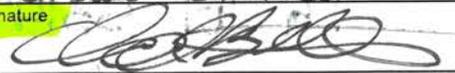
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

Restaurant, Bar, Storage Room, Patio, Office,
Outdoor waiting Area, Basement, Fall Anniversary Party

OK

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Chad Bittner	Title / Member President	Date 4/29/20
Signature 	[REDACTED]	

TO BE COMPLETED BY CLERK 10.007647 \$25 only

Date received and filed with municipal clerk 5/1/20	Date reported to council / board 07/27/2020	Date license granted 10/1/2020
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1027919952-02</u>	
FEIN Number <u>46-2429666</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company

Two Thumbs Up LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
<u>Freely</u>	<u>Kimberly</u>	<u>C</u>

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Freely</u>	<u>Kimberly</u>	<u>C</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Thumbs Up Business Phone Number 262-248-6111
- Address of Premises 260 Broad St Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
walk-in kegs coolers, in basement; ground floor bar room; liquor closet on main level for storage; main floor walk-in coolers for beer, etc.

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Freely, Kimberly C	Title / Member owner	Date 5/9/2020
Signature K. Freely		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>45W102706172503</u>	
FEIN Number <u>27-2243807</u>	
TYPE OF LICENSE REQUESTED	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>75</u>
TOTAL FEE	\$ <u>675.00</u> pd 6/5/20

A. Individual or Partnership:

Full Name (Last) <u>Romano</u>	(First) <u>Thomas</u>	(Middle Name) <u>Anthony</u>	[REDACTED]
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
LC Hospitality Group LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name Georgakis (First) James (Middle Name) _____

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name <u>Romano</u>	(First) <u>Thomas</u>	(Middle Name)	[REDACTED]
Vice President / Member Last Name	(First)	(Middle Name)	[REDACTED]
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Tuscan Tavern and Grill Business Phone Number 262-248-0888

2. Address of Premises 430 Broad St Lake Geneva Post Office & Zip Code _____

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, Beer out door seating, 1st floor storage, level levels

AT-115 (R. 5-19)

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Thomas Romano</i>	Title / Member <i>Owner</i>	Date <i>3/4/20</i>
Signature <i>Thomas Romano</i>	[REDACTED]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
OAKFIRE LLC

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
MECKLER PAUL GEORGE

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>SCOTNEY</u>	<u>DAVID</u>	<u>RALPH</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name OAKFIRE Business Phone Number 262-812-8007

2. Address of Premises 831 WRIGLEY DR LAKE GENEVA Post Office & Zip Code 53147

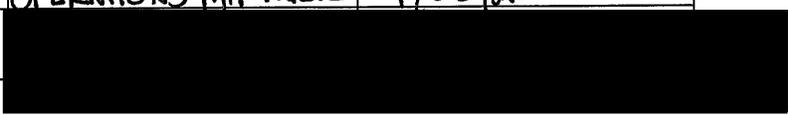
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) WHOLE BUILDING

Applicant's Wisconsin Seller's Permit Number <u>456-1028656597-02</u>	
FEIN Number <u>471614401</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625.00</u> <i>del 1/20</i>

5. Legal description (omit if street address is given on previous page): 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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) MECKLER, PAUL, G.	Title / Member OPERATIONS MANAGER	Date 4/28/20
Signature 		

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1028914898-02</u>	
FEIN Number <u>81-0928145</u>	
TYPE OF LICENSE REQUESTED	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	\$ 600.00
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	\$ <u>625-</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
LAKE AIRE LLC

All corporations/organizations or limited liability companies apply for liquor must appoint an agent.

Agent Last Name (First) (Middle Name)
ARGIROPOULOS GEORGE D.

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ARGIROPOULOS</u>	<u>GEORGE</u>	<u>D.</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>ARGIROPOULOS</u>	<u>DEMETRIUS</u>	<u>G.</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name LAKE AIRE RESTAURANT Business Phone Number 262-248-9913

2. Address of Premises 804 W. MAIN ST, LAKE GENEVA Post Office & Zip Code WI 53147

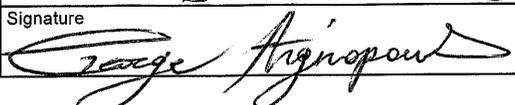
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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.) STORED IN BASEMENT AND DINING ROOM. SOLD IN DINING ROOM AND SIDEWALK CAFE.

AT-115 (R. 5-19) 

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) GEORGE D. ARGIROPOULOS	Title / Member MEMBER	Date 5-7-20
Signature 		

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

4561029969354-02

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>82-4462437</u>	
FEIN Number	
TYPE OF LICENSE REQUESTED	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>25.00</u>
TOTAL FEE	\$ <u>625.</u>

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
HARBOR SIDE Pub & Grill LLC

All corporations/organizations or limited liability companies apply for liquor must appoint an agent.

Agent Last Name	(First)	(Middle Name)
<u>CONDOS</u>	<u>SPYRO</u>	<u>George</u>

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CONDOS</u>	<u>SPYRO</u>	<u>George</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>CONDOS</u>	<u>PATRICIA</u>	<u>LEE</u>	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name HARBOR SIDE Pub & Grill LLC Business Phone Number 262 206 0923
 2. Address of Premises 100 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.)

Cement Block Structure - BASEMENT STORAGE
100 BROAD STREET

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>CONDOS SPYRO G</i>	Title / Member <i>PRESIDENT</i>	Date <i>4/22/20</i>
Signature <i>[Handwritten Signature]</i>	[Redacted]	

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

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2020 ending: 06 30 2021
(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 Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
BELLA VISTA SUITES ON THE SHORES OF LAKE GENEVA

All corporations/organizations or limited liability companies applying for liquor must appoint an agent.

Agent Last Name LORENZI (First) Charles (Middle Name) B

All Officer(s) Director(s) of Corporation and Members / Managers

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>LORENZI</u>	<u>Charles</u>	<u>B</u>	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information:

1. Trade Name Bella Vista Suites Business Phone Number 267-248-2100
 2. Address of Premises 335 Wingley Dr. Post Office & Zip Code L.G. 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.)
building - plus veranda all parts of

Applicant's Wisconsin Seller's Permit Number <u>456 000087500-03</u>	
FEIN Number <u>39-1946040</u>	
TYPE OF LICENSE REQUESTED	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>
TOTAL FEE	\$ <u>625</u> as of 5/11/20

OK

5. Legal description (omit if street address is given on previous page): _____
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, 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 page 3** 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 page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Charles Lorenzi</i>	Title / Member <i>VP BOD</i>	Date <i>5-7-20</i>
Signature <i>[Signature]</i>		

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

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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. n/a
(if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number 456-1029849437- <u>DA</u>	
FEIN Number 84-4884871	
TYPE OF LICENSE REQUESTED	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 checked="" type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
RLKL company 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 full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	
LEI	RANSI		
Vice President / Member Last Name	(First)	(Middle Name)	
LEI	KELLY	B	
Secretary / Member Last Name	(First)	(Middle Name)	
LEI	JIANMING		
Treasurer / Member Last Name	(First)	(Middle Name)	
LEI	JIANMING		
Agent Last Name	(First)	(Middle Name)	
LEI	RANSI		
Directors / Managers Last Name	(First)	(Middle Name)	
SAME AS AGENT			

1. Trade Name Suwing's Chinese Restaurant Business Phone Number 262-248-1178
 2. Address of Premises 743 NORTH STREET Post Office & Zip Code LAKE GENEVA WI 53147

3. 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, KITCHEN, Dive through

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

5. (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? CLASS B BEER, RESERVE CLASS B LIQUOR - Suwings

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
 KELLY B. LEI, RANSI LEI, AND JIANMING LEI
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (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? **If yes, explain** 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? **If yes, explain.** Yes No
10. 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 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

Contact Person's Name (Last, First, M.I.) Lei Jianming	Title/Member Secretary	Date 04/27/20
Signature Jianming Lei	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2020 ending: 06/30/2021
(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. N/A (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456102699377803		FEIN Number: 13-4282545	
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-
TOTAL FEE		\$	625-

pd 4/24/20

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 [REDACTED] Post Office & Zip Code [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Samson Enterprises, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) [REDACTED]
 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 Member Daniel Christopher Caravette [REDACTED]
 Vice President/Member [REDACTED]
 Secretary/Member [REDACTED]
 Treasurer/Member [REDACTED]
 Agent Michelle Michalek Norgard
 Directors/Managers [REDACTED]

- C. 1. Trade Name NORTHSIDERS LAKE GENEVA Business Phone Number [REDACTED]
 2. Address of Premises 642 W Main Street, Lake Geneva WI Post Office & Zip Code 53147
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, 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 - See Maps
 5. Legal description (omit if street address is given above): [REDACTED]
 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 24, 2020</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**City of Lake Geneva
Finance, License, & Regulation Committee
June 2, 2020**

Prepaid Checks

5/16/20-5/27/20

**Total:
\$20,444.69**

Checks over \$5,000:

\$	5,035.39	<i>Baker & Taylor-Library Books</i>
\$	5,332.00	<i>Stephanie Lynn Lake Geneva LLC-June Events Coordinator</i>

Report Criteria:

Report type: Summary
 [Report].Check Issue Date = 05/22/2020,05/27/2020
 Check.Type = {<>} "Adjustment"
 Bank.Bank account = "043230"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
05/22/2020	73549	2056	AMAZON	157.95
05/22/2020	73550	2104	AT&T	2,538.68
05/22/2020	73551	5773	GREAT EGGS BREAKFAST BUNGALOW LLC	75.00
05/22/2020	73552	5771	OLE BISTRO INN	89.59
05/22/2020	73553	5772	SOMERSET CONDO ASSOCIATION	50.00
05/22/2020	73554	4918	TIME WARNER CABLE	104.98
05/22/2020	73555	5001	VERIZON WIRELESS	1,151.28
05/22/2020	73556	58	WALMART	85.88
05/27/2020	73557	2046	ALLIANT ENERGY	105.78
05/27/2020	73558	2056	AMAZON	1,210.91
05/27/2020	73559	2138	BAKER & TAYLOR	5,035.39
05/27/2020	73560	2277	CHICAGO TRIBUNE	116.00
05/27/2020	73561	428	JANESVILLE GAZETTE	265.70
05/27/2020	73562	3062	NORTHWIND PERENNIAL FARM	667.50
05/27/2020	73563	3232	RHYME BUSINESS PRODUCTS	373.72
05/27/2020	73564	5326	STEPHANIE LYNN LAKE GENEVA LLC	5,332.00
05/27/2020	73565	4918	TIME WARNER CABLE	559.09
05/27/2020	73566	4944	TRACTOR SUPPLY CREDIT PLAN	339.49
05/27/2020	73567	4973	US BANK	763.68
05/27/2020	73568	4975	US CELLULAR	810.66
05/27/2020	73569	5001	VERIZON WIRELESS	541.21
05/27/2020	73570	5428	CITY OF LAKE GENEVA POLICE DEPT	70.20
Grand Totals:				20,444.69

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
11-00-00-13910	58.57	.00	58.57
11-00-00-21100	.00	6,158.26-	6,158.26-
11-00-00-41210	89.59	.00	89.59
11-00-00-44100	75.00	.00	75.00
11-12-00-52210	96.04	.00	96.04
11-16-10-52210	1,324.11	.00	1,324.11
11-16-10-52400	157.95	.00	157.95
11-21-00-51380	226.02	.00	226.02
11-21-00-52210	2,215.81	.00	2,215.81
11-21-00-53120	70.20	.00	70.20
11-21-00-53990	144.66	.00	144.66
11-21-00-54100	45.00	.00	45.00
11-22-00-52210	919.61	.00	919.61
11-24-00-52620	70.11	.00	70.11
11-32-10-52210	410.24	.00	410.24
11-32-10-53510	98.38	.00	98.38

GL Account	Debit	Credit	Proof
11-32-13-54300	119.98	.00	119.98
11-34-10-52230	2.03	.00	2.03
11-52-00-58400	34.96	.00	34.96
40-00-00-21100	.00	267.63-	267.63-
40-54-10-52210	25.62	.00	25.62
40-55-10-52210	179.70	.00	179.70
40-55-20-52210	62.31	.00	62.31
42-00-00-21100	.00	190.48-	190.48-
42-34-50-52210	190.48	.00	190.48
47-00-00-21100	.00	5,332.00-	5,332.00-
47-00-00-57210	2,666.00	.00	2,666.00
47-00-00-57212	2,666.00	.00	2,666.00
48-00-00-21100	.00	403.22-	403.22-
48-00-00-52210	127.42	.00	127.42
48-00-00-52220	103.75	.00	103.75
48-00-00-53400	85.88	.00	85.88
48-00-00-53620	86.17	.00	86.17
99-00-00-21100	.00	8,093.10-	8,093.10-
99-00-00-46210	50.00	.00	50.00
99-00-00-52110	48.33	.00	48.33
99-00-00-52210	373.88	.00	373.88
99-00-00-53500	203.46	.00	203.46
99-00-00-53600	667.50	.00	667.50
99-00-00-54100	2,724.19	.00	2,724.19
99-00-00-54110	2,274.35	.00	2,274.35
99-00-00-54120	381.70	.00	381.70
99-00-00-54140	788.78	.00	788.78
99-00-00-55000	207.19	.00	207.19
99-00-00-55320	373.72	.00	373.72
Grand Totals:	<u>20,444.69</u>	<u>20,444.69-</u>	<u>.00</u>

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

GL Account

Debit

Credit

Proof

Report Criteria:

Report type: Summary

[Report].Check Issue Date = 05/22/2020,05/27/2020

Check.Type = {<>} "Adjustment"

Bank.Bank account = "043230"

**CITY OF LAKE GENEVA
ACCOUNTS PAYABLE UNPAID ITEMS OVER \$5,000**

**FINANCE, LICENSE, & REGULATION COMMITTEE
6/2/2020**

TOTAL UNPAID ACCOUNTS PAYABLE \$ **622,562.29**

ITEMS > \$5,000

AO Bauer Glass Inc. - Library window replacement \$ 5,407.03

Down to Earth Contractors Inc. - Storm drain repairs \$ 21,683.50

MSI General Corporation - Riviera renovations pay request # 5 \$ 548,346.65

Balance of Other Items \$ 47,125.11

City of Lake Geneva
Finance, License, & Regulation Committee
June 2, 2020

Accounts Payable

	<u>Fund #</u>	
1. General Fund	11	\$ 35,165.20
2. Debt Service	20	\$ -
3. Lakefront	40	\$ 4,360.81
4. Capital Projects	43	\$ 570,030.15
5. Parking	42	\$ 524.79
6. Cemetery	48/49	\$ 592.11
7. Equipment Replacement	50	\$ 1,482.20
8. Library Fund	99	\$ 10,407.03
9. Impact Fees	45	\$ -
10. Tourism Commission	47	\$ -
11. Use of Building Funds-Library	98	\$ -
Total All Funds		<u><u>\$622,562.29</u></u>

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch =

"L06052020","P06052020","P06052020A","P06052020B","F06052020","F06052020A","F06052020B","F06052020C","06052020","06052020A"

Invoice Detail.GL account (2 Characters) = {<>} "61"

Invoice Detail.GL account (2 Characters) = {<>} "62"

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
ALADTEC INC				
2020-1436	05/18/2020	IT SOFTWARE	11-22-00-54500 FIRE IT SERVICES	1,984.00
Total ALADTEC INC:				1,984.00
AMY'S SHIPPING EMPORIUM				
4/30/20	04/30/2020	UPS MAILINGS	11-22-00-53120 POSTAGE EXPENSE	43.74
Total AMY'S SHIPPING EMPORIUM:				43.74
AO BAUER GLASS INC				
81181	05/28/2020	WINDOW REPLACEMENT	99-00-00-52500 LIBRARY BLDG REPAIR	5,407.03
Total AO BAUER GLASS INC:				5,407.03
AURORA HEALTH CARE				
36101	05/17/2020	DOT DRUG SCREENS	11-32-10-52050 DRUG AND MEDICAL TESTING	150.00
IN 450	04/24/2020	EMS DRUG SUPPLIES	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	604.43
Total AURORA HEALTH CARE:				754.43
AURORA MEDICAL GROUP				
644	05/15/2020	EMP CLINIC-APR	11-10-20-51320 HEALTH AND DENTAL ADMIN CHGS	3,075.00
Total AURORA MEDICAL GROUP:				3,075.00
BOUND TREE MEDICAL LLC				
83595821	04/20/2020	DISP VIDEO BLADES	11-22-00-55000 COVID-19 EXPENDITURES	85.58
83608070	04/29/2020	EMS SUPPLIES	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	101.07
83612708	05/04/2020	DISP VIDEO BLADES	11-22-00-55000 COVID-19 EXPENDITURES	256.74
83617647	05/07/2020	EMS SUPPLIES	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	6.02
83620294	05/11/2020	EMS SUPPLIES	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	45.76
Total BOUND TREE MEDICAL LLC:				495.17
BREEZY HILL NURSERY				
I-233961	05/21/2020	PLANTING MAINT-APR,MAY	42-34-50-52200 PARKING LOT PLANTING/MAINT	442.00
Total BREEZY HILL NURSERY:				442.00
BUMPER TO BUMPER AUTO PARTS				
662-425343	05/14/2020	OIL STANDERS	11-52-00-52500 EQUIPMENT REPAIR SERVICES	17.99
662-425347	05/14/2020	SPARK PLUGS-TURF SWEEPER	48-00-00-52500 CEM EQUIP MAINT/REPAIRS	5.38
662-425656	05/21/2020	PATCH KIT-GROOMER	11-52-00-59510 EQUIP MAINT SUPPL-RECREATION	2.99
Total BUMPER TO BUMPER AUTO PARTS:				26.36

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
CARPENTER, BRITTANY				
REFD 6/26/19	05/22/2020	CARPENTER-DEP 6/26/19	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total CARPENTER, BRITTANY:				1,000.00
CARPENTER, WILLIAM OR LORRAINE				
REFD 6/26/19	05/26/2020	CARPENTER-5/26/19-DEDUCTI	40-55-10-46740 UPPER RIVIERA REVENUE	2,843.60
REFD 6/26/19	05/26/2020	CARPENTER-5/26/19-SALES TA	11-00-00-24210 SALES TAX PAYABLE	156.40
Total CARPENTER, WILLIAM OR LORRAINE:				3,000.00
CDW GOVERNMENT INC				
XVJ2270	05/14/2020	JEAN-COMP REPLACE	11-21-00-58100 EQUIPMENT OUTLAY	673.71
XVP7229	05/16/2020	ANTI-VIRUS RENEWAL	11-21-00-53050 DATA PROCESSING	275.80
XVP7229	05/16/2020	ANTI-VIRUS RENEWAL	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	315.20
XVP7229	05/16/2020	ANTI-VIRUS RENEWAL	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	23.64
XVP7229	05/16/2020	ANTI-VIRUS RENEWAL	11-22-00-54500 FIRE IT SERVICES	141.84
XVP7229	05/16/2020	ANTI-VIRUS RENEWAL	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	31.52
Total CDW GOVERNMENT INC:				1,461.71
COMPRESSOR SERVICES				
F-20029552	05/15/2020	ST 2 AIR COMP ANNUAL SVC	11-22-00-53600 FIREHOUSE MAINT SERVICE COSTS	420.72
Total COMPRESSOR SERVICES:				420.72
DINGES FIRE COMPANY				
07223	02/14/2020	MASKS	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	967.00
08560	04/13/2020	HAND SANITIZER	11-22-00-55000 COVID-19 EXPENDITURES	295.00
Total DINGES FIRE COMPANY:				1,262.00
DOWN TO EARTH CONTRACTORS INC				
7315	05/18/2020	STM DRAIN REPAIR	43-32-10-17010 2018/2019 STREET IMP PROGRAM	1,853.00
7316	05/18/2020	STM DRAIN REPAIR-CTR/120	43-32-10-17010 2018/2019 STREET IMP PROGRAM	6,855.00
7317	05/18/2020	STM DRAIN REPAIR-TIM/OAKW	43-32-10-17010 2018/2019 STREET IMP PROGRAM	6,206.50
7318	05/18/2020	STM DRAIN REPAIR-WEST/MAI	43-32-10-17010 2018/2019 STREET IMP PROGRAM	6,769.00
Total DOWN TO EARTH CONTRACTORS INC:				21,683.50
DUNN LUMBER				
789568	04/28/2020	FASTENERS-SHOP	11-22-00-52410 FIREHOUSE REPAIRS	1.59
791151	05/14/2020	PAINT-BEACH HOUSE	40-54-10-53620 BEACH MAINTENANCE SERVICE COS	97.98
791300	05/15/2020	(3) KEYS	11-21-00-53420 PD SPECIAL EQUIPMENT	10.47
791556	05/18/2020	PAINT-LOOKOUT DECK	11-52-00-53520 GROUNDS MAINT SUPPLIES	48.99
791604	05/19/2020	FASTENERS-SIGNS	11-32-10-55000 COVID-19 EXPENDITURES	12.99
791687	05/20/2020	FASTENERS-BEACH HOUSE	11-32-10-55000 COVID-19 EXPENDITURES	14.48
791764	05/20/2020	ANCHORS,QUICK LINK-DT	11-52-00-53990 PARKS MISCELLANEOUS EXPENSES	77.11
791784	05/20/2020	QUICK LINK ZINC-CREDIT	11-52-00-53990 PARKS MISCELLANEOUS EXPENSES	60.64
791855	05/21/2020	FLOWER POT HANGERS-DT	11-52-00-53990 PARKS MISCELLANEOUS EXPENSES	8.95
791862	05/21/2020	TIRE REPAIR	11-52-00-52500 EQUIPMENT REPAIR SERVICES	6.79
791862	05/21/2020	SAFETY CONE,CHLORINE	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	79.35
791867	05/21/2020	CAUTION TAPE-BEACH HOUSE	11-32-10-55000 COVID-19 EXPENDITURES	29.97
791889	05/21/2020	PAINT SUPPLIES,TAPE	11-32-10-55000 COVID-19 EXPENDITURES	132.12
K91137	05/14/2020	SNEEZE GUARD-B&Z	11-10-00-55000 COVID-19 EXPENDITURES	223.73

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total DUNN LUMBER:				683.88
EAGLE MEDIA INC				
00129965	05/05/2020	INT ISSUE-REBHORN/RODRIGU	11-21-00-51380 PD UNIFORM ALLOWANCE	344.00
Total EAGLE MEDIA INC:				344.00
ELKHORN CHEMICAL CO INC				
621967	05/13/2020	(6) SPRAY BOTTLES	11-10-00-55000 COVID-19 EXPENDITURES	22.26
Total ELKHORN CHEMICAL CO INC:				22.26
EMS MEDICAL BILLING ASSOCIATES				
APR 2020	04/01/2020	COMMISSIONS-APR	11-22-00-52140 OUTSIDE BILLING SERVICES	4,253.03
Total EMS MEDICAL BILLING ASSOCIATES:				4,253.03
ENTRANCE SYSTEMS LLC				
30872	05/20/2020	GATES	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	1,007.32
Total ENTRANCE SYSTEMS LLC:				1,007.32
FINDAWAY WORLD LLC				
301935CW	05/22/2020	WONDERBOOKS 2020-21	99-00-00-54110 LIBRARY YOUTH MATERIALS	5,000.00
Total FINDAWAY WORLD LLC:				5,000.00
FIRST SUPPLY LLC				
2930360-01	05/14/2020	WATER SYSTEM VALVES	48-00-00-53620 CEM GROUNDS/LANDSCAPING	202.11
2930360-02	05/14/2020	WATER SYSTEM VALVES	48-00-00-53620 CEM GROUNDS/LANDSCAPING	5.62
Total FIRST SUPPLY LLC:				207.73
FORD OF LAKE GENEVA				
67520	02/28/2019	BRAKE PADS,OIL CHANGE-#22	11-21-00-53610 PD EQUIP MAINT SERV COSTS	496.68
72007	04/20/2020	OIL CHANGE-#209	11-21-00-53610 PD EQUIP MAINT SERV COSTS	33.65
72010	04/20/2020	OIL CHANGE,WIPER BLADES-#	11-21-00-53610 PD EQUIP MAINT SERV COSTS	75.41
72075	04/27/2020	TIRES/ALIGNMENT-#206	11-21-00-53610 PD EQUIP MAINT SERV COSTS	426.08
72093	04/29/2020	IGNITION COIL,SPARK PLUGS-#	11-21-00-53610 PD EQUIP MAINT SERV COSTS	610.99
72102	04/30/2020	OIL CHANGE-#201	11-21-00-53610 PD EQUIP MAINT SERV COSTS	32.79
72195	05/08/2020	OIL CHANGE,WHEEL ALIGN-#20	11-21-00-53610 PD EQUIP MAINT SERV COSTS	234.85
72272	05/15/2020	LIGHT BULB-#219	11-21-00-53610 PD EQUIP MAINT SERV COSTS	18.86
72334	05/21/2020	OIL CHANGE-#202	11-21-00-53610 PD EQUIP MAINT SERV COSTS	32.79
72340	05/22/2020	OIL CHANGE-#207	11-21-00-53610 PD EQUIP MAINT SERV COSTS	32.79
Total FORD OF LAKE GENEVA:				1,994.89
GALLS LLC				
013752803	09/19/2019	UNIFORM-BASTEK	11-22-00-51380 FIRE DEPT UNIFORMS	145.50
015467034	04/14/2020	UNIFORM-WALSER	11-21-00-51380 PD UNIFORM ALLOWANCE	403.91
Total GALLS LLC:				549.41
GATEWAY TECHNICAL COLLEGE				
25450	04/29/2020	TUITION-KOSTMAN	11-21-00-54150 TUITION & BOOKS PER CONTRACT	481.53

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total GATEWAY TECHNICAL COLLEGE:				481.53
GENERAL COMMUNICATIONS INC				
282673	05/19/2020	SEAT COVERS-NEW VEHICLE	50-22-00-58000 FIRE EQUIPMENT PURCHASES	317.00
Total GENERAL COMMUNICATIONS INC:				317.00
GENERAL COMMUNICATIONS, INC.				
282451	05/13/2020	GRAPHICS-2020 EXPLORER	50-22-00-58000 FIRE EQUIPMENT PURCHASES	1,165.20
Total GENERAL COMMUNICATIONS, INC.:				1,165.20
GENEVA AUTO BODY				
28242	04/29/2020	ACCIDENT-#211	11-21-00-53610 PD EQUIP MAINT SERV COSTS	3,050.69
Total GENEVA AUTO BODY:				3,050.69
GENEVA LAKE PLUMBING CO				
15524	05/04/2020	HOT WATER HEATER-REPLACE	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	683.50
Total GENEVA LAKE PLUMBING CO:				683.50
GENEVA ONLINE INC				
1097941	05/01/2020	EMAIL SVC-APR	11-21-00-52210 PD TELEPHONE EXPENSE	39.00
Total GENEVA ONLINE INC:				39.00
HENRY SCHEIN INC				
76375469	04/17/2020	GLOVES	11-22-00-55000 COVID-19 EXPENDITURES	132.00
76719856	05/04/2020	DECON SUPPLIES	11-22-00-55000 COVID-19 EXPENDITURES	87.85
76849476	05/05/2020	GLOVES	11-22-00-55000 COVID-19 EXPENDITURES	132.00
Total HENRY SCHEIN INC:				351.85
JAMES IMAGING SYSTEMS INC				
991473	05/18/2020	TOSH ES3555C-MAY	11-21-00-55310 COPY MACHINE & SHREDDING SVC	107.93
991474	05/18/2020	TOSH ES357-MAY	11-21-00-55310 COPY MACHINE & SHREDDING SVC	29.59
Total JAMES IMAGING SYSTEMS INC:				137.52
JEFFERSON FIRE & SAFETY INC				
IN117085	04/15/2020	AXE HANDLE	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	143.00
IN117509	04/29/2020	CHIN STRAP	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	18.00
IN117513	04/27/2020	AXE-CREDIT	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	125.00-
IN117836	05/11/2020	REFUND-#116494	11-22-00-58000 FIRE EQUIPMENT/SUPPLIES	130.12-
Total JEFFERSON FIRE & SAFETY INC:				94.12-
JOHNS DISPOSAL SERVICE INC				
443097	05/13/2020	2 YD DUMPSTER	48-00-00-53600 CEM MAINT SERVICE EXP	159.00
Total JOHNS DISPOSAL SERVICE INC:				159.00
KEYSTONE				
MW825866	03/24/2020	(8) FILTERS	11-22-00-55000 COVID-19 EXPENDITURES	151.68
MW828978	04/21/2020	BODY COVERING	11-22-00-55000 COVID-19 EXPENDITURES	49.95

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total KEYSTONE:				201.63
LASER WORKS UNLIMITED LLC				
1600	05/06/2020	PLAQUES-JORDAN	11-21-00-51900 PFC COMMISSION EXPENSES	64.50
1602	05/19/2020	CHIEF-YR OF SVC AWARD	11-21-00-53990 PD MISCELLANEOUS EXP	72.12
Total LASER WORKS UNLIMITED LLC:				136.62
MALEK & ASSOCIATES CONSULTANTS				
6120	05/15/2020	FA REVIEW-951 PARK	11-22-00-57500 SPRINKLER SYSTEMS EXPENSES	195.00
6121	05/15/2020	FA REVIEW-323 BROAD	11-22-00-57500 SPRINKLER SYSTEMS EXPENSES	195.00
Total MALEK & ASSOCIATES CONSULTANTS:				390.00
MARED MECHANICAL				
117925	04/30/2020	HVAC PREV MAINT	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	803.75
117927	04/30/2020	HVAC PREV MAINT	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	527.50
118275	04/30/2020	BOILER REPAIR	11-16-10-52400 CITY HALL BUILDING REPAIRS	844.03
Total MARED MECHANICAL:				2,175.28
MARTIN GROUP				
1263439	05/20/2020	KONICA 20-JUN	11-21-00-55310 COPY MACHINE & SHREDDING SVC	18.26
Total MARTIN GROUP:				18.26
MINUTEMAN PRESS				
42432	05/20/2020	ENVELOPES,LOCK OUT FORM	11-21-00-53100 PD OFFICE SUPPLIES	300.68
Total MINUTEMAN PRESS:				300.68
MK CELLULAR				
MKSMBIN1282	05/20/2020	BEACH PHONE	40-54-10-52210 BEACH TELEPHONE	89.98
Total MK CELLULAR:				89.98
MSI GENERAL CORPORATION				
26908	04/30/2020	RIVIERA RENO-PAY REQUEST #	43-40-00-17010 RIVIERA RENOVATION	548,346.65
Total MSI GENERAL CORPORATION:				548,346.65
MUNICIPAL EMERGENCY SERVICES				
SO1363420	04/22/2020	PROTECTIVE EMS SUPPLIES	11-22-00-55000 COVID-19 EXPENDITURES	823.80
Total MUNICIPAL EMERGENCY SERVICES:				823.80
NEXT DOOR PUB				
3/2/20	03/02/2020	PIZZA-STAFF MEETING	11-22-00-53990 FIRE MISCELLANEOUS EXP	69.00
Total NEXT DOOR PUB:				69.00
OFFICE DEPOT				
481005786001	04/23/2020	THERMAL POUCHES,STAPLER	11-22-00-53100 OFFICE SUPPLIES	75.98
488322915001	05/06/2020	COPY PAPER	42-34-50-53100 OFFICE SUPPLIES	30.79
488322915001	05/06/2020	COPY PAPER,HANGING FILES	11-16-10-53100 CITY HALL OFFICE SUPPLIES	159.84
488333115001	05/06/2020	VINYL GLOVES-FRONT COUNT	11-10-00-55000 COVID-19 EXPENDITURES	5.92

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
493927392001	05/15/2020	STAPLE REMOVER	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	.28
493927392001	05/15/2020	POST-ITS, ENVELOPE MOISTEN	11-16-10-53100 CITY HALL OFFICE SUPPLIES	32.86
493969736001	05/18/2020	MOUSE-RECEIPTING	11-15-10-53100 ACCTG OFFICE SUPPLIES	15.46
Total OFFICE DEPOT:				321.13
PATS SERVICES INC				
A-196188	05/15/2020	PORT A POTTY SVC-MAY	48-00-00-52260 CEM WATER/SEWER EXP	220.00
Total PATS SERVICES INC:				220.00
QUILL CORPORATION				
6489767	04/27/2020	PRINTER CARTRIDGE-DATA	11-21-00-53100 PD OFFICE SUPPLIES	209.60
6500770	04/27/2020	FLASH DRIVES	11-21-00-53100 PD OFFICE SUPPLIES	47.37
7032811	05/19/2020	DVDS	11-21-00-53100 PD OFFICE SUPPLIES	70.99
Total QUILL CORPORATION:				327.96
RELIANT FIRE APPARATUS INC				
CI001647	04/20/2020	LIGHT BULBS	11-22-00-52400 EQUIPMENT REPAIRS-FIRE DEPT	62.87
CI001705	05/05/2020	LIGHT REPAIR-#E1	11-22-00-52400 EQUIPMENT REPAIRS-FIRE DEPT	314.78
Total RELIANT FIRE APPARATUS INC:				377.65
RHYME BUSINESS PRODUCTS				
AR385532	05/08/2020	SHARP-APR B&W	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	26.06
AR385532	05/08/2020	SHARP-APR COLOR	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	264.99
Total RHYME BUSINESS PRODUCTS:				291.05
ROTE OIL COMPANY				
2014100008	05/20/2020	198.81 GALS DYED DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	218.50
2014100009	05/20/2020	238.69 GALS CLEAR DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	336.32
Total ROTE OIL COMPANY:				554.82
RUSSELL, JOLI				
19-94411	05/01/2020	OVERPMT FEE-RUSSELL	11-22-00-46240 FIRE/EMS BILLING REVENUE	1,413.89
Total RUSSELL, JOLI:				1,413.89
SHRED-IT				
8129656306	04/22/2020	SHREDDING SVC-APR	11-21-00-55310 COPY MACHINE & SHREDDING SVC	49.41
Total SHRED-IT:				49.41
SIGNATURE SIGNS LLC				
5495	05/21/2020	KIOSK STICKERS	42-34-50-52500 KIOSK REPAIRS/SUPPLIES	52.00
Total SIGNATURE SIGNS LLC:				52.00
SWIECA, RICHARD				
17-68305	04/23/2020	OVERPMT FEE-SWIECA	11-22-00-46240 FIRE/EMS BILLING REVENUE	225.00
Total SWIECA, RICHARD:				225.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
THOMSON REUTERS - WEST				
842291954	05/01/2020	BACKGROUND CHECKS	11-21-00-54110 PD APPLICATION PROCESS	170.00
Total THOMSON REUTERS - WEST:				170.00
TODAY'S UNIFORMS				
180094	10/24/2019	UNIFORM-PETKOFF	11-22-00-51380 FIRE DEPT UNIFORMS	146.95
Total TODAY'S UNIFORMS:				146.95
TRANS UNION LLC				
04017180	04/27/2020	BACKGROUND CHECK	11-21-00-54110 PD APPLICATION PROCESS	31.44
Total TRANS UNION LLC:				31.44
TRITECH FORENSICS INC				
260189	05/08/2020	(40) FACE SHEILDS	11-21-00-55000 COVID-19 EXPENDITURES	176.29
Total TRITECH FORENSICS INC:				176.29
ULINE				
119226868	04/22/2020	FLOOR MATS	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	95.24
Total ULINE:				95.24
UNITED LABORATORIES				
INV287773	05/08/2020	BALLROOM CEILING REPAIR	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	249.90
INV288363	05/15/2020	SANITIZER	11-32-10-55000 COVID-19 EXPENDITURES	193.98
Total UNITED LABORATORIES:				443.88
WALWORTH COUNTY SHERIFF				
RANGE 2020	04/24/2020	RANGE USE FEES-2020	11-21-00-54100 PD TRAINING EXPENSES	800.00
RANGE-2019	10/22/2019	RANGE USE FEES-2019	11-21-00-54100 PD TRAINING EXPENSES	1,850.00
Total WALWORTH COUNTY SHERIFF:				2,650.00
WI DEPT OF NATURAL RESOURCES				
265110230-202	05/20/2020	COMPOST LICENSE	11-32-14-54300 COMPOSTING OPERATING SUPPLIES	165.00
Total WI DEPT OF NATURAL RESOURCES:				165.00
WINDING ROOFING COMPANY INC				
5146	04/23/2020	BUILDING REPAIRS	11-22-00-52410 FIREHOUSE REPAIRS	783.27
Total WINDING ROOFING COMPANY INC:				783.27
WISCONN VALLEY MEDIA GROUP				
39569	05/07/2020	LN-940 MAYTAG PIER CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	54.27
39571	05/07/2020	LN-1640 LSD PIER CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	51.79
Total WISCONN VALLEY MEDIA GROUP:				106.06
Grand Totals:				622,562.29

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
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Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch =

"L06052020","P06052020","P06052020A","P06052020B","F06052020","F06052020A","F06052020B","F06052020C","06052020","06052020A"

Invoice Detail.GL account (2 Characters) = {<>} "61"

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