



## FINANCE, LICENSING & REGULATION COMMITTEE- **AMENDED**

**TUESDAY, MAY 21, 2019 – 6:00 PM**

**CITY HALL, CONFERENCE ROOM 2A**

**Committee Members:** Chairperson Ken Howell, Alderpersons: Selena Proksa, Doug Skates, John Halverson, and Rich Hedlund

### AGENDA

Added Item #12- West End  
Pier Gate Discussion

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 Regular Finance, Licensing and Regulation Committee Meeting minutes of May 7, 2019, as prepared and distributed
5. **Licenses & Permits**
  - a. 2019-2020 Original & Renewal Operator License applications filed by various applicants as listed in packet
  - b. Discussion/Recommendation regarding an Agent Change for EYM Pizza of Wisconsin LLC d/b/a Pizza Hut to John Dethloff
  - c. Discussion/Recommendation regarding an Agent Change for Stone Soup LLC d/b/a Baker House to Robert Lopez
  - d. Discussion/Recommendation regarding an Agent Change for Quick and Save LLC d/b/a Quick and Save to Pradip Patel
  - e. Discussion/Recommendation regarding an Agent Change for Target Corporation d/b/a Target Store T2348 to Katherine Johnston
  - f. Discussion/Recommendation regarding an Agent Change for D & D Restaurant Group Inc d/b/a Flat Iron Tap to John Sherman Lindsey
  - g. Discussion/Recommendation regarding an Event Permit Application filed by Knockerball Southern Lakes LLC requesting the use of Seminary Park from May 24, 2019 to August 11, 2019 and August 20, 2019 to September 2, 2019 (Monday through Sunday 11:00 a.m. to 10:00 p.m.) to conduct Knockerball *(Carried over from May 7, 2019 FLR Meeting)*
  - h. **Discussion/Recommendation regarding Renewal of 2019-2020 “Class A” Liquor & Class “A” Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
    - 1) ALDI Inc Wisconsin d/b/a ALDI #56, 200 N. Edwards Blvd, Lake Geneva, Ryan McDermid, Agent

- 2) Cove Condominium Association Inc d/b/a The Cove of Lake Geneva (Gift Shop), 111 Center St, Patrick McCarthy, Agent
- 3) Kwik Trip Inc d/b/a Kwik Trip 219, 710 Williams St, Stephen Abel, Agent
- 4) Maya Geneva Inc d/b/a Maya Geneva Inc, 605 Williams St, Wayne Schwartz, Agent
- 5) Midwest Fuel Inc d/b/a Northside Mobil, 501 Interchange North, John Consolino, Agent
- 6) Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
- 7) Quick and Save LLC d/b/a Quick and Save, 1231 Grant St, Pradip Patel, Agent
- 8) Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink's Piggly Wiggly, 100 East Geneva Sq, Mark Stinebrink, Agent
- 9) Walmart Stores INC d/b/a Walmart Store #910, 201 S Edwards Blvd, Rebecca Edwards, Agent
- 10) Target Corp d/b/a Target Store T2348, 660 N Edwards Blvd, Katherine Johnson, Agent
- 11) StopNGo of Madison INC d/b/a StopNGo Store # 265, 896 Wells St, Andrew Bowman, Agent
- 12) New World Wine Shop INC d/b/a New World Wine Shop, 830 W Main St Suite G, Jerry Sibbing, Agent
- 13) Prairie State Enterprises of Darien LLC d/b/a Lake Geneva Mobil, 350 N Edwards Blvd, Kenneth Kearns, Agent
- 14) Queso LLC d/b/a The Cheese Box, 801 S Wells St, Zbigniew Boroweic, Agent
- 15) Brutap LLC d/b/a Bruno's Liquors, 524 Broad St, James Sharkus, Agent

**i. Discussion/Recommendation regarding Renewal of 2019-2020 "Class A" Intoxicating Liquor License application filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**

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

**j. Discussion/Recommendation regarding Renewal of 2019-2020 "Class B" Intoxicating Liquor & Class "B" Fermented Malt Beverage License (Hotel Exemption) application filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds**

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

**k. Discussion/Recommendation regarding Renewal of 2019-2020 Class "B" Fermented Malt Beverage & "Class C" Wine License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**

- 1) Beachside Hospitality Inc d/b/a Barrique Wine & Brew Bar, 835 Wrigley Dr, Nancy Trilla, Agent
- 2) Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
- 3) Plaza Media LLC d/b/a Geneva Theater, 244 Broad St, Shad Branen, Agent
- 4) Martins Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 Main St, Yolanda Zavaleta, Agent
- 5) Happy Restaurant INC d/b/a Happy Café, 526 Wells St, Min Ting Zhong, Agent
- 6) Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Justin Ochlek, Agent
- 7) D & D Restaurant Group INC d/b/a Flat Iron Tap, 150 Center St, John Sherman Lindsey, Agent
- 8) Sabai Sabai Thai Cuisine, INC d/b/a Sabai Sabai Thai Cuisine, 306 Center St, Jirapa Cox, Agent
- 9) DCRB Inc d/b/a Avant Cycle Café, 234 Broad St, Andrew Gruber, Agent
- 10) Mama Cimino's LLC d/b/a Mama Cimino's, 131 S Wells St, John Bobak, Agent
- 11) EYM Pizza of Wisconsin LLC d/b/a Pizza Hut, 801 Williams St, John Dethloff, Agent
- 12) Ovalle-Perez LLC d/b/a Taqueria el Gallo de Oro, 820 Williams St, Cynthia Perez, Agent

**l. Discussion/Recommendation regarding Renewal of 2019-2020 Class “B” Fermented Malt Beverage License application filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds**

- 1) KNMG Hotels LLC d/b/a Comfort Suites, 300 E Main St, Eric Schmitt, Agent
- 2) B & B Lake Geneva LLC d/b/a Board & Brush Lake Geneva, 262 Center St, Julie Selby, Agent

**m. Discussion/Recommendation regarding Renewal of 2019-2020 “Class B” Intoxicating Liquor & Class “B” Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**

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

**n. Discussion/Recommendation regarding Renewal of 2019-2020 “Class B” Winery License & Class “B” Fermented Malt Beverage License application filed by Jackson Wine LLC d/b/a Studio Winery, 401 Sheridan Springs Rd., Kathleen Jackson, Agent, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds**

**o. Discussion/Recommendation regarding Renewal of 2019-2020 Reserve “Class B” Intoxicating Liquor & Class “B” Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**

- 1) Lake Aire LLC d/b/a Lake Aire Restaurant, 804 W Main St, George Argiropoulos, Agent
- 2) Harborside Pub & Grill LLC d/b/a Harborside Pub & Grill, 100 Broad St, Spyro Condos, Agent
- 3) Su Wings Corp d/b/a Su Wing’s Chinese, 743 North St, Siu Wing Leung, Agent
- 4) Bella Vista Suites on the Shores of Lake Geneva, INC d/b/a Bella Vista Suites on the Shores of Lake Geneva, 335 Wrigley Dr, Charles Lorenzi, Agent

**p. Discussion/Recommendation regarding Renewal of 2019-2020 Massage Establishment License applications filed by the following:**

- 1) Element Massage Studio, 647 W Main St
- 2) Lake Geneva Massage Therapy, 905 Marshall St
- 3) Healing Muscle Therapies, 201 Broad St Suite D
- 4) Clear Waters Salon Spa, 734 Main St

5) Bella Vista Suites and the Lakeview Spa, 335 Wrigley Dr

**r. Discussion/Recommendation regarding Renewal 2019-2020 of Taxi Cab Company License applications filed by the following** *(Approval contingent upon favorable review of Insurance by City Attorney)*

1) Senior Cab, W3099 Krueger Rd, Lake Geneva, WI

6. Discussion/Recommendation regarding the purchase of two standing mowers from Larry's Towing in an amount not to exceed \$16,308 to be paid from the Equipment Replacement Fund
7. Discussion/Recommendation regarding **Ordinance 19-08** an ordinance amending Chapter 62, Streets, Sidewalks and other Public Places, Article III, Obstructions and Encroachments, Section 62-67, exceptions, by adding Subsection (9), Sidewalk Furnishings: Benches and Planters within Public Rights-Of-Way, allowing certain furnishings within the Public Right-Of-Way
8. Discussion/Recommendation regarding **Resolution 19-R37** a resolution authorizing the carryover of 2018 Equipment Replacement Funds to the 2019 Equipment Replacement Fund Budget and authorizing additional 2019 purchases from the Equipment Replacement Fund
9. Discussion/Recommendation regarding proposed structure replacement by Lake Geneva Boat Line (referred to by Piers, Harbors & Lakefront Committee)
10. Discussion regarding City of Lake Geneva line of credit/Promissory Note dated May 15, 2017
11. Discussion regarding April 2019 Treasurer's Report and Budget versus Actual Report
12. Discussion/Recommendation regarding installing a security gate at the West End Pier location or possible other security alternatives
13. **Presentation of Accounts**
  - a. Prepaid Bills in the amount of \$55,286.04
  - b. Regular Bills in the amount of \$124,416.32

**14. 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

**FINANCE, LICENSING & REGULATION COMMITTEE MINUTES**  
**TUESDAY, MAY 7, 2019 – 6:00 PM**  
**CITY HALL, CONFERENCE ROOM 2A**

**Committee Members:** Chairperson Ken Howell, Alderpersons: Selena Proksa, Doug Skates, John Halverson, and Rich Hedlund

The May 7, 2019 meeting of the Finance, Licensing, and Regulation Committee was called to order at 6:00 p.m. by Chairperson Howell.

Roll Call

Clerk Kropf called the roll and noted that Howell, Proksa, Skates, Halverson, and Hedlund were present.

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

None

Approve the Regular Finance, Licensing and Regulation Committee Meeting minutes of April 16, 2019, as prepared and distributed

Motion by Proksa to approve the minutes of the April 16, 2019 Finance, Licensing, and Regulation Committee meeting, second by Halverson. No discussion. Motion carried 5-0.

**Licenses & Permits**

2019-2020 Original & Renewal Operator License applications filed by various applicants as listed in packet

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

Discussion/Recommendation regarding an application for a “Class A” Intoxicating Liquor License and Class “A” Fermented Malt Beverage License filed by Simple Spirits Inc d/b/a Geneva Liquors, Agent, Sachdeva Rajesh located at 797 S Wells St, Lake Geneva, WI

Motion by Proksa to approve, second by Halverson. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding an Agent Change for Kwik Trip #219 to Stephen Abel

Motion by Skates to approve, second by Halverson. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding an Event Permit Application filed by Knockerball Southern Lakes LLC requesting the use of Seminary Park from May 24, 2019 to August 11, 2019 and August 20, 2019 to September 2, 2019 (Monday through Sunday 11:00 a.m. to 10:00 p.m.) to conduct Knockerball

Skates and Howell questioned if the applicant would be willing to only operate for part of the summer. The committee voiced concerns with having the park booked for the entire summer. The Mayor questioned if the applicant would be agreeable to only operate during the week and not the weekend.

Motion by Howell to continue to the next FLR meeting, second by Halverson. Motion carried 5-0.

Discussion/Recommendation regarding Ordinance 19-06 an ordinance amending subsection (1), Finance, Licensing and Regulation Committee, of Section 2-49, Standing Committees, of Article II, City Council of Chapter 2, Administration, of the Municipal Code of the City of Lake Geneva, Wisconsin, authorizing the Finance, Licensing, and Regulation Committee to approve monthly bills

Motion by Hedlund to approve and refer to Council for first reading, second by Skates. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding Ordinance 19-07 an ordinance amending Subsection (a), Report to Council, of Section 2-361, Procedure, of Division 2 Claims, of Article VI, Finance of Chapter 2, Administration, of the Municipal Code of the City of Lake Geneva, Wisconsin changing the content of the report to Council regarding bills, accounts, or claims

Motion by Hedlund to approve and refer to Council for first reading, second by Halverson. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding Ordinance 19-04 an ordinance creating Section 6-37, Operator Licenses, of Division 1, Generally, of Article II, Licenses, of Chapter 6, Alcohol Beverages, of the Municipal Code of the City of Lake Geneva; Relating to the Issuance of Operator Licenses to serve or sell alcohol

Motion by Proksa to approve and refer to Council for first reading, second by Skates. Clerk Kropf explained that this ordinance that would explain the issuance, denial, and denial processes for operator licenses. This would allow for a two-year renewal of the license. Motion carried 5-0.

Request the City of Lake Geneva amend the downtown sign ordinance as it applies to the library to reduce the display delay from 60 seconds to 15 seconds- Per the request of the Library Board

Halverson explained that this was a request of the library board. Clerk Kropf noted that this would be a change to the zoning code and that it would need to go to the Plan Commission. This change would be to Chapter 98 Zoning Code: Section 98-804(1)(c ). Motion by Proksa to approve to refer to the Plan Commission, second by Halverson. Motion carried 5-0.

Discussion/Recommendation regarding installing a security gate at the West End Pier location or possible other security alternatives

Motion by Skates to continue to the next meeting, second by Hedlund. Motion carried 5-0.

### **Presentation of Accounts**

Prepaid Bills in the amount of \$170,866.48

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

Regular Bills in the amount of \$200,148.43

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

### **Adjournment**

Motion by Hedlund to adjourn, second by Halverson. Motion carried 5-0. The meeting adjourned at 6:28 p.m.

**Original License:**

Charlene Szczybor  
Koty Hurley-Cook  
Safe Redenz  
Casey Ernst

**Renewal Operator:**

Carrie Hill  
Ethan Miller  
Richard Carls  
Samuel Fischer  
Terry Galstad  
Shelly Weise  
Deiona Villiard  
Christina Anchondo  
Maxwell Hall  
Lynda Colby  
Jake Meredith  
Laila Schiavo  
Shannon Miller  
Elizabeth Recob  
Demetrius Argiropoulos  
Carly Sinclair  
Kenneth Jones  
Ann Esarco  
Charles Holwick  
Nancy Dampier  
Shikha Dadhwal  
Brandon Stevens  
Laurel Harris Young  
Kristine Hills  
Kimberly Kasten  
Darlene Norton  
Bridgett Kohn  
Christine Anderson  
Tracy Cantu  
Rayben Juchems  
Edward Vogt  
Omar Forestier  
Steven Labahn  
Samantha Neitzel  
Lexus Scherrer  
Prokopiros Vassos  
Dimitrius Anagnos  
Amy Eling  
Marianne Goodfellow  
Javier Salgado

Richard Meinel  
Lauren Henning  
Brian Dahme  
Kenneth Cotton  
Danielle Warren  
Adam Rabe  
Cassie Collins  
Nicole Lile  
Jennifer Odegaard  
Annette Rude  
Amanda Dahl  
Chad Arnett  
Karlene Bull  
Nina Bowler  
Linda Pietsch  
Billie Lehr  
Angela Ford  
Amy Burgstede  
Sharon Kawczynski  
Lauri Lange  
James Fritz  
Elisa Brown  
Wayne Schwartz  
William Stubbs  
Deneen Lichtenauer  
Kristen Mihelich

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of EYM Pizza of Wisconsin, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pizza Hut #35640  
(Trade Name)

located at 801 Williams St, Lake Geneva Wisconsin 53147

appoints John Dethloff  
(Name of Appointed Agent)



(Home Address of Appointed Agent)

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

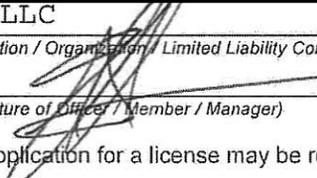
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 years

Place of residence last year 

For: EYM Pizza of Wisconsin, LLC  
(Name of Corporation / Organization / Limited Liability Company)

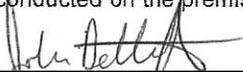
By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, John Dethloff, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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



08/15/19

Agent's age 

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

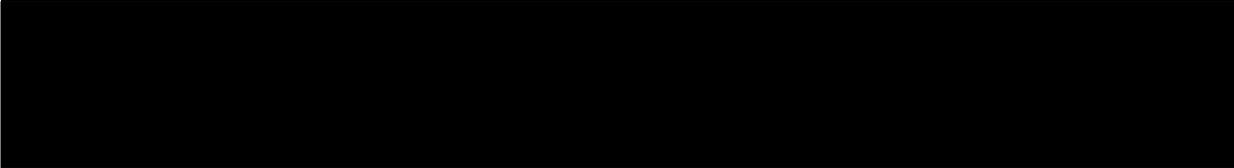
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (Please print) (last name)	(first name)	(middle name)
DETHLOFF	JOHN	



Applying for an alcohol beverage license as an individual.  
 A member of a partnership which is making application for an alcohol beverage license.  
 **AGENT** of **EYM PIZZA OF WISCONSIN, LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 6 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
OWI aka suspended drivers license (reinstated) case is closed
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify.  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify.  
(Name of Wholesale License or Permit) (Address by City and County)

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

Employer's Name	Employer's Address	Employed From	To
EYM GROUP, INC	450 E. JOHN CARPENTER FWY	05/03/2019	Present

**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 of licensee applicant

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# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: John Dethloff

School Name: 360training.com, Inc.

Date of Completion: 05/14/2019

Certification #: WI-97498

I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters

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

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

Corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

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

The undersigned duly authorized officer/member/manager of Stone Soup, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Baker House  
(Trade Name)

located at 327 Wrigley Drive, Lake Geneva, WI 53147

appoints Robert Lopez  
(Name of Appointed Agent)

[REDACTED]  
(Home Address of Appointed Agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 29 years

Place of residence last year 3827 s 74th St, Milwaukee, WI 53220

For: Stone Soup, LLC  
(Name of Corporation / Organization / Limited Liability Company)

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

### ACCEPTANCE BY AGENT

I, Robert Lopez, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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

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

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

Approved on 4-29-19 by [Signature] Title Police Chief  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) <b>LOPEZ</b>	(first name) <b>ROBERT</b>	(middle name) <b>KEVIN</b>
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The above named individual provides the following information as a person who is (check one):

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 29 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify. \_\_\_\_\_  
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name <b>SKIPPER BUYS</b>	Employer's Address <b>1919 S Marina Dr, Milwaukee</b>	Employed From <b>12/15</b>	To <b>12/17</b>
Employer's Name <b>LUTHERAN SOCIAL SERVICES</b>	Employer's Address <b>6737 W. Washington St Suite 2275, West Allis, WI 53214</b>	Employed From <b>12/15</b>	To <b>12/17</b>

**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.

*Robert Lopez*  
(Signature of Named Individual)

Tab to navigate within form. Use mouse to check appropriate boxes, press spacebar or press enter.

Save

Print

Clear

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of QUICK AND SAVE, LLC.  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as QUICK AND SAVE.  
(trade name)

located at 1231 Grant St. Lake Geneva, WI, 53147.

appoints Pradip Patel.  
(name of appointed agent)

[Redacted]  
(home address of appointed agent)

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

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

TRISTAR QUICK MART, Beloit, WI, 53511.

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

How long immediately prior to making this application... [Redacted]

Place of residence last year [Redacted]

For: QUICK AND SAVE, LLC.  
(name of corporation/organization/limited liability company)

By: Narinder Patel.  
(signature of Officer/Member/Manager)

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

#### ACCEPTANCE BY AGENT

I, PRADIP PATEL.  
(print/type agent's name), hereby accept this appointment as agent for the

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

Pradip Patel. 4/17/19  
(signature of agent) (date)

[Redacted]

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

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

Approved on 4-29-19 by [Signature]  
(date) (signature of proper local official)

Title Chief of Police  
(town chair, village president, police chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Patel (first name) Pradip (middle name)

Home Address (street/route)

- Individual provides the following information as a person who is (check one):
- Applying for an alcohol beverage license as an **individual**.
  - A member of a **partnership** which is making application for an alcohol beverage license.

Pradip Patel of QUICK AND SAVE, LLC.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 15 years.
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. Tristar Beloit, LLC, 2158 Prairie Ave, Beloit, WI, License No: 2018-15.  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify.

(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
<u>Tristar Beloit, LLC</u>	<u>2158 Prairie Ave.</u>	<u>2011</u>	<u>Continue.</u>
<u>U.S. Postal Services</u>	<u>1900 East Victory Dr. Savannah, GA 31404.</u>	<u>1994</u>	<u>2011</u>

**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.

Pradip Patel  
(Signature of Named Individual)

**City of Beloit**  
**Class "A" Beer Retail License**

License no:  
2018 - 15

Fee:  
\$500.

**For the sale of Fermented Malt Beverages - Off-premise consumption only.**

WHEREAS, the local governing body of the City of Beloit, County of Rock, State of Wisconsin, has, upon application duly made, granted and authorized the issuance of a Retail Class "A" license to:

**TRISTAR BELOIT, LLC**

2158 PRAIRIE AVE.  
BELOIT, WI 53511

**PRADIP S. PATEL, AGENT**

to sell Fermented Malt Beverages, as defined by law, and pursuant to Section 125.25 (1), (2), (3), and (4) of the Statutes of the State of Wisconsin, and Local Ordinances;

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$500.00 for such Class "A" Retailers' Fermented Malt Beverage License as provided by local ordinances, and has complied with all the requirements necessary for obtaining such license,

LICENSE IS HEREBY ISSUED to said applicant to sell, deal and traffic in, at retail, Fermented Malt Beverages at the following described premises:

**SALES FLOOR, WALK-IN COOLER, STORAGE**

**STAR QUICK MART**  
2158 PRAIRIE AVE.  
BELOIT, WI 53511



For the period from 7/01/2018 to 7/01/2019.  
Given under my hand and the Seal  
of the City of Beloit,  
County of Rock, this 13th day of June, 2018.

Lorena Rae Stottler, City Clerk - Treasurer

This license must be FRAMED and POSTED IN A CONSPICUOUS PLACE in the room where Fermented Malt Beverages are sold.

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
Target Store T-2348  
(trade name)

located at 660 N. Edwards Blvd, Lake Geneva, WI 53147

appoints Katherine Johnston  
(name of appointed agent)



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

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

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

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

Place of residence last year /s/

For: Target Corporation  
(name of corporation/organization/limited liability company)

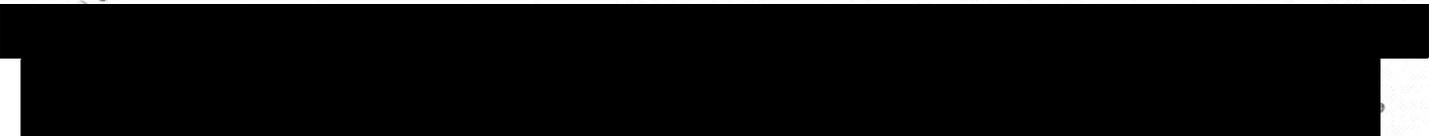
By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

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



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

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

Approved on 4-21-19 by   
(date) (signature of proper local official) Title Police Chief  
(town chair, village president, police chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
Johnston		Katherine	Patricia

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

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

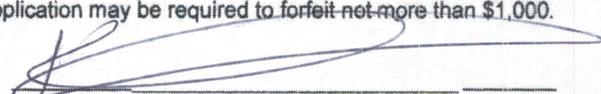
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 32 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. see attached list  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify.  
(Name of Wholesale Licenses or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
Scatter's genuine broasted chicken	946 Wisconsin Ave Beloit WI 53511	05/09	05/12
Tobacco Shack	1212 Cranston Rd Beloit WI 53511	06/07	05/09

**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 of Named Individual)

# AT-107a: SCHEDULE FOR SUCCESSOR OF AGENT

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

City of Laek Geneva Wisconsin 20  
(Municipality) (Date)

1. Name of agent Katherine Johnston

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

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

[Signature]  
(Signature of Agent)

## SUCCESSOR AGENT

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

Name of Permittee Target Corporation

Date April 2 2019

By [Signature]  
(Signature of President/Member)  
[Signature]  
(Signature of Secretary/Member)

I hereby accept appointment as agent for Target Corporation and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date December 2 2018

[Signature]  
(Signature of Agent)

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

WI 20  
(Municipality) (Date)  
[Signature]  
(Signature of Official)  
[Title]  
(Title)

**City of Lake Geneva**

**Operator's License**

**License No: 2019 651**

WHEREAS, the local governing body of the City of Lake Geneva, County of Walworth, Wisconsin, has, upon application, duly made, granted and authorized the issuance of an "Operator's" License to:

**Katherine Johnston**

**1559 Lincoln Heights**

**Beloit, WI 53511**

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$50.00 as required by the Municipal ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, an "Operator's" License, pursuant to Sections 125.32(2) and 126.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant;

**for the period from 4/09/2019 to 6/30/2020.**

**Given under my hand and the Great Seal of the City of Lake Geneva, County of Walworth, State of Wisconsin, this 9th day of April, 2019.**



*Lana Kropf*  
**Lana Kropf, City Clerk**

Separate the top portion and place in wallet.

**City of Lake Geneva**

**Operator's License**

**License No: 2019 651**

**License Fee: \$50.00**

WHEREAS, the local governing body of the City of Lake Geneva, County of Walworth, Wisconsin, has, upon application, duly made, granted and authorized the issuance of an "Operator's" License to:

**Katherine Johnston**

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$50.00 as required by the Municipal ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, an "Operator's" License, pursuant to Sections 125.32(2) and 126.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant;

**for the period from 4/09/2019 to 6/30/2020.**

**Given under my hand and the Great Seal of the City of Lake Geneva, County of Walworth, State of Wisconsin, this 9th day of April, 2019.**



*Lana Kropf*  
**Lana Kropf, City Clerk**

Separate the top portion and place in wallet.  
Bottom portion remains on file at the establishment

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of D&D Restaurant Group, Inc.  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
"THE FLAT IRON TAP"  
(trade name)

located at 150 CENTER STREET, LAKE GENEVA, WI, 53147

appoints JOHN SHERMAN LINDSEY  
(name of appointed agent)  
[REDACTED]  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 40 yrs

Place of residence last year [REDACTED]

For: D&D RESTAURANT GROUP, LLC dba "THE FLAT IRON TAP"  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, JOHN SHERMAN LINDSEY  
(print/type agent's name), hereby accept this appointment as agent for the

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

[Signature]  
(signature of agent)

May 6, 2019

Agent's address: [REDACTED]

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

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

Approved on 5-10-19 by [Signature] Title [Signature]  
(date) (signature of proper local official) (town chair, village president, police chief)

# Schedule for Successor of Agent

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

CITY OF LAKE GENEVA Wisconsin 20 19  
(Municipality) (Date)

1. Name of agent JOHN SHERMAN LINDSEY

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

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

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

(Signature of Agent)

W3741 FIR COURT, LAKE GENEVA, WI 53147  
(Address)

## SUCCESSOR AGENT

The undersigned appoints JOHN SHERMAN LINDEY as agent in accordance with sec. 125.04(6), Wis. Stats.

Name of Permittee DAVID WINGATE

Date 04/30 20 19

By (Signature of Officer / Member)

I hereby accept appointment as agent for D&D RESTAURANT GROUP, INC DBA "THE FLAT IRON TAP" and assume full responsibility of the conduct of the business relative to fermented malt beverages and intoxicating liquors.

Date May 6 20 19

(Signature of Agent)

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

\_\_\_\_\_ WI \_\_\_\_\_ 20 \_\_\_\_  
(Municipality) (Date)

\_\_\_\_\_  
(Signature of Official)

\_\_\_\_\_  
(Title)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) LINOSEY (first name) JOHN (middle name) SHERMAN

Applying for an alcohol beverage license as an **individual**.

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

AGENT of D&D RESTAURANT GROUP INC.  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 6 YEARS
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
 If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)
6. Named individual must list in chronological order last two employers.

Employer's Name <u>MIDWEST ACTION CYCLE</u>	Employer's Address <u>251 HOST DR. LAKE GENEVA, WI 53147</u>	Employed From <u>6/97</u>	To <u>PRESENT</u>
Employer's Name	Employer's Address	Employed From	To

**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 of Named Individual)

# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: John Lindsey

School Name: 360training.com, Inc.

Date of Completion: 05/07/2019

Certification #: WI-97044

I, *Smith Negron*

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66

Learn2  
serve

Corporate Headquarters  
6801 N Capital of Texas Hwy, Suite 150  
Austin, TX 78731  
P: 877.881.2235

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: Knockerball Southern Lakes, LLC
NAME OF EVENT ORGANIZER/PRODUCER:
PRODUCTION COMPANY/ORGANIZATION: FEDERAL TAX ID: 82-2595513
STREET ADDRESS: 535 Tomahawk Drive APT. UNIT OR SUITE #:
CITY: Twin Lakes STATE: WI ZIP CODE: 53181
E-MAIL ADDRESS: kbsouthernlakes1@gmail.com
DAYTIME PHONE: 262-812-6074 CELL PHONE:

Are you a [ ] For Profit or [ ] Non-profit Organization 501(c) \_\_\_?

EIN # (Tax Exempt Number):

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

Section II. EVENT INFORMATION

- [x] Public Assembly Permit - \* Non-profit (No Charge), Otherwise FEE \$25 per day
[ ] Block Parties or use of Gazebo for 1 Hour Photo Ops: \* Non-profit (No Charge), Otherwise FEE \$75.00
[ ] Tier 1 Events: \* Non-profit (No Charge), Otherwise FEE \$250
[ ] Tier 2 Events: \* Non-profit (No Charge), Otherwise FEE \$500

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: Knockerball  
2. Date(s) of Event: May 24 - August 11 and August 20 - September 2  
3. Location(s) of Event: Seminary Park  
4. Hours: 11am - 10 pm Monday - Sunday (times may vary with weather)

Note: Start Time & End Time

5. Event Chair/Contact Person: Olaf Borchert Phone: 262-949-6718

6. Day of Event Contact Name: Melanie Borchert Phone: 262-949-6716

7. Is the event open to the public?  Yes  No

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 120 a day

10. Basis for estimate: Lake Geneva Oktoberfest 2018

11. Will you be setting up a tent?  Yes  No

If yes, list the location, size, Rental Company, and proof of completion of locates.

12. Will there be any animals?  Yes  No

If yes, what type and how many: \_\_\_\_\_

13. 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:

We will collect all garbage and dispose at our Knockerball office,

15. Description of plan for providing event security (if applicable):

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.

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

Date(s) of use: May 24 - August 11 and August 20 - September 2  
 Total Number of Parking Stalls Request: 1  
 Parking Stall Number(s) and Location: We would like to rent the 1st trailer spot on the left when pulling into the Seminary Park trailer parking lot.

3. Description of signage to be used during event: 14 freestanding feather flags to be distributed along park perimeter of S. Lakeshore Dr. & Baker St.  
*If requesting City banner poles, please include a Street Banner Display Application.*

**Anticipated Services**

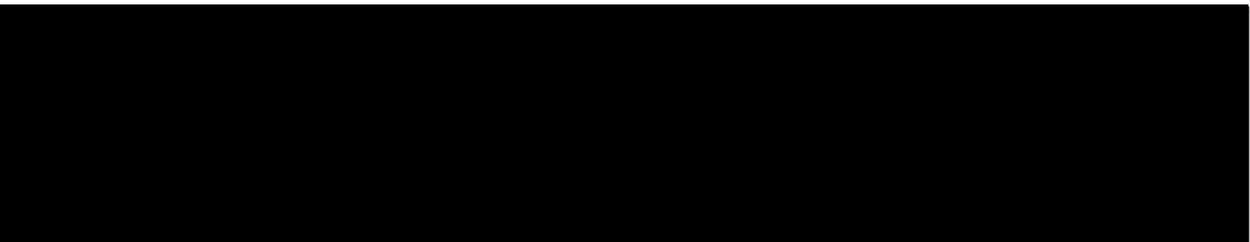
*Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s).*

- Electricity Explain: Plug in our trailer to run our credit card processing center a fan.
- Water Explain: Using approx. 10 gal of water a day for cleaning balls
- Traffic Control Explain: \_\_\_\_\_
- Police Services Explain: \_\_\_\_\_
- Fire/EMS Services Explain: \_\_\_\_\_

Other Explain: We would like to make available non-alcoholic beverages for participants to purchase to replenish fluids & electrolytes.

**\*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.*



*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.*

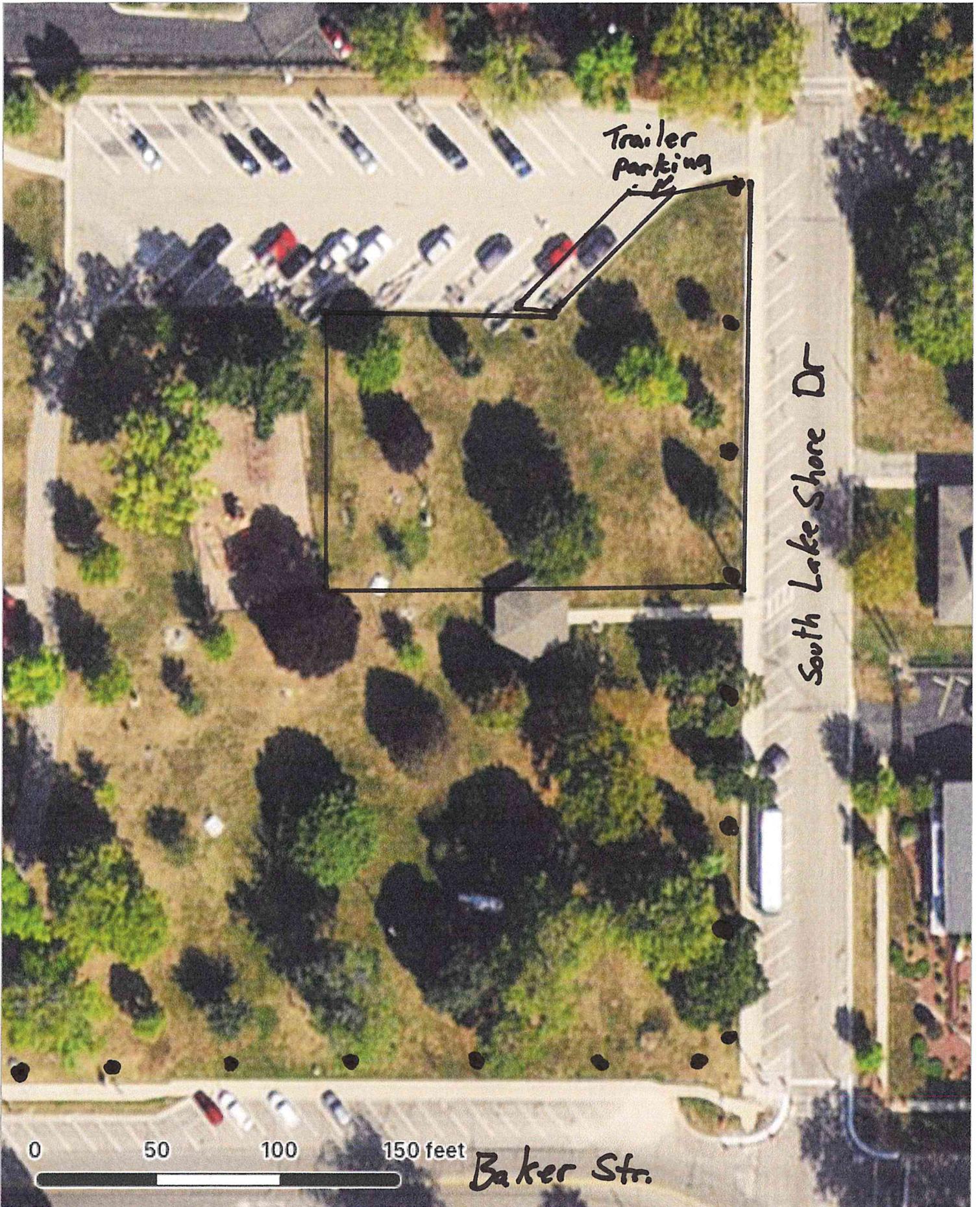
**Applicant's Signature:** Yolande Boichet **Date:** 4-11-2019

For Office Use Only

Date Filed with Clerk: 4/23/2019 Payment with Application: \$ 2350 Receipt: 10003256

\*Circulation required to the following Departments:

Department:	Date:	Circulated:
City Clerk/Administrator		<input type="checkbox"/>
Notes: _____		
Police Chief		<input checked="" type="checkbox"/>
Notes: <u>W</u> <u>We can do this - Concern</u> <u>Conflict w/ cheerleaders that put</u> <u>out some park + this is private Business that</u> <u>wants Park for White Swimmers -</u>		
Fire Chief		<input type="checkbox"/>
Notes: _____		
Street Dept		<input checked="" type="checkbox"/>
Notes: <u>Mail Work</u> <u>Concerns w/ amount of people on Holidays</u> <u>Memorial, 4th and Labor Day</u>		
Parking Dept		<input type="checkbox"/>
Notes: _____		
Piers, Harbors & Lakefront		<input type="checkbox"/>
Notes: _____		
FL&R: Meeting Date: _____		<input type="checkbox"/>
Council: Meeting Date: _____		<input type="checkbox"/>

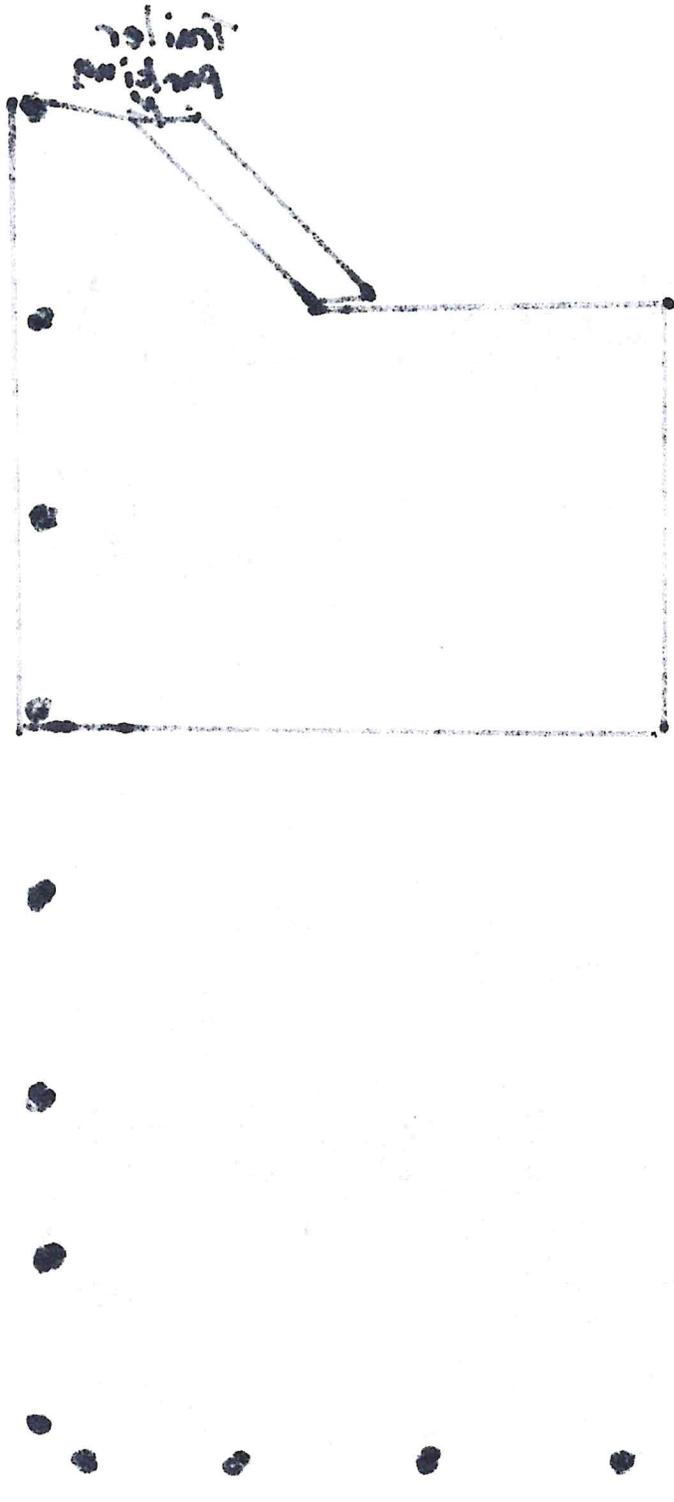


● - represents a free standing feather flag 1 of 1

• represents a tree standing together flag

Baker St.

2014 Lake Zurich Dr



This is  
our trailer

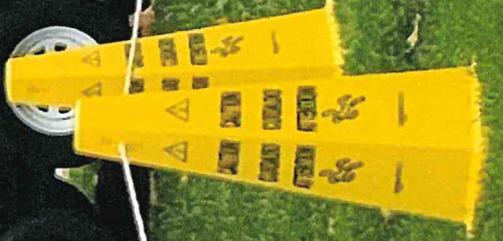
KNOCKERBALLSOUTHERNLAKES.COM

*Get in the Ball*

**KNOCKERBALL**®

SOUTHERN LAKES  
262-812-6074

YouTube icon  
Facebook icon





# Knockerball Southern Lakes

*GET IN THE BALL!*



## Mission Statement

“To provide the residents and tourists of the greater Lake Geneva Area with entertainment for all ages, while also providing the best physically fun experience in the area. Knockerball will be a competitive environment that promotes playing safe, playing hard and playing fair.”





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

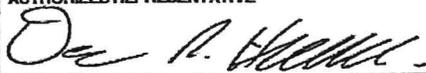
<b>PRODUCER</b> Associated Benefits and Risk Consulting, LLC 6000 Clearwater Drive Minnetonka MN 55343	<b>CONTACT NAME:</b> Christa Sullivan
	<b>PHONE (A/C, No, Ext):</b> 952-945-0200 <b>FAX (A/C, No):</b> 952-945-9477 <b>E-MAIL ADDRESS:</b> christa.sullivan@associatedbrc.com
<b>INSURED</b> KNOCSOU-01 Knockerball Southern Lakes, LLC 535 Tomahawk Drive Twin Lakes WI 53181	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> National Fire & Marine Insurance Company      20079
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 634389911      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		72LPS032849	10/19/2018	10/19/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 AFN Sports dba Knockerball are additional insured as required by written contract.

<b>CERTIFICATE HOLDER</b>  AFN Sports dba Knockerball Post Office Box 88244 Carol Stream IL 60188	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



## **Youth Waiver- KnockerBall Southern Lakes, LLC.**

**Please read carefully before signing. Must be filled out completely.**

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

### **ASSUMPTION OF RISK, RELEASE WAIVER AND INDEMNITY AGREEMENT**

AS A CONDITION OF PARTICIPATING IN THE ACTIVITY OF KNOCKERBALL AT THE LOCATION, YOU ARE SIGNING THIS AGREEMENT AND HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Knockerball Southern Lakes, LLC, a Wisconsin Limited Liability Company, AFN Sports, LLC, an Illinois Limited Liability Company, and Fan Sports, LLC, an Illinois Limited Liability Company ("Released Parties")

The Participant being fully aware INHERENTLY DANGEROUS risks and hazards inherent upon participating in the Activity at the Location, hereby elects voluntarily to engage in the Activity and enter upon said Location. The Participant hereby voluntarily assumes all risks of loss, damage, or injury, including death that may be sustained by the Participant, or any property of the Participant, while engaged in the Activity at the Location.

In consideration of the permission to enter upon the Location and/or engage in the Activity, Participant, being of lawful age does for himself/herself, and his/her heirs, executors, administrators and assigns, now releases and forever discharges, waives and covenants not to sue, any person or entity including but not limited to Released Parties and all who or which succeed to Released Parties' interest, and Released Parties' officers, directors, members, managers, shareholders, agents, employees, independent, contractors, security located at or related to the Activity of the Location, and each of them, all referred to herein as "RELEASEES," for and on account of any and every claim, demand, action of right of action, of any kind of nature, either in law or in equity, known or unknown, for all manner or loss or damage, and any claim for loss or damage, known or unknown, on account of injury to the person or property of Participant or resulting in the death of Participant whether caused by negligence, of "RELEASEES" or for any reason whatsoever including, but not limited to, Participant engaging in the Activity at the Location.

Participant assumes full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of RELEASEES or otherwise, while in or upon the Location and/or while engaging in the Activity.

Participant agrees that this Assumption of Risk, Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State in which the Location is located and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Participant HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS RELEASEE and each of them from any loss, damage, attorney fees, cost of litigation, or any other costs they may incur due to Participant's misrepresentation herein and/or for any breach of this Agreement and the warranties contained herein including, but not limited to, any costs of litigation and attorney's fees associated with any claim or suit related to Participant's participation in the Activity at the Location.

PARTICIPANT UNDERSTANDS THAT THIS IS A CONTINUING RELEASE AND INDEMNITY AGREEMENT WHICH NEVER EXPIRES AND APPLIES TO ALL INJURIES, DAMAGES, CLAIMS, LIABILITY, WHETHER ARISING THROUGH RELEASEES NEGLIGENCE OR OTHERWISE, AND/OR INHERENTLY DANGEROUS ACTIVITIES OCCURING PRIOR TO THE DATE OF ITS EXECUTION UNTIL THE END OF TIME.

I grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I understand that Knockerball Southern Lakes, LLC may use my likeness in any manner in any and all media now or hereafter known, in perpetuity throughout the world without restriction.

This Agreement contains the entire agreement between the parties and the terms of this Agreement are contractual and not mere recital.

Participant further states that he or she has carefully read this Agreement, fully understands its terms, and that he or she has given up substantial rights by signing it, and signed this document freely and voluntarily without inducement, assistance or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

CONSENT OF PARENT/GUARDIAN FOR PARTICIPANTS UNDER 18- I REPRESENT THAT I AM PARENT/GUARDIAN OF THE UNDERSIGNED PARTICIPANT, WHO IS UNDER 18 YEARS OF AGE. I HAVE READ THE ABOVE AGREEMENT AND AM FULLY FAMILIAR WITH THE CONTENTS THEREOF. IN CONSIDERATION FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN THE ACTIVITY, I HEREBY CONSENT TO THE FOREGOING ON BEHALF OF MY CHILD/WARD AND AGREE THAT THIS AGREEMENT SHALL BE BINDING UPON ME, MY CHILD/WARD, AND OUR HEIRS, EXECUTORS, ADMINISTRATORS, LEGAL REPRESENTATIVES AND ASSIGNS

Parent/Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Participant/Child Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name & Phone #  
\_\_\_\_\_

## Adult Waiver- KnockerBall Southern Lakes, LLC.

Please read carefully before signing. Must be filled out completely.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### ASSUMPTION OF RISK, RELEASE WAIVER AND INDEMNITY AGREEMENT

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**PARTICIPANT UNDERSTANDS THAT THIS IS A CONTINUING RELEASE AND INDEMNITY AGREEMENT WHICH NEVER EXPIRES AND APPLIES TO ALL INJURIES, DAMAGES, CLAIMS, LIABILITY, WHETHER ARISING THROUGH RELEASEES NEGLIGENCE OR OTHERWISE, AND/OR INHERENTLY DANGEROUS ACTIVITIES OCCURING PRIOR TO THE DATE OF ITS EXECUTION UNTIL THE END OF TIME.**

I grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I understand that Knockerball Southern Lakes, LLC may use my likeness in any manner in any and all media now or hereafter known, in perpetuity throughout the world without restriction.

This Agreement contains the entire agreement between the parties and the terms of this Agreement are contractual and not mere recital.

Participant further states that he or she has carefully read this Agreement, fully understands its terms, and that he or she has given up substantial rights by signing it, and signed this document freely and voluntarily without inducement, assistance or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

**Date of Birth** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_

**Emergency Contact Number** \_\_\_\_\_

**Signature of Participant (18 or older)** \_\_\_\_\_

DAK #56

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456000008901401		FEIN Number: 36-3498392	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	100
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$	500
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	25
<b>TOTAL FEE</b>		\$	<b>625</b>

### 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 ▶ ALDI, INC (WISCONSIN)  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 9342 S. 13TH ST. OAK CREEK, WI  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>CHARLES E. YOUNGSTROM</u>	-	-
Vice President/Member	<u>N/A</u>	-	-
Secretary/Member	<u>TERRY E. PFORTMILLER</u>	-	-
Treasurer/Member	<u>TERRY E. PFORTMILLER</u>	-	-
Agent	<u>RYAN MCDERMID</u>	-	-
Directors/Managers	<u>RYAN MCDERMID</u>	-	-

C. 1. Trade Name ▶ ALDI #56 Business Phone Number 262-249-0205

2. Address of Premises ▶ 200 N. EDWARDS BLVD 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.) SINGLE STORY BRICK BLDG: SALES/BACKRM

5. Legal description (omit if street address is given above): GROCERY 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, 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

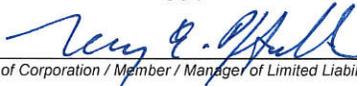
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 1, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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 43019  
 ▶ MCCARTHY, PATRICK JOSEPH 10 KINGSWOOD CIRCLE, VERONA, WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ COVE CONDOMINIUM ASSOCIATION, INC.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KAYE ROSE LOWMAN</u>	_____	_____
Vice President/Member	<u>JAMES ALAN PATERA</u>	_____	_____
Secretary/Member	<u>PATRICK JOSEPH MCCARTHY</u>	_____	_____
Treasurer/Member	<u>MARK WILLIAM DUSKI</u>	_____	_____
Agent	<u>PATRICK JOSEPH MCCARTHY</u>	_____	_____
Directors/Managers	<u>MARK WILLIAM DUSKI</u>	_____	_____

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

2. Address of Premises ▶ 111 CENTER STREET Post Office & Zip Code ▶ LAKE GENEVA 53147

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

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

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>Apr 30, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Agent Changed to Stephen Abel- previously approved

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-0000287614-03</u>		FEIN Number: <u>39-1036365</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input checked="" type="checkbox"/> Class A beer	\$	<u>100.00</u>	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	<u>500.00</u>	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	<u>25.00</u>	
<b>TOTAL FEE</b>	\$	<u>625.00</u>	

### 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 pd 419119

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Kwik Trip, Inc.  
Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 2107, La Crosse, WI 54602-2107  
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
President/Member President, Donald Paul Zietlow \_\_\_\_\_  
Vice President/Member \_\_\_\_\_  
Secretary/Member \_\_\_\_\_  
Treasurer/Member Treasurer, Jeffrey James Wrobel \_\_\_\_\_  
Directors: Donald P. Zietlow

C. 1. Trade Name ▶ KWIK TRIP 219 Business Phone Number 262/249-0523  
2. Address of Premises ▶ 710 Williams St Post Office & Zip Code ▶ Lake Geneva, 53147

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)  
One-story frame construction with storage in lockable walk-in cooler & cabinetry
- 5. Legal description (omit if street address is given above): \_\_\_\_\_
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/9/19</u>	Date reported to council/board	Date license granted
License number issued <u>18.000001</u>	Date license issued	Signature of Clerk / Deputy Clerk

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456102921698802		FEIN Number: 814710508	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	100
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$	500
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	25
<b>TOTAL FEE</b>		\$	625

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** SHIKHA DADHWAL

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MAYA GENEVA INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

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

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

C. 1. Trade Name ▶ MAYA GENEVA INC Business Phone Number 2622482248  
 2. Address of Premises ▶ 605 WILLIAMS ST LAKE GENEVA Post Office & Zip Code ▶ 53147

- 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.) GAS STATION/CONVINENCE STORE/BEER COOLER/LIQUOR BEHIND COUNTER
- Legal description (omit if street address is given above): \_\_\_\_\_
- 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
- 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
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this N/A day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
(Clerk/Notary Public)

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

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 8, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** **Home Address** **Post Office & Zip Code**

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

Title	Name (Inc. Middle Name)	Home Address
President/Member	<u>PRESIDENT JOHN J CONSOLINO</u>	<u>5 [REDACTED]</u>
Vice President/Member	_____	_____
Secretary/Member	_____	_____
Treasurer/Member	_____	_____
Agent ▶	<u>JOHN CONSOLINO</u>	_____
Directors/Managers	_____	_____

- C. 1. Trade Name ▶ NORTHSIDE MOBILE Business Phone Number 262-248-2910  
 2. Address of Premises ▶ SUI INTERCHANGE Post Office & Zip Code ▶ 53147  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Liquor dept, sold @ counter, stored in liquor-dept  
 5. Legal description (omit if street address is given above): liquor-dept  
 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>Apr 17, 2019</u>	Date reported to council/board	Date license granted
License number Issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. / FEIN Number: <u>450102738963902 / 202273799</u>	
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

4/17/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

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

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 901 Deerfield, IL 60015

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Alexander W. Gourley</u>		
Vice President/Member	<u>Mark D. Weisz</u>		
Secretary/Member	<u>Joseph B. Amsbary Jr.</u>		
Treasurer/Member	<u>Hari K. Avula</u>		
Agent	<u>Suzanne Tiedke, Store Manager</u>		
Directors/Managers			

- C. 1. Trade Name ▶ Walgreens #05600 Business Phone Number 262-248-7885  
 2. Address of Premises ▶ 351 Edwards Blvd. Post Office & Zip Code ▶ Lake Geneva, WI 53147  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) retail drug store with sundries in a one-story building of  
 5. Legal description (omit if street address is given above): 15,795 sq ft.  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Change of Officers  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.

  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
Joseph Amsbary, Secretary

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-0000455404-05</u> <u>36-1924025</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 100.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	\$ <b>625.00</b>

pg 4/17/19

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>Apr 17, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

County of Waukegan 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) PATEL NARENDRA Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company QUICK AND SAYE, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>NARENDRA PATEL</u>	_____	_____
Vice President/Member	<u>ANITA PATEL</u>	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	<u>PRADIP PATEL</u>	_____	_____
Agent	<u>DOORJIT K PATEL</u>	_____	_____
Directors/Managers	_____	_____	_____

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

2. Address of Premises 1231 Grant 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.) in the front of store, and storage in back office.

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>456103018121002/832192427</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 1.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 5.00
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	\$ <b>625</b>

*pd 4/18/19*

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 18, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

### 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 STINEBRINK'S LAKE GENEVA FOODS 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 MANAGER MARK EDWARD STINEBRINK

Vice President/Member MEMBER BRETT MICHAEL STINEBRINK

Secretary/Member

Treasurer/Member

Agent MARK STINEBRINK

Directors/Managers

C. 1. Trade Name STINEBRINK'S PIGGLY WIGGLY Business Phone Number 262-248-8798

2. Address of Premises 100 E. GENEVA SQ 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 AND LOCKED

5. Legal description (omit if street address is given above): GROCERY STORE LIQUOR CAGE IN BACK ROOM

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

(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 9, 2019</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>456102265004002</u>		FEIN Number: <u>263523874</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer	\$	100	
<input type="checkbox"/> Class B beer	\$		
<input type="checkbox"/> Class C wine	\$		
<input checked="" type="checkbox"/> Class A liquor	\$	500	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	25	
<b>TOTAL FEE</b>	\$	<b>625</b>	

pd 4/9/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) WAL-MART STORES EAST, LP Home Address 702 SW 8TH ST., LICENSING DEPT. 8916

Post Office & Zip Code BENTONVILLE, AR 72716-0500 *pd 4/18/19*

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

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member SEE LIST ATTACHED

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

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

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

Agent SHEILA MILLER, [REDACTED]

Directors/Managers SEE LIST ATTACHED

C. 1. Trade Name WALMART #910

2. Address of Premises 201 SOUTH EDWARDS BLVD.

Business Phone Number (262) 248-2266

Post Office & Zip Code LAKE GENEVA, WI 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 RM., 1 STORY, APPROX. 188,249 SQ. FT. (See Attached)

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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)

Applicant's WI Seller's Permit No.: 456-1020028180-05		FFIN Number: 71-0862119
LICENSE REQUESTED ▶		
TYPE	FEE	
<input checked="" type="checkbox"/> Class A beer	\$ 100 <sup>-</sup>	
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input checked="" type="checkbox"/> Class A liquor	\$ 500 <sup>-</sup>	
<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 <sup>-</sup>	
<b>TOTAL FEE</b>	<b>\$ 625<sup>-</sup></b>	

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 18, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**WAL-MART STORES EAST, LP**

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

**PREMISES DESCRIPTION**

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

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

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>45600000 2658104</u>		FEIN Number: <u>410215170</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$100.00	
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input checked="" type="checkbox"/> Class A liquor		\$500.00	
<input type="checkbox"/> Class A liquor (cider only)		\$ N/A	
<input type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$25.00	
<b>TOTAL FEE</b>		<b>\$625.00</b>	

Post Office & Zip Code pd 4/17/19

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_  
**Post Office & Zip Code** \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Target Corporation  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 33 S 6th St, CC-1128 Minneapolis, MN 55402  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
**Title** \_\_\_\_\_ **Name (Inc. Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_  
 President/Member See attached list  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Katherine Johnson \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

- C. 1. Trade Name ▶ Target Store T2348 Business Phone Number 262-248-5610  
 2. Address of Premises ▶ 660 N Edwards Blvd Post Office & Zip Code ▶ Lake Geneva, WI 53147  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) No change, see description on file  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### 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 reverse side.

Applicant's Wm Seller's Permit No.: 456000015686103	FEIN Number: 39-1018040
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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 pd 4117/19

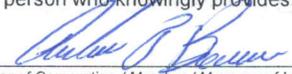
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ STOP-N-GO OF MADISON, INC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2934 FISH HATCHERY RD, MADISON  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address
President/Member	<u>ANDREW J BOWMAN</u>	[REDACTED]
Vice President/Member		
Secretary/Member	<u>KEVIN O'BRIEN</u>	[REDACTED]
Treasurer/Member	<u>ANDREW J BOWMAN</u>	[REDACTED]
Agent	<u>ANDREW J BOWMAN</u>	[REDACTED]

C. 1. Trade Name ▶ STOP-N-GO #265 Business Phone Number 262-248-4582  
 2. Address of Premises ▶ 896 WELLS STREET Post Office & Zip Code ▶ LAKE GENEVA 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 39'X60X ALCOHOL STORED IN COOLER & BACK ROOM
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
 (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 17, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Jerry Thomas Sibbing Home Address [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company New World Wine Shop Inc.  
 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	<u>Jerry Thomas Sibbing</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Jerry Thomas Sibbing</u>		
Directors/Managers			

- C. 1. Trade Name New World Wine Shop Business Phone Number 262-812-4086  
 2. Address of Premises [REDACTED] 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.) 1W Store  
 5. Legal description (omit if street address is given above): Fancy Fair Mall 830 W Main St Lake Geneva 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, 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)

456-1028896518-02

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>47-3418492</u>
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

PAID 4/18/19

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 18, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ PRAIRIE STATE ENTERPRISES OF DARIEN, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 22285 N. PEPPER RD., UNIT 101, LAKE BARRINGTON, IL 60010

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>MEMBER RICHARD JAMES MISTRETTA</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>MEMBER KENNETH BARTHOLOMEW KEARNS</u>	[REDACTED]	[REDACTED]
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>MEMBER KENNETH BARTHOLOMEW KEARNS</u>	[REDACTED]	[REDACTED]
Directors/Managers			

C. 1. Trade Name ▶ LAKE GENEVA MOBIL

Business Phone Number (262) 248-2305

2. Address of Premises ▶ 350 N. EDWARDS BLVD.

Post Office & Zip Code ▶ LAKE GENEVA, WI 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONVENIENCE STORE, 1 STORY MASONRY & FRAME W/COOLERS, OFFICES & 2 RESTROOMS

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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)  
*Montana*

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>Apr 17, 2019</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.: 456000234243802	FEIN Number: 510416880
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	\$ <b>625</b>

*pt 4/17/19*

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

### 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 Queso Corp LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)
President/Member	<u>Zbigniew J Borowiec</u>
Vice President/Member	<u>Cheryl A Borowiec</u>
Secretary/Member	_____
Treasurer/Member	_____
Agent	<u>Zbigniew J Borowiec</u>
Directors/Managers	_____

C. 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 53179

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.) Cheese Box Retail Space - Storage Room Upper level
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

Applicant's WI Seller's Permit No.: <u>4561028621165102/37-1759272</u>	FEIN Number: _____
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100.00</u>
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
<input type="checkbox"/> Class B (wine only) winery	\$ _____
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

pd 4/22/19

**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.

Cheryl A Borowiec  
(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 22, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456102715452303</u> FEIN Number: <u>273223289</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100-</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500-</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625</u> <i>nd 4/15/19</i>

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) SHARKUS JAMES ELIOT Home Address [REDACTED] Post Office & Zip Code [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BRUNAP LLC.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 524 Broad St. Lake Geneva WI 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

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

- C. 1. Trade Name BRUND'S LIQUORS Business Phone Number 262-248-6407  
 2. Address of Premises 524 Broad St. Post Office & Zip Code 53147 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.)  
 5. Legal description (omit if street address is given above):  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

James E. Shuman  
 (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 15, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LAKE BEN INC CORNERSTONE SHOP and GALLERY  
 Address of Corporation/Limited Liability Company (if different from licensed premises) LAKE GENEVA WI 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	BRUCE BENNETT	[REDACTED]	[REDACTED]
Vice President/Member	KARIN BENNETT	[REDACTED]	[REDACTED]
Secretary/Member	KARIN BENNETT	[REDACTED]	[REDACTED]
Treasurer/Member	BRUCE BENNETT	[REDACTED]	[REDACTED]
Agent	KARIN BENNETT	[REDACTED]	[REDACTED]

C. 1. Trade Name CORNERSTONE SHOP & GALLERY Business Phone Number 262-248-6988  
 2. Address of Premises 214 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.) RETAIL STORE - 214 BROAD ST. LAKE GENEVA WI
5. Legal description (omit if street address is given above): see attached map 53147
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>Apr 15, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>496-000180942-03</u>	FEIN Number: <u>39-1476289</u>
<b>LICENSE REQUESTED</b>	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>525</u>

*pd*  
415119

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Lake Geneva School of Cooking LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises)

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>John Bernard Bogan</u>	[REDACTED]	[REDACTED]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>John Bernard Bogan</u>		
Directors/Managers			

C. 1. Trade Name Lake Geneva School of Cooking LLC Business Phone Number 262 248-3933  
 2. Address of Premises 727 Geneva St. P.O. Box 1082 Post Office & Zip Code Lake Geneva WI 53147

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

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

5. Legal description (omit if street address is given above): for cooking, office (basement for storage)

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

John Bogan  
 (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 9, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

26-852617

Applicant's WI Seller's Permit No. / FEIN Number:  
456-1026678393-63

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u> pd + 1919
<b>TOTAL FEE</b>	\$ <u>525</u>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

**Full Name(s) (Last, First and Middle Name)** **Home Address** **Post Office & Zip Code**  
 ▶ MCCARTHY, PATRICK JOSEPH 10 KINGSWOOD CIRCLE, VERONA, WI 53593 pg 4130/19

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ COVE CONDOMINIUM ASSOCIATION, INC.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KAYE ROSE LOWMAN</u>	_____	_____
Vice President/Member	<u>JAMES ALAN PATERA</u>	_____	_____
Secretary/Member	<u>PATRICK JOSEPH MCCARTHY</u>	_____	_____
Treasurer/Member	<u>MARK WILLIAM DUSKI</u>	_____	_____
Agent	<u>PATRICK JOSEPH MCCARTHY</u>	_____	_____
Directors/Managers	<u>MARK WILLIAM DUSKI</u>	_____	_____

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

2. Address of Premises ▶ 111 CENTER STREET Post Office & Zip Code ▶ LAKE GENEVA 53147

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

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

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

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

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

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

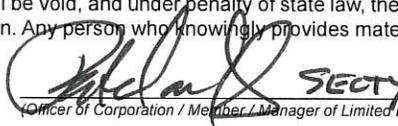
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
 \_\_\_\_\_  
(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 30, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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  
Harbor Shores Hotel Mgmt Inc  
300 Wrigley Dr, Lake Geneva WI

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

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Samuel Weaver</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>Kevin Estab</u>	[REDACTED]	[REDACTED]
Secretary/Member	<u>George Walsh</u>	[REDACTED]	[REDACTED]
Treasurer/Member	<u>Kevin O'Connell</u>	[REDACTED]	[REDACTED]
Agent	<u>William Strongway</u>	[REDACTED]	[REDACTED]
Directors/Managers			

C. 1. Trade Name Harbor Shores on Lake Geneva Business Phone Number 262-248-9181

2. Address of Premises 300 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.) Meeting rooms, restaurant, hotel rooms, (Giness East)

5. Legal description (omit if street address is given above): Stored in lower level storage office - Restaurant pool's

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.

William J. Corverson  
(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 17, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

FEIN-39-199-4766

Applicant's WI Seller's Permit No.: <u>456-0000172</u>	FEIN Number: <u>5128-02</u>
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

pd 4/17/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

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

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

C. 1. Trade Name BARRIQUE BISTRO & WINE BAR Business Phone Number 262-248-1948  
 2. Address of Premises 835 WRIGLEY DR., LAKE GENEVA, WI 53147 Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1100 E. DINING ROOM, KITCHEN, RESTROOMS, BAR/STAGE & PATIO
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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)

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-1058104918-02</u>	<u>46-258851</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>225.00</u>

pd 8/21/19

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 21, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) THOMAS ANDREW HARTZ Home Address [REDACTED] Post Office & Zip Code [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Simple Cafe 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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>THOMAS HARTZ</u>		
Directors/Managers			

C. 1. Trade Name SIMPLE CAFE Business Phone Number 262 248 3556  
 2. Address of Premises 525 BROAD ST Post Office & Zip Code LAKE GENEVA WI 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 525 BROAD ST. PATIO / DINING ROOM / BASEMENT / KITCHEN / STORAGE.
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Thomas Hartz member & founding partner  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

456-1027064196-03

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>27-1037204</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	\$ <b>225.00</b>

pd 4/9/2019

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 9, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** \_\_\_\_\_ **Home Address** \_\_\_\_\_ **Post Office & Zip Code** \_\_\_\_\_

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

<b>Title</b>	<b>Name (Inc. Middle Name)</b>	<b>Code</b>
<input checked="" type="checkbox"/> President/Member	<u>Shed Branen</u>	_____
<input type="checkbox"/> Vice President/Member	_____	_____
<input type="checkbox"/> Secretary/Member	_____	_____
<input type="checkbox"/> Treasurer/Member	_____	_____
<input type="checkbox"/> Agent	<u>Shed Branen</u>	_____
<input type="checkbox"/> Directors/Managers	_____	_____

C. 1. Trade Name Geneva Theater Business Phone Number \_\_\_\_\_  
 2. Address of Premises 244 Broad St, Lake Geneva Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Throughout premises including concessions stand, meeting area and auditorium.
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

Applicant's WI Seller's Permit No.: <u>456102714485203</u>		FEIN Number: <u>272952942</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>		
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25</u>		
<b>TOTAL FEE</b>	<b>\$ <u>225</u></b>		

pd 4/24/19

**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.

Shed Branen  
 (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 24, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

- A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) MARTINS OLYMPIC RESTAURANT L.L.C Home Address \_\_\_\_\_  
 Post Office & Zip Code 02415119
- B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company \_\_\_\_\_  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member YOLANDA ZAVALETA \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent YOLANDA ZAVALETA  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name OLYMPIC RESTAURANT Business Phone Number 262 248 6541  
 2. Address of Premises 748 MAIN ST. LAKE GENEVA Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) \_\_\_\_\_
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** HOME ADDRESS  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand 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

Applicant's WI Seller's Permit No.: <u>456-1029039444-02</u> FEIN Number: <u>47-4859776</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>225</u>

**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.

Yolanda Zavaleta  
 (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 15, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) HAPPY Restaurant, Inc Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Yang Zhong Liang</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>Min Ting Zhang</u>	[REDACTED]	[REDACTED]
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Min Ting Zhang</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Happy Cafe Business Phone Number 202 745-3382  
 2. Address of Premises 526 S Wells 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.) restaurant and storage located in dining room kitchen office
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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)

Applicant's WI Seller's Permit No. / FEIN Number: <u>450102721301003 / 274215114</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100-
<input checked="" type="checkbox"/> Class C wine	\$ 100-
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25-
<b>TOTAL FEE</b>	\$ <u>225-</u>

pd 4/18/19

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 18, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BREAKFAST BUNGALOW LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 220 COOK STREET #101 LAKE GENEVA  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	
President/Member	<u>JUSTIN TAYLOR OCHALEK</u>	[REDACTED]
Vice President/Member		[REDACTED]
Secretary/Member		[REDACTED]
Treasurer/Member		[REDACTED]
Agent	<u>JUSTIN TAYLOR OCHALEK</u>	[REDACTED]
Directors/Managers	<u>PAUL OCHALEK</u>	[REDACTED]

C. 1. Trade Name GRAT EGGS Business Phone Number 262-812-4077  
 2. Address of Premises 220 COOK STREET #101 LAKE GENEVA Post Office & Zip Code 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR UNIT 101, KITCHEN, DINING ROOM, CLOSET AND OUTDOOR SEATING

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

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

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

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

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

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

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

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

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456102761007102</u>	<u>82136877</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100.00</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>225.00</u>

**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>Apr 22, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456102943303902</u> FEIN Number: <u>815116545</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input checked="" type="checkbox"/> Class C wine	\$ 100
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 225</b>

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 53142/19

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ D&D Restaurant Group Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address  
 President/Member David J Wingate, \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

Agent Changed to John Sherman Lindsey

C. 1. Trade Name ▶ Flat Iron Tap Business Phone Number 262-812-4064  
 2. Address of Premises ▶ 150 Center St. Post Office & Zip Code ▶ Lake Geneva 53147

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

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

5. Legal description (omit if street address is given above): stored in Basement, records in Basement

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

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

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

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  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>Apr 22, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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 Sabai Sabai Thai Cuisine, Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address  
 President/Member Jirapa Cox \_\_\_\_\_  
 Vice President/Member Sumalee Brewer \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Jirapa Cox \_\_\_\_\_  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name Sabai Sabai Thai Cuisine Business Phone Number 262-812-4114  
 2. Address of Premises 306 Center St. Post Office & Zip Code Lake Geneva, 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) See attached map
5. Legal description (omit if street address is given above): N/A
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  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.

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

Applicant's WI Seller's Permit No.: <u>45610315704903</u> FEIN Number: <u>823817988</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>225</u>

pd 4/2/19

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 2, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

### 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 DCRB Incorporated  
 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
President/Member	<u>ANN ESARCO</u>	[REDACTED]
Vice President/Member		[REDACTED]
Secretary/Member		[REDACTED]
Treasurer/Member		[REDACTED]
Agent	<u>ANDREW GRUBER</u>	[REDACTED]
Directors/Managers		[REDACTED]

C. 1. Trade Name AVANT CYCLE CAFE Business Phone Number 262-203-5141  
 2. Address of Premises 234 BROAD ST LAKE GENEVA WI Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SEE ATTACHED
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

Applicant's WI Seller's Permit No.   FEIN Number: <u>450102970428002832278727</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100-</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>225-</u>

4/15/19

**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.

Ann Esarco  
 (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 15, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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) CIRINO NICK Home Address [Redacted] Post Office & Zip Code [Redacted]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MAMA CIRINO'S, 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	<u>NICK CIRINO</u>	[Redacted]	[Redacted]
Vice President/Member		[Redacted]	[Redacted]
Secretary/Member		[Redacted]	[Redacted]
Treasurer/Member		[Redacted]	[Redacted]
Agent	<u>JOHN BOBAIL</u>	[Redacted]	[Redacted]
Directors/Managers		[Redacted]	[Redacted]

C. 1. Trade Name Mama Cirino's Business Phone Number 262-348-9077  
 2. Address of Premises 131 Sweets 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.)
5. Legal description (omit if street address is given above):
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>4 May 7, 2019</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>450102744882</u> Number: <u>822232333</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>225</u>

pd 5/7/19

# Renewal Alcohol Beverage License Application

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

For the license period beginning: \_\_\_\_\_ ending: 1/30/2020  
(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 <b>456102964726804</b>	
FEIN Number <b>831085705</b>	
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>
<b>TOTAL FEE</b>	\$ <u>225-</u>

*pd 5/9/19*

## 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>EYM Pizza of Wisconsin, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) [REDACTED]
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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>Dethloff</u>	(First) <u>John</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
------------------------------------	------------------------	---------------	--

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

President / Member Last Name <u>Diaz</u>	(First) <u>Eduardo</u>	(Middle Name) <u>E</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
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 <u>Elias</u>	(First) <u>Salvador</u>	(Middle Name) <u>M</u>	Home Address (Street, City or Post Office, & Zip Code) [REDACTED]
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

## C. Business Information

1. Trade Name Pizza Hut# 35640 Business Phone Number 262-248-9221  
 2. Address of Premises 801 Williams St Post Office & Zip Code 53147

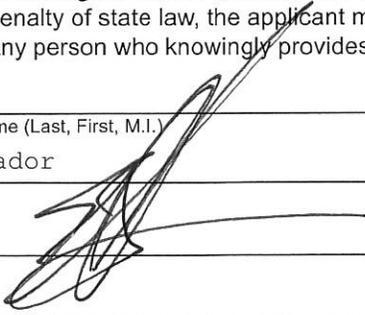
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? .....  Yes  No

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

floor plan

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 Agent. Old Agent is no longer with the company.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
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.) Elias, Salvador	Title / Member Director	Date 5/6/19
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk May 9, 2019	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

# Instructions for Renewal Alcohol Beverage License Application

## 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 page 2 are "YES," outline details below:

## CONVICTIONS

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

## PENDING CHARGE

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

# Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

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

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

The undersigned duly authorized officer/member/manager of EYM Pizza of Wisconsin, LLC  
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Pizza Hut #35640  
(Trade Name)

located at 801 Williams St, Lake Geneva Wisconsin 53147

appoints John Dethloff  
(Name of Appointed Agent)



(Home Address of Appointed Agent)

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

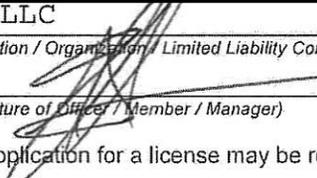
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 6 years

Place of residence last year 

For: EYM Pizza of Wisconsin, LLC  
(Name of Corporation / Organization / Limited Liability Company)

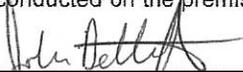
By:   
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

## ACCEPTANCE BY AGENT

I, John Dethloff, hereby accept this appointment as agent for the  
(Print / Type Agent's Name)

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



08/15/19

Agent's age 

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

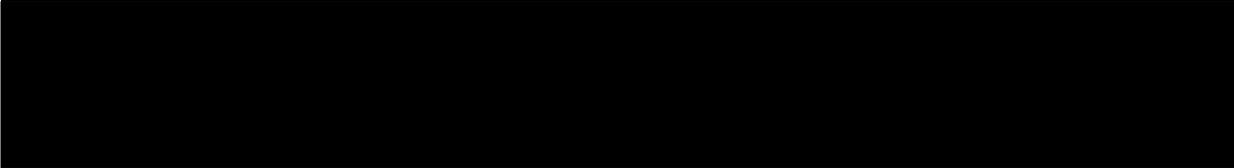
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on \_\_\_\_\_ by \_\_\_\_\_ Title \_\_\_\_\_  
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

# Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (Please print) (last name)	(first name)	(middle name)
DETHLOFF	JOHN	



- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- AGENT** of **EYM PIZZA OF WISCONSIN, LLC**  
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 6 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality?  Yes  No  
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)  
OWI aka suspended drivers license (reinstated) case is closed
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality?  Yes  No  
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit?  Yes  No  
If yes, identify.  
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin?  Yes  No  
If yes, identify.  
(Name of Wholesale License or Permit) (Address by City and County)

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

Employer's Name	Employer's Address	Employed From	To
EYM GROUP, INC	450 E. JOHN CARPENTER FWY	05/03/2019	Present

**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 of licensee applicant

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# WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: John Dethloff

School Name: 360training.com, Inc.

Date of Completion: 05/14/2019

Certification #: WI-97498

I, 

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

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17, 134.66



Corporate Headquarters

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

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Qualle - Perez LLC Home Address 820 Williams St Post Office & Zip Code Lake Geneva, WI 53147  
pd 4/22/19

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Qualle - Perez LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 820 Williams St  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address
President/Member	<u>Francisco H Perez</u>	[REDACTED]
Vice President/Member	<u>Efren Qualle</u>	[REDACTED]
Secretary/Member		[REDACTED]
Treasurer/Member		[REDACTED]
Agent	<u>Cynthia E Perez</u>	[REDACTED]
Directors/Managers		[REDACTED]

- C. 1. Trade Name Taqueria El Gallo de Oro Business Phone Number 702-729-4055  
 2. Address of Premises 820 Williams 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.)  
 5. Legal description (omit if street address is given above):  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. we just started selling after the 1st of the year 2019  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

Applicant's WI Seller's Permit No.: <u>456-1030363273-02</u> FEIN Number: <u>183 1709 227</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>225</u>

**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.

Cynthia E Perez  
(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 22, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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 ▶ KNMG Hotel LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Narendra Patel</u>	_____	_____
Vice President/Member	<u>Mahendra Patel</u>	_____	_____
Secretary/Member	<u>Ghanshyam Patel</u>	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Eric Schmitt</u>	_____	_____
Directors/Managers	_____	_____	_____

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

2. Address of Premises ▶ 300 E Main St Lake Geneva Post Office & Zip Code ▶ 53147

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

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

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
 (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 16, 2019</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>456102927460704</u> FEIN Number: <u>47-3821689</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	\$ <b>125</b>

pd  
4/16/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>456-102988977-0247-5316798</u>	
FEIN Number: _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>125.00</u>

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code pd 51119

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Julie P. Selby</u>	_____	_____
Vice President/Member	<u>Curtis E. Selby</u>	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Julie Selby</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Board & Brugh Lake Geneva Business Phone Number 262-409-1639  
 2. Address of Premises ▶ 262 Center St. Post Office & Zip Code ▶ Lake Geneva, WI 5302A  
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No  
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1300 S. Ft. Studio Bx. Storage in cooler and shelves in back of studio.  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 1, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company AMERICAN LEGION Post 24  
 Address of Corporation/Limited Liability Company (if different from licensed premises) LAKE GENEVA WA 53147

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

Title	Name (Inc. Middle Name)
President/Member	<u>LEONARD JEGERSKI</u>
Vice President/Member	<u>THOMAS KEHL</u>
Secretary/Member	<u>ROBERT MILLER</u>
Treasurer/Member	<u>CHARLES J. SCHLEHLEIN</u>
Agent	<u>CHARLES J. SCHLEHLEIN</u>
Directors/Managers	

C. 1. Trade Name AMERICAN LEGION POST 24 Business Phone Number 262-248-9767  
 2. Address of Premises 735 HENRY ST Post Office & Zip Code LAKE GENEVA WA 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) RECORDS IN BASEMENT
5. Legal description (omit if street address is given above): SEE ADDITIONAL MAPPED AREAS
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>APR 22, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456-0000612400-03  
 Applicant's WI Seller's Permit No.: FEIN Number: 39-0407795  

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)	\$ <u>N/A</u>
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

pd4/22/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company HARRYS CAFE & PLACE INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) 808 MAIN ST

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	JAMES G. CHIRONIS	[REDACTED]	[REDACTED]
Vice President/Member	HARRY S. CHIRONIS		
Secretary/Member	HARRY S. CHIRONIS		
Treasurer/Member	JAMES G. CHIRONIS		
Agent	JAMES G. CHIRONIS		
Directors/Managers	LOUIS S. CHIRONIS		

C.1. Trade Name Harrys Cafe Business Phone Number 262-248-3494

2. Address of Premises 808 Main St Post Office & Zip Code LAKE GENEVA 53147

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

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

5. Legal description (omit if street address is given above): STORAGE (OFFICE-BAR-BASEMENT-CAFE-KITCHEN-SIDEWAL

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.

Louis S Chironis  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicant's WI Seller's Permit No.: 456000060124103	FEIN Number: 39150551
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25
<b>TOTAL FEE</b>	<b>\$ 625</b>

*pd 3/28/19*

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4 Mar 28, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) ▶ GREGORY ANAGNOS Home Address N1567 CLOVER RD Post Office & Zip Code LAKE GENEVA, WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ MEDUSA GRILL & BISTRO LLC

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

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

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member GREGORY ANAGNOS \_\_\_\_\_

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

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

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

Agent ▶ GREGORY ANAGNOS \_\_\_\_\_

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

C. 1. Trade Name ▶ MEDUSA GRILL & BISTRO Business Phone Number 262-249-8644

2. Address of Premises ▶ 501 BROAD STREET Post Office & Zip Code ▶ LAKE GENEVA, 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.) REST- 2 DIN.RMS W/BARS - BASEMENT OFFICE

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

(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 16, 2019</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>600-002765267-4</u>	FEIN Number: <u>20-4154247</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u> <i>pt 4.11.19</i>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company POPEYE'S GALLEY & GROG, LTD.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	VERONICA ANAGNOS	[REDACTED]	[REDACTED]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	VERONICA ANAGNOS	[REDACTED]	[REDACTED]
Directors/Managers			

C. 1. Trade Name POPEYE'S ON LAKE GENEVA Business Phone Number 262-248-4381

2. Address of Premises 811 WRIGLEY DR 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.) BASEMENT, CAFE, BARS, STORAGE, DIN ROOM
- Legal description (omit if street address is given above): SEE ATTACHED DOCUMENT
- 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
- 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
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 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
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

Applicant's WI Seller's Permit No.: <u>456102784430902</u>		FEIN Number: <u>45-4669918</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ 500		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 25		
<b>TOTAL FEE</b>	<b>\$ 625</b>		

*Handwritten note:* add 4/11/19

**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.

*Veronica Anagnos*  
 (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 11, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

FEIN 26-1269448

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.   FEIN Number <u>456-7026406069-02</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

pdf  
4/9/19

### 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

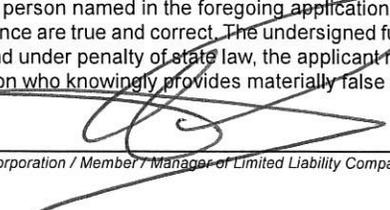
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GLENEAGES LLC dba SOPRA  
Address of Corporation/Limited Liability Company (if different from licensed premises)

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 ALASTAIR MUNCKO CUMMING  
Vice President/Member  
Secretary/Member  
Treasurer/Member  
Agent ALASTAIR M. CUMMING  
Directors/Managers

C. 1. Trade Name SOPRA Business Phone Number 262 249 0800  
2. Address of Premises 724 W. MAIN ST. LAKE GENEVA Post Office & Zip Code 53147

- 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SIDEWALK CAFE RESTAURANT BASEMENT
- 5. Legal description (omit if street address is given above): RECORDS IN BASEMENT. BEHIND BAR
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/9/19</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06/30/2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

**A. Individual or Partnership:**

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code 51119

**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	<u>KEVIN S LEDERER</u>	_____	_____
Vice President/Member	<u>KATRINA L LEDERER</u>	_____	_____
Secretary/Member	<u>FELIX B RIGHGELS</u>	_____	_____
Treasurer/Member	<u>KRISTIN L RICHGELS</u>	_____	_____
Agent	<u>ELIZABETH DION</u>	_____	_____
Directors/Managers	<u>SUSAN GETGEN</u>	_____	_____

**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 BANQ RM STORAGE COOLER

**5. Legal description (omit if street address is given above):** PATIO, SPRECHTOBERFEST OUTDOOR EVENT

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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 S Lederer / Felix B Righgels*  
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)  
MANAGING MEMBER MEMBER

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>May 1, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.   FEIN Number: <u>450102720382303 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
<b>TOTAL FEE</b>	\$ <u>625-</u>

Please See current application on file for 2019-2020.

**Original Alcohol Beverage Retail License Application**

Submit to municipal clerk.

For the license period beginning 20 19 ending June 30 20 20

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

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

1. The named  Individual  Partnership  Limited Liability Company  Corporation / Nonprofit Organization

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Andrew Fritz  
Stone Soup LLC Roland C. Wolff

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Managing Member</u>	<u>Wolff, Roland C.</u>	[Redacted]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Robert Lopez</u>		
Directors/Managers			

3. Trade Name Baker House 1885 Business Phone Number 262 248 4100  
4. Address of Premises 327 Waugley Drive Post Office & Zip Code Lake Geneva 53147

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state Wisc. and date 1-07-10 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

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

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? Stone Soup LLC

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277].  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the 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.

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

**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 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>45010216436</u> FEIN Number: <u>11902/474458435</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>(225-)</u>

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Elizabeth A. Tumas Home Address [Redacted] Post Office & Zip Code [Redacted] pt 4/22/19

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Mercedes or Bust, L.L.C.  
 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 Elizabeth A. Tumas [Redacted]  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ Elizabeth Tumas  
 Directors/Managers \_\_\_\_\_

C. 1. Trade Name ▶ The Bottle Shop Business Phone Number 262-348-9463  
 2. Address of Premises ▶ 617 W. Main 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.) Retail Store, lounge, patio & Store Rooms
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  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.

Elizabeth A. Tumas  
(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 22, 2019</u>	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 reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020  
(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  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) Caravette, Daniel Christopher Home Address 39W101 Dean Lane Post Office & Zip Code St Charles, IL 60175

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Samson Enterprises, LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member <u>Member</u>	<u>Daniel Christopher Caravette</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent <u>Michelle Norgard</u>	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name NORTHSIDERS LAKE GENEVA Business Phone Number 630-306-9563

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): \_\_\_\_\_

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.** Agent Change  Yes  No

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>Apr 16, 2019</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>456102699377803</u>	FEIN Number: <u>134282545</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$100
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$500
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$25.00 <u>Oct 4, 2019</u>
<b>TOTAL FEE</b>	<b>\$625.00</b>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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) Charles B Lorenzi Home Address 1940 W Main St Post Office & Zip Code L.G. WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Celebration on Wells  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 422 S. Wells St  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles B Lorenzi</u>	[REDACTED]	[REDACTED]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name Celebration on Wells Catering Business Phone Number 262-248-2595  
 2. Address of Premises 422 S Wells St Post Office & Zip Code L.G. 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.) banquet hall, catering 10, whole building
- Legal description (omit if street address is given above): basement, office area, kitchen
- 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
- 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
- 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
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 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
- 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>4/6/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-0000567704-03</u>	<u>39-1631275</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>(625)</u> <u>PD 4/6/19</u>

39-1534508

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.:		FEIN Number:	
		<u>456-0000338-</u>	
LICENSE REQUESTED ▶		<u>497-03</u>	
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25-</u>		
<b>TOTAL FEE</b>	<b>\$ <u>650-</u></b>		

### 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
<u>L+B Main Street</u>		

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ \_\_\_\_\_  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ \_\_\_\_\_

all owners

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Greg Bush</u>		
Vice President/Member	<u>Jake Bush</u>		
Secretary/Member	<u>Jessica Christensen</u>		
Treasurer/Member	<u>Grace Bush</u>		
Agent	<u>Jes Christensen</u>		

C. 1. Trade Name ▶ Champs Sports Bar & Grill Business Phone Number 2622486008  
 2. Address of Premises ▶ 747 W Main St LG 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.) upstairs & downstairs bar & garden bar
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Jes Christensen  
 (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 16, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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 Chubby Kitty LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Mark Basil</u>	[REDACTED]	[REDACTED]
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Mark Basil</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Fat Cats Business Phone Number 262 745 1213

2. Address of Premises 104 Broad St LkG 53147 Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): basement, special storage in cabinet n. of entrance.

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] 4-19-19  
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicant's WI Seller's Permit No. / FEIN Number: <u>456027472908202 454497705</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>626-</u>

pd 4/22/19

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 22 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

Applicant's WI Seller's Permit No.: <u>456000047935803</u>		FEIN Number: <u>391353912</u>	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/> Class A beer		\$	
<input checked="" type="checkbox"/> Class B beer		\$	100
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input type="checkbox"/> Class A liquor (cider only)		\$	N/A
<input checked="" type="checkbox"/> Class B liquor		\$	500
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	25
<b>TOTAL FEE</b>		\$	<b>625</b>

#### A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

#### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ HOGS & KISSES, INC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO BOX 536, LAKE GENEVA, WI

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	LINDA CHIRONIS	[REDACTED]	[REDACTED]
Vice President/Member		[REDACTED]	[REDACTED]
Secretary/Member	LINDA CHIRONIS	[REDACTED]	[REDACTED]
Treasurer/Member	LINDA CHIRONIS	[REDACTED]	[REDACTED]
Agent ▶	LINDA CHIRONIS	[REDACTED]	[REDACTED]
Directors/Managers	LINDA CHIRONIS	[REDACTED]	[REDACTED]

C.1. Trade Name ▶ HOGS & KISSES Business Phone Number 262-248-7447

2. Address of Premises ▶ 149 BROAD ST, LAKE GENEVA Post Office & Zip Code ▶ PO BOX 536 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) BRICK BUILDING @ 149 BROAD ST,

5. Legal description (omit if street address is given above): INCLUDING BAR, RESTAURANT, STORAGE & OFFICE

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

*Linda Chironis*

(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 2, 2019</u>	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 JULY 1 20 19 ;  
ending JUNE 30 20 \_\_\_\_\_

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

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

1. The named  Individual  Partnership  Limited Liability Company  
 Corporation / Nonprofit Organization

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): SANDAL, INC., DBA LAKE GENEVA LANES

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

Title	Name (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>PRESIDENT, GUSKE, ANNA, C.,</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>SEE ATTACHED</u>	[REDACTED]	[REDACTED]
Secretary/Member	<u>ANNA C. GUSKE,</u>	[REDACTED]	[REDACTED]
Treasurer/Member	<u>ANNA C. GUSKE,</u>	[REDACTED]	[REDACTED]
Agent	<u>FRANKLIN D. GUSKE, JR.</u>	[REDACTED]	[REDACTED]
Directors/Managers	<u>SEE ATTACHED</u>	[REDACTED]	[REDACTED]

3. Trade Name LAKE GENEVA LANES Business Phone Number (262) 248-4805  
4. Address of Premises 192 E. MAIN STREET Post Office & Zip Code LAKE GENEVA, WI 53147

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ and date \_\_\_\_\_ of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 16 LANES, 1ST FL, LOWER FL, BAR, COOLER, STORAGE

10. Legal description (omit if street address is given above): \_\_\_\_\_  
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? FRANKLIN D. GUSKE JR.

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277].  Yes  No  
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776].  Yes  No  
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the 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.

*Jaquelyn A. Urbahn*  
(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 9, 2019</u>	Date reported to council / board	Date previous license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Applicant's WI Seller's Permit No.: <u>456-000060940</u>		FEIN Number: <u>39-1225711</u>	
LICENSE REQUESTED			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25-</u>		
<b>TOTAL FEE</b>	<b>\$ <u>(625)</u></b> pd 4/9/19		

*ok*

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Geneva Bay Club LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 421 Baker St  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Charles Andrew Fritz</u>	[REDACTED]	[REDACTED]
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Charles Andrew Fritz</u>	[REDACTED]	[REDACTED]

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

C. 1. Trade Name ▶ Maxwell Mansion Business Phone Number 262-248-9711  
 2. Address of Premises ▶ 421 Baker 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.) Hotel w/3 Buildings & Enclosed Pool - storage in Basement
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>4/17/2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. <u>456-102785636-02</u> FEIN Number: <u>45-454420</u>	
<b>LICENSE REQUESTED ▶</b>	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

pd 4/17/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: <u>45600023431202</u>		FEIN Number: <u>20-3313403</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ <u>25-</u>		
<b>TOTAL FEE</b>	<b>\$ <u>625-</u></b>		

**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 pd 410119

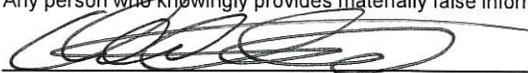
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ DCR Restaurant Group, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 411 Interchange N. Lake Geneva, WI 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Chad Bittner</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>Richard Bittner</u>	[REDACTED]	[REDACTED]
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Chad Bittner</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Next Door Pub & Pizzeria Business Phone Number 262-248-9551  
 2. Address of Premises ▶ 411 Interchange N. Post Office & Zip Code ▶ Lake Geneva, 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
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
 (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 2, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. <u>456 DDD548839</u> FEIN Number: <u>3914994824</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

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

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ SWATEK SALES CORP / SS 2 Trk.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 393 W. EDWARDS BLD. LK. GENEVA, W.  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>DOROTHY SWATEK</u>	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>TROY A. BARTA</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ THE GEO CERANIUM RESTAURANT Business Phone Number 262-248-3637  
 2. Address of Premises ▶ 393 W. EDWARDS BLD. Post Office & Zip Code ▶ LK. GENEVA, W. 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TWO STORY FRAMED RESIDENCE CONSIDERED AS PATIO
5. Legal description (omit if street address is given above): RESTAURANT BAR AREA, PATIO, STORAGE OFFICE
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/5/19</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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 ▶ "Two Thumbs Up LLC"

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Kimberly C Freely</u>	[REDACTED]	[REDACTED]
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Kimberly Freely</u>		
Directors/Managers			

C. 1. Trade Name ▶ "Thumbs Up" Business Phone Number 262-248-6111

2. Address of Premises ▶ 260 N. 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.) Ground floor bar room w/ closet for storage + walk in cooler

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

K. Freely  
(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 17, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

FEIN: # 46-2429666

Applicant's WI Seller's Permit No. FEIN Number: <u>456-1027919952-02</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

pd 4/17/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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) ROMANO, Thomas Anthony

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LG Hospitality Group LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 16 Hospitality Group LLC

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

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

C. 1. Trade Name TUSCAN TAVERN and Grill Business Phone Number 262.248.0888

2. Address of Premises 436 BROAD ST Post Office & Zip Code 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Basement, Bar, outdoor seating area 1st floor Storage lower level storage

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

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

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

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 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.

Thomas Romano  
 (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 8, 2019</u>	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 reverse side.

Applicant's WI Seller's Permit No. 456-1028656597-02		FEIN Number: 471614401	
LICENSE REQUESTED ▶			
TYPE		FEE	
<input type="checkbox"/>	Class A beer	\$	
<input checked="" type="checkbox"/>	Class B beer	\$	100.00
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class A liquor (cider only)	\$	N/A
<input checked="" type="checkbox"/>	Class B liquor	\$	500.00
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	25.00
<b>TOTAL FEE</b>		\$	<b>625.00</b>

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

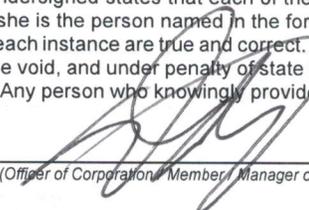
**Complete A or B. All must complete C.**

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 ▶ OAKFIRE, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 831 WRIGLEY DR. LAKE GENEVA, WI. 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member DAVID R. SCOTNEY  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent ▶ David Scotney  
 Directors/Managers \_\_\_\_\_

- C. 1. Trade Name ▶ OAKFIRE Business Phone Number 262-812-8007  
 2. Address of Premises ▶ 831 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.) WHOLE BUILDING  
 5. Legal description (omit if street address is given above): N/A  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  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.

  
 (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 15, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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 Jackson Wine LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) LAKE GENEVA

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KATHLEEN A JACKSON</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>DAVID G. JACKSON</u>	[REDACTED]	[REDACTED]
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name Studio Winery Business Phone Number 262 348 9100  
 2. Address of Premises 401 Sheridan Springs Road 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.) entire lower level of
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>4/16/19 10.003143</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.: 456000389925202 / FEIN Number: 261237633

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input checked="" type="checkbox"/> Class B (wine only) winery	\$ <u>500</u>
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u> pd 4/16/19

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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)

▶ GEORGE D. ARGIROPOULOS

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ LAKE AIRE LLC, DBA LAKE AIRE RESTAURANT.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 804 W. MAIN ST., LAKE GENEVA, WI 53147

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>GEORGE D. ARGIROPOULOS</u>	[REDACTED]	[REDACTED]
Vice President/Member	<u>DEMETRIUS ARGIROPOULOS</u>	[REDACTED]	[REDACTED]
Secretary/Member			
Treasurer/Member			
Agent	<u>GEORGE D. ARGIROPOULOS</u>	[REDACTED]	[REDACTED]

Directors/Managers

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

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

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

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

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

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

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

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

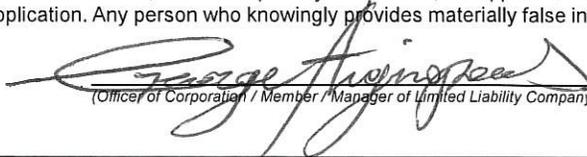
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

  
(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 1, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456-1028914898-02</u> FEIN Number: <u>81-0928145</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>600.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u> <span style="color: red;">11/19</span>

4561029969354-02  
 82-4462437

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>625</u>

**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 HARBORSIDE Pub & Grill, 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 SPYRO CONDOOS  
 Vice President/Member PATRICIA CONDOOS  
 Secretary/Member  
 Treasurer/Member  
 Agent SPYRO CONDOOS  
 Directors/Managers

C. 1. Trade Name HARBOR SIDE Pub & Grill LLC Business Phone Number 262 248 3835  
 2. Address of Premises 100 BROAD STREET Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Cement work - basement storage
5. Legal description (omit if street address is given above): SEE (A TACKLED MAP)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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 9, 2019</u>	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 reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  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 ▶ SIL WINGS CORP.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Siu Wing Leung</u>		
Vice President/Member	<u>RAN SI LEU</u>		
Secretary/Member	<u>LARRY R. SANDY</u>		
Treasurer/Member			
Agent	<u>Siu Wing Leung</u>		
Directors/Managers	<u>SAME AS ABOVE</u>		

C. 1. Trade Name ▶ SIL WINGS CHINESE RESTAURANT Business Phone Number 262-248-1178

2. Address of Premises ▶ 743 NORTH 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.) BAR, BACK ROOM, DINING ROOM, OFFICE, KITCHEN, SIDEWALK

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

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

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

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

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

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

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

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

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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.

Siu W Leung  
 (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 4, 2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456 000 208013-03</u>	FEIN Number: <u>39-1670031</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
<b>TOTAL FEE</b>	\$ <u>(1025)</u> <span style="color: red;">PAID 4/4/19</span>

# Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020  
(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  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Bella Vista Suites on the shores of Lake Geneva Hotel Condominium  
 Address of Corporation/Limited Liability Company (if different from licensed premises) Condominium  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

C. 1. Trade Name Bella Vista Suites on the shores of Lake Geneva Hotel Condominium Phone Number 262-248-2100  
 2. Address of Premises 335 Wingley Dr. Post Office & Zip Code Lake Geneva 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Lounge area, front floor, basement, pabst room, sun
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the 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>Apr 8, 2019</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>4510 0000087500-03</u> FEIN Number: <u>39-1946040</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100-</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500-</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

4/8/2019



# CITY OF LAKE GENEVA MASSAGE ESTABLISHMENT APPLICATION

## \$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30<sup>TH</sup> 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: Element Massage Studio

Corporate Name (if applicable): \_\_\_\_\_

Business Address (Physical): 647 W. Main St.

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Lake Geneva WI 53147

Phone: 414-324-2496 Email: elementmassages@yahoo.com

Please explain the nature of services to be provided: Massage Therapy  
(Therapeutic Massage)

### BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Dale Martin

[Redacted area]

Copy of Driver's License Attached

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:

Same Place

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: [Signature] Date: 4-22-19

*For Office Use Only*

Date Filed: Apr 24, 2019 Receipt #: 10003292 Amt Paid: 150  
Forwarded to Police Dept: Apr 24, 2019 Background Completed: 4-29-19 gj  
Police Chief Recommendation: \_\_\_\_\_  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 MASSAGE ESTABLISHMENT APPLICATION

## \$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30<sup>TH</sup> 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: Lake Geneva Massage Therapy

Corporate Name (if applicable): \_\_\_\_\_

Business Address (Physical): 905 Marshall St

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-249-1230 Email: lg massage@yahoo.com

Please explain the nature of services to be provided: Massage Therapy

### BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Mark W. Mitchell

Address: [REDACTED] \_\_\_\_\_

City, State: [REDACTED] \_\_\_\_\_

Phone: [REDACTED] \_\_\_\_\_ Driver's License Attached

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:

N/A

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: X \_\_\_\_\_ Date: 5/3/19

*For Office Use Only*

Date Filed: May 3, 2019    Receipt #: 17000030    Amt Paid: \$50

Forwarded to Police Dept: May 3, 2019    Background Completed: 5-5-19 JA

Police Chief Recommendation: \_\_\_\_\_ 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 MESSAGE ESTABLISHMENT APPLICATION

## \$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30<sup>TH</sup> 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: HEALING MUSCLE THERAPIES

Corporate Name (if applicable): -

Business Address (Physical): 201 BROAD ST, SUITE D, LAKE GENEVA, WI 53147

Mailing Address (if different): -

City, State, Zip: LAKE GENEVA, WI 53147

Phone: 262-515-7035 Email: info@healingmt.com

Please explain the nature of services to be provided: THERAPEUTIC MASSAGE

SERVICES including: Warm Salt Stone Massage + Traditional Thai Massage

### BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: MARTHA (marti) DOOLITTLE



Copy of Driver's License Attached

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Maitha E. Dorrville    Date: 4/20/19

*For Office Use Only*

Date Filed: 4/22/19    Receipt #: 18.0000016    Amt Paid: 50.00  
Forwarded to Police Dept: \_\_\_\_\_ Background Completed: \_\_\_\_\_  
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 MASSAGE ESTABLISHMENT APPLICATION

## \$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30<sup>TH</sup> 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: Clear Waters Salon Spa

Corporate Name (if applicable): Clear Waters Salon Spa Inc.

Business Address (Physical): 734 Main St.

Mailing Address (if different): same

City, State, Zip: Lake Geneva WI 53147

Phone: 262-248-2444 Email: clearwaterssalonspa13@gmail.com

Please explain the nature of services to be provided: hair, nails, skin care + body massage

### BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Dawn Marie Mancuso | Jennifer Keith

Address: [Redacted]

City, State: [Redacted]

Phone: [Redacted]

Copy of Driver's License Attached

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:

Clear Waters Salon Spa -  
18 W. Geneva St  
Williams Bay WI 53191

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: Dawn Marie Mancoske Date: 4/27/19

*For Office Use Only*

Date Filed: May 6, 2019    Receipt #: 17000043    Amt Paid: \$50-

Forwarded to Police Dept: May 6, 2019    Background Completed: \_\_\_\_\_

Police Chief Recommendation: \_\_\_\_\_ 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 MASSAGE ESTABLISHMENT APPLICATION

## \$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30<sup>TH</sup> 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: Bella Vista Suites and the Lakeview Spa

Corporate Name (if applicable): Bella Vista Suites on the shores of Lake Geneva Hotel Condominium

Business Address (Physical): 335 Wrigley Drive

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-248-2100 Email: clorenzi@bellavistasuites.com

Please explain the nature of services to be provided: \_\_\_\_\_

### BUSINESS OWNER (APPLICANT) INFORMATION

**Please include information for all business owners**

Full Name: Charles Lorenzi

Address: 335 Wrigley Drive

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-248-2100  Copy of Driver's License Attached



# CITY OF LAKE GENEVA

## TAXI COMPANY LICENSE APPLICATION

Please Check:

- Original Application
- Renewal of Current License

Fees of \$50.00 for first car and \$25.00 per each additional car are due upon application

*Annual License Expires June 30<sup>th</sup> each year*

Please fill in all blanks completely, as incomplete applications will be rejected.

**NOTE: Application must be accompanied by the following documents:**

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

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

### BUSINESS INFORMATION

Business Name: Senior Cab

Bus. Address (Physical): [REDACTED]

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Lake Geneva, WI 53147

Bus. Phone: [REDACTED] Fax: \_\_\_\_\_

E-Mail: [REDACTED]

Name of Liability Carrier: [REDACTED]

Policy Number: [REDACTED]

**BUSINESS OWNER/AGENT INFORMATION**

Owner/ Agent Name: Larry Rygielski



**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

1. Have you been previously licensed to operate a taxicab company?  YES  NO  
If Yes, please state where: Lake Geneva since 2004

2. Have you ever had a license revoked?  YES  NO  
If Yes, please explain: GWI - Walworth County  
23 years ago

**TAXI VEHICLE INFORMATION**

Total Number of Vehicles to be operated: 2

Vehicle #1			
<u>Dodge</u>	<u>Grand Caravan</u>	<u>2008</u>	
Make	Model	Year	
<u>7</u>	<u>879VFA</u>		
Capacity	License Plate No.		
<u>2D8HN44H58R634130</u>			
VIN	Certificate of Title No.		

Vehicle #2			
<u>Chevrolet</u>	<u>Express G3500</u>	<u>2010</u>	
Make	Model	Year	
<u>14</u>	<u>253YVP</u>		
Capacity	License Plate No.		
<u>1GA2G1DG5A1156718</u>			
VIN	Certificate of Title No.		

Vehicle #3		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #4		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

**APPLICANT SIGNATURE**

Lenny R. Rinaldi DATE: 4/25/19

*For Office Use Only*

Date Filed: <u>Apr 29, 2019</u>	Police Chief
Receipt No: <u>10003350</u>	Recommendation: <u>W</u>
Total Amount: <u>\$75-</u>	<u>Approved</u> Denied
Forwarded to Police Chief: <u>Apr 29, 2019</u>	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	License Date: _____
Verified: Stark <input type="checkbox"/> MSI <input type="checkbox"/>	License Number: _____
Notes: _____	
FLR Approval: _____	
Council Approval: _____	

Mower Quotes

Larry's Towing

SERVICE ORDER  
NO. 4906878

EQUIPMENT MODEL <b>Wright</b>		DATE <b>1/15/19</b>
NAME <b>City of Lake Geneva Street Dept.</b>		SERIAL NO.
ADDRESS		NAME OF EQUIPMENT <b>Wright</b>
CITY		TYPE OF SPEC. NO./HOURS
STATE ZIP		TYPE OF EQUIPMENT <b>Mowers</b>
DATE IN		SERIAL/CODE NO.
DATE PROMISED		ENGINE/TRANS MODEL NO.
PHONE H W		DEALER PICKUP <input checked="" type="checkbox"/>
		CUSTOMER DELIVERY PICKUP <input checked="" type="checkbox"/>

TUNE-UP	INSTALL SHORT BLOCK	CHECK CARBURETION	CHECK STARTER	IDLE SPEED RPM	WARRANTY INSPECTION
OVERHAUL	LUBRICATE CHASSIS	CHECK CHARGING CIRCUIT	CHECK IGNITION	TOP SPEED RPM	DATE OF PURCHASE
REPAIRS NEEDED	CHANGE ENGINE OIL	CHECK SAFETY INTERLOCK	CHECK COMPRESSION	BLADE LENGTH	DATE OF FAILURE
REPLACE ENGINE	SHARPEN BLADE	CHECK AIR CLEANER	CHECK ENG. COOLING	BLADE STOP TIME	ESTIMATE REQUESTED \$

CUSTOMER COMMENTS: **Get 17% off on 2 or more OR 14% off on 1**

WORK PERFORMED:

**List - 17%**

PART NUMBER	DESCRIPTION	QTY	UNIT	AMOUNT
<b>23.5 HP KAW</b>	<b>WSTX485FX730E2A</b>		<b>9760</b>	<b>8100</b>
<b>28 HP B+S VANQUARD</b>	<b>WSTX52'S49E8E2B</b>		<b>9890</b>	<b>8208</b>
				<b>16308</b>
<b>TOTAL ▶</b>				

SUMMARY	
PARTS	
LABOR	
GAS - OIL - LUBE	
PICKUP/ DELIVERY	
FREIGHT	
SUB TOTAL	
TAX	
<b>TOTAL</b>	

**IMPORTANT PLEASE NCTE**

While the manufacturer may warrant the goods sold to the customer, we make no warranties, express or implied, including any implied warranties of merchantability or fitness, with respect to such goods.

Not responsible for loss or damage in case of fire, theft or any other cause beyond our control.

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and / or your employees permission to operate the unit at necessary for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above unit to secure the amount of repairs thereto.

X \_\_\_\_\_

I FULLY UNDERSTAND THE PURPOSES OF THE SAFETY DEVICES ON THIS EQUIPMENT AND REQUEST THAT THEY NOT BE REPAIRED OR REPLACED, AND I WILL ASSUME RESPONSIBILITY FOR AND HOLD YOU HARMLESS FROM ANY INJURY THAT MAY RESULT THEREFROM.

X \_\_\_\_\_

1460

**ORDINANCE OF THE COMMON COUNCIL**

An ordinance amending Chapter 62, Streets, Sidewalks and other Public Places, Article III, Obstructions and Encroachments, Section 62-67, exceptions, by adding Subsection (9), Sidewalk Furnishings: Benches and Planters within Public Rights-Of-Way, allowing certain furnishings within the Public Right-Of-Way

Committee	Finance, Licensing, and Regulation Committee to consider on May 21, 2019		
Fiscal Impact:	N/A		
<b>File Number:</b>	<b>19-08</b>	<b>First Reading :</b>	May 28, 2019
		<b>Second Reading :</b>	June 10, 2019

The Common Council of the City of Lake Geneva, Wisconsin, does hereby ordain as follows:

1. That the Municipal Code of the City of Lake Geneva, Wisconsin is hereby amended by adding subsection (9), Sidewalk Furnishings: Benches and Planters within Public Rights-of-way, to Section 62-67, Exceptions, of ARTICLE III, OBSTRUCTIONS AND ENCROACHMENTS, of Chapter 62, STREETS, SIDEWALKS AND OTHER PUBLIC PLACES, which said subsection reads as follows:

**Sec. 62-67 Exceptions.**

[Code 1992, § 8.03(2)]

The prohibitions of Section 62-66 shall not apply to the following:

- (9) Sidewalk Furnishings: Benches, and Planters within Public Rights-of-Way  
Sidewalk furnishings such as benches and plant containers may be placed within a public right-of-way with satisfaction and continuous compliance with the following requirements:
  - a. General Permitted Locations: The provisions of this sub-section are limited to rights-of-way adjacent to properties within the Neighborhood Office, Neighborhood Business, General Business, and Central Business Zoning Districts.
  - b. Specific Placement and Clear Path Requirements: Sidewalk furnishings such as benches and plant containers may be placed by an owner on a sidewalk within 32 inches of the owner’s building. In no instance shall the distance between the sidewalk furnishing and the edge of the sidewalk adjacent to the owner’s building be less than sixty inches (60”) (hereinafter defined as “clear path.”)
  - c. In those instances that a clear path of sixty inches cannot be provided because of a permanent obstruction the pedestrian passageway may be reduced to four feet (48 inches) for a distance not to exceed five feet upon review and approval of the City Public Works Director.
  - d. No sidewalk furnishings shall be allowed to be placed on the sidewalk right of way until the owner provides the City Clerk with evidence of public liability insurance naming the City

of Lake Geneva as an additional insured for any liability resulting from the placement of the sidewalk furnishing in the City sidewalk right of way. The owner hereby agrees to indemnify and hold the City harmless from any actions that may arise from the placement of sidewalk furnishing in the City sidewalk right-of-way pursuant to this ordinance. The minimum required insurance coverage shall be in an amount not less than \$1,000,000.00.

e. Signage and Colors are Restricted: No signage, logo, or text is permitted on any sidewalk furnishings except a 24 inch wide by 36 inch tall chalk sandwich board. Fluorescent “day glow” colors are not permitted on any sidewalk furnishings. Where colors constitute a component of a standardized corporate color theme or identity association with the abutting parcel, muted versions of such colors shall be used.

2. That this ordinance shall take effect upon passage and publication, as provided by law.

Adopted, passed, and approved by the Common Council of the City of Lake Geneva, Walworth County, Wisconsin, this 10th day of June, 2019.

**Council Action:**  **Adopted**       **Failed**      **Vote** \_\_\_\_\_

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

\_\_\_\_\_  
Thomas Hartz, Mayor

\_\_\_\_\_  
Date

Attest:

\_\_\_\_\_  
Lana Kropf, City Clerk

\_\_\_\_\_  
Date

<b>RESOLUTION OF THE COMMON COUNCIL</b>			
Resolution authorizing the carryover of 2018 Equipment Replacement Funds to the 2019 Equipment Replacement Fund Budget and authorizing additional 2019 purchases from the Equipment Replacement Fund.			
Committee:	Finance considered on May 21, 2019		
Fiscal Impact:	N/A		
<b>File Number:</b>	<b>19-R37</b>	<b>Date:</b>	May 28, 2019

**WHEREAS**, the Lake Geneva Common Council approved the 2018 and 2019 Equipment Replacement Budgets for the City of Lake Geneva for equipment purchases to occur during 2018 and 2019, and

**WHEREAS**, the actual pricing and timing on certain replacement equipment has changed from the budgeted assumptions, and

**WHEREAS**, the Common Council hereby finds and determines that it is necessary, desirable and in the best interest of the City of Lake Geneva to amend the 2019 approved budget and carryover the following funds and authorize additional purchases from the 2019 budget as follows:

Acct# 50-00-00-58000	Misc. City Hall Equip Purchases	\$ 37,766
Acct# 50-22-00-58000	Fire Equipment Purchases	\$247,837
Acct# 50-22-00-58000	Fire Equipment Purchases	\$ 24,700

**WHEREAS**, on May 21, 2019, the City of Lake Geneva, Finance, Licensing and Regulation Committee reviewed the proposed budget amendment and found it is in the best interest of the City and recommends that the City of Lake Geneva Common Council approve the carryover of \$310,303 to the 2019 budget.

**BE IT THEREFORE RESOLVED**, that the Common Council of the City of Lake Geneva be hereby directed and authorized to carryover 2018 funds and approve additional purchases and amend the 2019 budget as outlined above.

Granted by action of the Common Council of the City of Lake Geneva this 28<sup>th</sup> day of May, 2019.

**Council Action:**     **Adopted**         **Failed**        **Vote** \_\_\_\_\_

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

\_\_\_\_\_  
Thomas Hartz, Mayor

\_\_\_\_\_  
Date

Attest:

\_\_\_\_\_  
Lana Kropf, City Clerk

**CITY OF LAKE GENEVA  
PROPOSED BUDGET CARRYOVERS AND PURCHASES  
2018 TO 2019 BUDGET**

**EQUIPMENT REPLACEMENT FUND**

MARED MECHANICAL-CITY HALL HVAC-COMPLETED JAN 2019	37,766.00
AMBULANCE-PAID 75%-DELIVERY DATE - SPRING OF 2019	247,837.00
AMBULANCE-EQUIPMENT - SPRING OF 2019	<u>24,700.00</u>
	<u><u>310,303.00</u></u>

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY INSTITUTION 4/30/2019		
Institution	Account Name	Balances 4/30/2019
Cash on Hand	Cash Drawer-Change Bank	200.00
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond Change Fund	500.00
	Launch Ramp Change Fund	100.00
	Beach Change Fund	-
	Parking-Petty Cash	100.00
	Library-Petty Cash	500.00
		<u>1,785.00</u>
First National Bank	General Fund Checking	1,071,992.58
	Donations Checking	1,200.97
	Parking Fund Checking	20,862.50
		<u>1,094,056.05</u>
Local Government Investment Pool	Investment Pool #1-General	7,625,259.94
	Investment Pool #4-Tax	16,610.70
	Investment Pool #5 - Park Impact Fees	62,122.01
	Investment Pool #6 - Fire Impact Fees	0.46
	Investment Pool #10 - Library Impact Fees	28.31
	Investment Pool #8 - Equip Replacement	2,158,328.21
	Investment Pool #9 - Library	93,766.36
	Investment Pool #11 - Capital Projects	529,870.28
		<u>10,485,986.27</u>
US Bank	Tax Checking	<u>73,519.01</u>
Edward Jones	Cemetery Perpetual Care	<u>645,857.25</u>
BMO Harris	Donations Checking	<u>44,863.83</u>
Voyager Capital Management	Investments-Building Fund	139,066.01
	Investments-Swanson Fund	131,142.51
	Investments-Special Projects	140,031.97
	Investments-Voyager Fund	31,771.03
		<u>442,011.52</u>
	Total Cash and Investments	<u><u>12,788,078.93</u></u>

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY FUND 4/30/2019		
Institution	Account Name	Balances 4/30/2019
General Fund	Cash Drawer-Change Bank	200.00
	General Checking-shared cash	1,071,992.58
	Donations Checking	1,200.97
	Investment Pool #1-shared - General	7,475,259.94
	Investment Pool #4 - Tax	16,610.70
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond-Change Fund	500.00
		<u>8,566,149.19</u>
Debt Service	Investment Pool #1-shared - General	-
Lakefront	Launch Ramp Change Fund	100.00
	Beach Change Fund	-
		<u>100.00</u>
Parking	Parking Fund Checking	20,862.50
	Parking-Petty Cash	100.00
		<u>20,962.50</u>
Capital Projects	Investment Pool #11 - Capital Projects	<u>529,870.28</u>
Impact Fees	Investment Pool #5 - Park Impact Fees	62,122.01
	Investment Pool #6 - Fire Impact Fees	0.46
	Investment Pool #10 - Library Impact Fees	28.31
		<u>62,150.78</u>
Cemetery	Investment Pool #1-shared - General	<u>150,000.00</u>
Cemetery Perpetual Care	Cemetery Perpetual Care-Edward Jones	<u>645,857.25</u>
Equip Replacement	Investment Pool #8 - Equipment Replacement	<u>2,158,328.21</u>
Tax Agency Fund	Tax Checking Account	<u>73,519.01</u>
Library Operating	Library-Petty Cash	<u>500.00</u>
Library Investments	Investment Pool #9 - Library	93,766.36
	Library Donations	44,863.83
	Investments-Building Fund	139,066.01
	Investments-Swanson Fund	131,142.51
	Investments-Special Projects	140,031.97
	Investments-Voyager Fund	31,771.03
	<u>580,641.71</u>	
	Total Cash and Investments	<u><u>12,788,078.93</u></u>

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>GENERAL FUND</b>						
<b>GENERAL FUND</b>						
<b>GENERAL FUND</b>						
11-00-00-41110	GENERAL PROPERTY TAXES	.00	2,561,231.58	5,063,166.00	2,501,934.42	50.59
11-00-00-41120	TID #4 INCREMENT-CLOSING REV	.00	.00	.00	.00	.00
11-00-00-41130	OMITTED & MISC TAX REVENUE	.00	.00	.00	.00	.00
11-00-00-41140	MOBILE HOME PARK FEES	835.65	3,269.55	5,300.00	2,030.45	61.69
11-00-00-41150	PERSONAL PROPERTY TAXES	.00	.00	.00	.00	.00
11-00-00-41210	ROOM TAX	40,253.46	84,350.33	397,494.00	313,143.67	21.22
11-00-00-41220	SALES TAX DISCOUNT	63.65	127.89	550.00	422.11	23.25
11-00-00-41310	TAXES FROM WATER UTILITY	25,834.25	103,337.00	325,000.00	221,663.00	31.80
11-00-00-41800	INT & PENALTY ON TAXES	85.72	2,493.40	1,500.00	993.40	166.23
11-00-00-41810	ROOM TAX LATE FEES	.00	84.16	.00	84.16	.00
11-00-00-41820	ROOM TAX INTEREST	.00	.00	.00	.00	.00
11-00-00-42620	SPEC ASSMTS-CURB & GUTTER	.00	421.40	720.00	298.60	58.53
11-00-00-43400	MUNICIPAL RECYCLING GRANT	.00	.00	23,700.00	23,700.00	.00
11-00-00-43410	STATE SHARED REVENUE	.00	.00	109,891.00	109,891.00	.00
11-00-00-43430	EXPENDITURE RESTRAINT PROGRA	.00	.00	.00	.00	.00
11-00-00-43530	STATE AID FOR HIGHWAYS	174,187.91	348,375.82	697,049.00	348,673.18	49.98
11-00-00-43540	OTHER STATE GRANTS	.00	.00	.00	.00	.00
11-00-00-43600	PYMT MUNI SERVICES-CONSERVATN	.00	3,781.68	3,565.00	216.68	106.08
11-00-00-43610	STATE COMPUTER AID	.00	.00	18,000.00	18,000.00	.00
11-00-00-43612	STATE PERSONAL PROPERTY AID	.00	.00	24,260.00	24,260.00	.00
11-00-00-43620	AIDS IN LIEU OF TAXES-PILOT	173.32	173.32	10,173.00	9,999.68	1.70
11-00-00-43670	LOTTERY CREDIT	.00	.00	.00	.00	.00
11-00-00-43680	GLLEA ACCOUNTING SERVICES	.00	.00	.00	.00	.00
11-00-00-43690	FEMA DISASTER AID & RELIEF	.00	.00	.00	.00	.00
11-00-00-44100	LIQUOR & MALT BEVERAGE LICENSE	25,720.00	28,940.00	32,000.00	3,060.00	90.44
11-00-00-44110	OPERATOR LICENSES	870.00	6,825.00	17,500.00	10,675.00	39.00
11-00-00-44120	BUS LIC-CIG,MILK,VID,WEIGHTS	12,830.00	18,660.00	18,800.00	140.00	99.26
11-00-00-44130	PERMITS-SELLERS,ALARM,ROOM	440.00	825.00	7,000.00	6,175.00	11.79
11-00-00-44140	PERMITS-TOURIST ROOMING HOUSE	4,000.00	20,000.00	6,000.00	14,000.00	333.33
11-00-00-44150	CABLE TV FRANCHISE FEES	.00	32,726.17	128,000.00	95,273.83	25.57
11-00-00-44200	NONBUS LIC-DOGS/CATS	370.00	1,287.00	1,000.00	287.00	128.70
11-00-00-44250	OTHER LICENSES & FEES	.00	296.00	8,000.00	7,704.00	3.70
11-00-00-44900	WORK PERMITS	20.00	62.50	560.00	497.50	11.16
11-00-00-44950	OTHER PERMITS	.00	457.00	1,500.00	1,043.00	30.47
11-00-00-45100	ANNEXATION FILING FEES	.00	.00	.00	.00	.00
11-00-00-45220	RESTITUTION	.00	.00	.00	.00	.00
11-00-00-46000	CASH DRAWER OVERAGES/UNDERA	.00	.27	.00	.27	.00
11-00-00-46100	GENERAL GOVT MISC REVENUE	186.78	400.08	2,000.00	1,599.92	20.00
11-00-00-46110	SPECIAL ASSMT LETTERS FEES	2,625.00	5,705.00	10,000.00	4,295.00	57.05
11-00-00-46741	CHG FOR SVCS-CELEBRATIONS	121.36	20,121.36	.00	20,121.36	.00
11-00-00-46900	MISCELLANEOUS SALES	.00	52.05	200.00	147.95	26.03
11-00-00-47300	DONATIONS	.00	.00	.00	.00	.00
11-00-00-47800	INTDEPART CHGS FOR SVC TOURIS	.00	.00	.00	.00	.00
11-00-00-47900	INTDEPART CHGS FOR SVC UTILITY	.00	.00	.00	.00	.00
11-00-00-48110	INTEREST INCOME	16,572.01	85,462.68	60,000.00	25,462.68	142.44
11-00-00-48120	A/R FINANCE CHARGES	.00	.00	.00	.00	.00
11-00-00-48130	INTEREST ON SPECIAL ASSESMEN	.00	5.43	200.00	194.57	2.72
11-00-00-48190	DISCOUNTS EARNED	.00	.00	250.00	250.00	.00
11-00-00-48300	SALE OF CITY EQUIPMENT	.00	.00	.00	.00	.00
11-00-00-48320	SALE OF CITY REAL ESTATE	.00	.00	.00	.00	.00
11-00-00-48350	ROOM RENTAL FEES	.00	1.00	.00	1.00	.00
11-00-00-48370	HILLMOOR LEASE	.00	.00	.00	.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-00-00-48400	INSURANCE REIMBURSEMENTS	1,000.00	2,000.00	30,000.00	28,000.00	6.67
11-00-00-48450	INSURANCE REBATE-LEAGUE	.00	.00	10,000.00	10,000.00	.00
11-00-00-48510	OTHER PARK DONATIONS	.00	.00	.00	.00	.00
11-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
11-00-00-49100	APPL.PRIOR YRS APPROPRIATION	.00	.00	300,000.00	300,000.00	.00
11-00-00-49200	DEBT SERVICE REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49220	TID ADMIN REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49300	TRANSFER FROM LAKEFRONT	.00	.00	463,941.00	463,941.00	.00
11-00-00-49400	TRANSFER FROM UTILITY	.00	.00	.00	.00	.00
11-00-00-49500	REVENUE FROM PARKING FUND	.00	.00	870,874.00	870,874.00	.00
11-00-00-49610	TRANSFER FROM LAKEFRONT RES	.00	.00	.00	.00	.00
Total GENERAL FUND:		306,189.11	3,331,472.67	8,648,193.00	5,316,720.33	38.52
Total GENERAL FUND:		306,189.11	3,331,472.67	8,648,193.00	5,316,720.33	38.52

**GENERAL GOVERNMENT**  
**GENERAL GOVERNMENT**

11-10-00-51330	LIFE INSURANCE POLICY FEES	145.71	720.52	1,850.00	1,129.48	38.95
11-10-00-51390	HOLIDAY APPRECIATION	.00	.00	.00	.00	.00
11-10-00-51540	UNEMPLOYMENT COMPENSATION	.00	2,040.42	6,000.00	3,959.58	34.01
11-10-00-52140	LABOR NEGOTIATIONS	.00	.00	.00	.00	.00
11-10-00-52160	OFFICIAL MAP	.00	.00	.00	.00	.00
11-10-00-52450	EXPENSES SUBJECT TO INS CLAIM	95.00	95.00	30,000.00	29,905.00	.32
11-10-00-53140	OFFICIAL PUBLICATIONS & NOTICE	324.69	2,603.70	12,000.00	9,396.30	21.70
11-10-00-53150	PUBLICATION FEES REIMBURSABLE	127.56	667.11	2,100.00	1,432.89	31.77
11-10-00-53160	RECORDING FEES	.00	60.00	100.00	40.00	60.00
11-10-00-53980	BANK CHARGES	22.03	229.77	1,200.00	970.23	19.15
11-10-00-53990	GENERAL GOVT MISC EXPENSES	.00	95.00	250.00	155.00	38.00
11-10-00-57300	SPECIAL LITIGATIONS	.00	.00	.00	.00	.00
11-10-00-57400	PERSONAL PROPERTY WRITEOFFS	.00	1,056.05	3,000.00	1,943.95	35.20
11-10-00-57410	ILLEGAL TAXES & REFUNDS	.00	.00	.00	.00	.00
11-10-00-57420	P.P. WRITE-OFFS REIMBURSED	.00	12.76	.00	12.76	.00
11-10-00-57800	CONTINGENCY ACCOUNT	.00	.00	129,471.00	129,471.00	.00
11-10-00-59100	PURCHASE OF REAL ESTATE	.00	.00	.00	.00	.00
11-10-00-59200	TRANSFER TO CEMETERY FUND	.00	.00	.00	.00	.00
11-10-00-59300	TRANSFER TO DEBT SERVICE	.00	.00	.00	.00	.00
11-10-00-59400	TRANSFER TO CAPITAL FUND	.00	.00	.00	.00	.00
11-10-00-59500	TRANSFER TO LIBRARY FUND	.00	.00	.00	.00	.00
11-10-00-59600	TRANSFER TO EQUIP REPLACEMENT	.00	.00	.00	.00	.00
Total GENERAL GOVERNMENT:		714.99	7,554.81	185,971.00	178,416.19	4.06

**INSURANCE**

11-10-10-55090	INS REIMB-OTHER DEPTS	.00	24,289.06	91,000.00	66,710.94	26.69
11-10-10-55120	GENERAL LIABILITY INSURANCE	.00	136,839.00	182,452.00	45,613.00	75.00
11-10-10-55130	BOILER & MACHINERY INS	.00	815.76	500.00	315.76	163.15
11-10-10-55160	WORKERS COMPENSATION	.00	111,697.50	148,930.00	37,232.50	75.00
Total INSURANCE:		.00	225,063.20	240,882.00	15,818.80	93.43

**HEALTH INSURANCE**

11-10-20-51110	HEALTH & DENTAL REIMBURSABLE	7,147.33	29,635.65	30,714.00	1,078.35	96.49
11-10-20-51120	HEALTH REIMBURSE-EMPLOYEE	.00	.00	83,000.00	83,000.00	.00
11-10-20-51320	HEALTH AND DENTAL ADMIN CHGS	545.45	4,850.28	92,000.00	87,149.72	5.27
11-10-20-51330	HEALTH AND DENTAL CLAIMS	20,163.84	112,115.64	372,480.00	260,364.36	30.10

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-10-20-51335	HEALTH INSURANCE PREMIUMS	.00	.00	223,872.00	223,872.00	.00
11-10-20-51340	DISABILITY PREMIUMS CITY	1,928.63	4,843.37	11,500.00	6,656.63	42.12
11-10-20-51350	EAP PROGRAM	937.50	1,875.00	3,800.00	1,925.00	49.34
11-10-20-51520	OPT OUT SOCIAL SECURITY EXP	297.17	1,337.09	3,800.00	2,462.91	35.19
Total HEALTH INSURANCE:		23,602.42-	95,385.73	593,738.00	498,352.27	16.07
Total GENERAL GOVERNMENT:		22,887.43-	328,003.74	1,020,591.00	692,587.26	32.14

**COMMON COUNCIL**

**COMMON COUNCIL**

11-11-00-51140	COUNCIL SALARIES	2,461.60	11,077.20	32,000.00	20,922.80	34.62
11-11-00-51200	PART TIME WAGES	64.42	260.73	1,650.00	1,389.27	15.80
11-11-00-51520	COUNCIL SOCIAL SECURITY	193.25	867.40	2,575.00	1,707.60	33.69
11-11-00-52140	VIDEOTAPING EXPENSES	.00	.00	.00	.00	.00
11-11-00-53100	COMPUTER & OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-11-00-53200	COUNCIL WIS LEAGUE MEMBERSHIP	.00	3,823.11	3,823.00	.11-	100.00
11-11-00-53310	COUNCIL MEALS & LODGING	.00	.00	500.00	500.00	.00
11-11-00-53320	COUNCIL CONFERENCES & SCHOOL	.00	270.00	600.00	330.00	45.00
11-11-00-53990	COUNCIL MISCELLANEOUS EXPENSE	990.36	2,483.56	2,000.00	483.56-	124.18
Total COMMON COUNCIL:		3,709.63	18,782.00	43,148.00	24,366.00	43.53
Total COMMON COUNCIL:		3,709.63	18,782.00	43,148.00	24,366.00	43.53

**MUNICIPAL COURT**

**MUNICIPAL COURT**

11-12-00-45100	COURT PENALTIES & FINES	13,330.27	54,615.63	150,000.00	95,384.37	36.41
11-12-00-45120	CIRCUIT COURT FORFEITURES	.00	.00	.00	.00	.00
11-12-00-45130	PARKING CITATION COLLECTIONS	1,226.43	9,941.45	10,000.00	58.55	99.41
11-12-00-45140	COURT CITATION COLLECTN-STARK	2.50	61.04	500.00	438.96	12.21
11-12-00-46400	REIMBURSEMENTS BY DEFENDANTS	25.00	25.00	250.00	225.00	10.00
11-12-00-48110	MUNICIPAL CT INTEREST INCOME	.00	.00	.00	.00	.00
Total MUNICIPAL COURT:		14,584.20	64,643.12	160,750.00	96,106.88	40.21

**MUNICIPAL COURT**

11-12-00-51140	MUNICIPAL COURT SALARIES	1,118.42	5,032.89	14,540.00	9,507.11	34.61
11-12-00-51200	MUNICIPAL COURT WAGES-CLERK	4,635.53	19,242.88	60,915.00	41,672.12	31.59
11-12-00-51250	MUNICIPAL CT OVERTIME	.00	.00	.00	.00	.00
11-12-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-12-00-51340	MUNICIPAL CT LIFE INSURANCE	17.74	88.70	215.00	126.30	41.26
11-12-00-51345	MUNICIPAL CT HEALTH INSURANCE	2,731.48	10,925.92	32,778.00	21,852.08	33.33
11-12-00-51360	MUNICIPAL CT RETIREMENT FUND	221.29	923.61	2,810.00	1,886.39	32.87
11-12-00-51520	MUNICIPAL CT SOCIAL SECURITY	424.87	1,788.25	5,772.00	3,983.75	30.98
11-12-00-52140	COLLECTION FEES	.00	12.50	200.00	187.50	6.25
11-12-00-52210	MUNICIPAL CT TELEPHONE	71.86	254.30	700.00	445.70	36.33
11-12-00-52900	CARE OF PRISONERS	30.00	225.00	1,500.00	1,275.00	15.00
11-12-00-53100	MUNICIPAL CT OFFICE SUPPLIES	3.32-	272.11	500.00	227.89	54.42
11-12-00-53120	POSTAGE-MUNICIPAL COURT	.00	165.84	675.00	509.16	24.57
11-12-00-53300	MUNICIPAL CT TRAVEL-MILEAGE	.00	126.32	500.00	373.68	25.26
11-12-00-53310	MUN CT-MEALS & LODGING	.00	180.00	1,200.00	1,020.00	15.00
11-12-00-53320	MUN CT CONFERENCES & SCHOOL	.00	890.00	1,490.00	600.00	59.73
11-12-00-53400	OPERATING SUPPLIES-CITATIONS	.00	.00	.00	.00	.00
11-12-00-53610	EQUIPMENT MAINT SERVICE COSTS	22.00	5,609.00	6,085.00	476.00	92.18
11-12-00-53810	MUNICIPAL COURT OPERATIONS	.00	.00	500.00	500.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-12-00-53990	MUNICIPAL CT MISCELLANEOUS EXP	6.00	6.00	100.00	94.00	6.00
	Total MUNICIPAL COURT:	9,275.87	45,743.32	130,480.00	84,736.68	35.06
	Total MUNICIPAL COURT:	23,860.07	110,386.44	291,230.00	180,843.56	37.90
<b>CITY ATTORNEY</b>						
<b>CITY ATTORNEY</b>						
11-13-00-51130	CITY ATTORNEY SALARY	5,088.00	22,896.00	64,847.00	41,951.00	35.31
11-13-00-51150	LABOR NEGOTIATIONS	.00	.00	.00	.00	.00
11-13-00-51340	CITY ATTORNEY LIFE INSURANCE	34.58	172.90	415.00	242.10	41.66
11-13-00-51345	CITY ATTORNEY HEALTH INSURANC	.00	.00	.00	.00	.00
11-13-00-51360	CITY ATTORNEY RETIREMENT FUND	333.26	1,499.68	4,247.00	2,747.32	35.31
11-13-00-51520	CITY ATTORNEY SOCIAL SECURITY	389.24	1,751.58	4,961.00	3,209.42	35.31
11-13-00-52130	CITY ATTORNEY SERVICES	.00	.00	.00	.00	.00
11-13-00-53100	CITY ATTORNEY OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-13-00-53300	CITY ATTORNEY TRAVEL-MILEAGE	.00	.00	.00	.00	.00
11-13-00-53310	CITY ATTORNEY MEALS & LODGING	.00	.00	450.00	450.00	.00
11-13-00-53320	CITY ATTORNEY SCHOOL/CONFER	.00	.00	450.00	450.00	.00
11-13-00-53990	CITY ATTORNEY MISC EXPENSES	.00	.00	300.00	300.00	.00
	Total CITY ATTORNEY:	5,845.08	26,320.16	75,670.00	49,349.84	34.78
<b>OUTSIDE ATTORNEYS EXPENDITURES</b>						
11-13-10-52140	OUTSIDE ATTORNEYS FEES	52.55	52.55	25,000.00	24,947.45	.21
	Total OUTSIDE ATTORNEYS EXPENDITURES:	52.55	52.55	25,000.00	24,947.45	.21
	Total CITY ATTORNEY:	5,897.63	26,372.71	100,670.00	74,297.29	26.20
<b>MAYOR</b>						
<b>MAYOR</b>						
11-14-10-51140	MAYOR SALARY	527.54	2,373.93	6,858.00	4,484.07	34.62
11-14-10-51520	MAYOR SOCIAL SECURITY	40.34	181.53	525.00	343.47	34.58
11-14-10-53100	MAYOR OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-14-10-53310	MAYOR MEALS,LODGING,ETC	.00	.00	200.00	200.00	.00
11-14-10-53990	MAYOR MISC EXPENSE	.00	.00	700.00	700.00	.00
	Total MAYOR:	567.88	2,555.46	8,283.00	5,727.54	30.85
<b>CITY ADMINISTRATOR</b>						
11-14-20-51100	CITY ADMINISTRATOR SALARY	9,038.46	40,673.07	125,000.00	84,326.93	32.54
11-14-20-51330	REIMB OF INSURANCE DEDUCTIBLE	.00	.00	.00	.00	.00
11-14-20-51340	CITY ADMIN LIFE INSURANCE	47.77	238.85	400.00	161.15	59.71
11-14-20-51345	CITY ADMIN HEALTH INSURANCE	855.22	3,420.88	10,263.00	6,842.12	33.33
11-14-20-51360	CITY ADMIN RETIREMENT	592.02	2,664.09	8,188.00	5,523.91	32.54
11-14-20-51520	CITY ADMIN SOCIAL SECURITY	686.94	3,091.23	9,563.00	6,471.77	32.32
11-14-20-53100	CITY ADMIN OFFICE SUPPLIES	.00	380.38	200.00	180.38	190.19
11-14-20-53240	DUES,BOOKS,PUBLICATIONS	.00	1,065.00	1,300.00	235.00	81.92
11-14-20-53300	CITY ADMIN TRAVEL-MILEAGE	.00	.00	1,200.00	1,200.00	.00
11-14-20-53310	CITY ADMIN MEALS/LODGING	.00	.00	1,300.00	1,300.00	.00
11-14-20-53320	CITY ADMIN CONFR/SCHOOLS	.00	266.25	2,000.00	1,733.75	13.31
11-14-20-53990	CITY ADMIN MISC EXPENSE	.00	.00	200.00	200.00	.00
	Total CITY ADMINISTRATOR:	11,220.41	51,799.75	159,614.00	107,814.25	32.45

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>CITY CLERK</b>						
11-14-30-43520	GRANTS-ELECTION	.00	.00	.00	.00	.00
Total CITY CLERK:		.00	.00	.00	.00	.00
<b>CITY CLERK</b>						
11-14-30-51100	CITY CLERK SALARY	5,100.00	22,935.01	66,300.00	43,364.99	34.59
11-14-30-51110	ASSISTANT CLERK WAGES	4,085.63	17,343.90	49,572.00	32,228.10	34.99
11-14-30-51200	CITY CLERK STAFF WAGES	.00	1,584.19	19,162.00	17,577.81	8.27
11-14-30-51260	CITY CLERK SEASONAL WAGES	.00	.00	.00	.00	.00
11-14-30-51330	INS DEDUCTIBLE REIMBURSE	.00	.00	.00	.00	.00
11-14-30-51340	CITY CLERK LIFE INSURANCE	12.39	61.95	150.00	88.05	41.30
11-14-30-51345	CITY CLERK HEALTH INSURANCE	4,485.75	17,943.00	53,829.00	35,886.00	33.33
11-14-30-51360	CITY CLERK RETIREMENT FUND	601.67	2,636.63	7,590.00	4,953.37	34.74
11-14-30-51520	CITY CLERK SOCIAL SECURITY	822.10	3,346.26	10,330.00	6,983.74	32.39
11-14-30-51900	POLL WORKERS FEES	1,967.75	3,708.25	5,000.00	1,291.75	74.17
11-14-30-52180	MUNICIPAL CODIFICATION	408.41	903.41	5,000.00	4,096.59	18.07
11-14-30-53100	CITY CLERK OFFICE SUPPLIES	193.01	419.44	1,300.00	880.56	32.26
11-14-30-53110	BALLOTS/OTHER ELECTION EXPENS	703.11	2,882.19	4,000.00	1,117.81	72.05
11-14-30-53120	POSTAGE-CITY CLERK	.00	1,008.17	5,000.00	3,991.83	20.16
11-14-30-53140	RECALL ELECTION EXPENDITURES	.00	.00	.00	.00	.00
11-14-30-53300	CITY CLERK TRAVEL-MILEAGE	.00	292.15	800.00	1,092.15	36.52
11-14-30-53310	CITY CLERK MEALS,LODGING	.00	.00	900.00	900.00	.00
11-14-30-53320	CITY CLRK CONFERENCES & DUES	.00	300.00	1,100.00	800.00	27.27
11-14-30-53820	LICENSE/SUPPORT EXPENSE	.00	1,658.00	2,000.00	342.00	82.90
11-14-30-53990	CITY CLERK MISCELLANEOUS EXP	.00	60.00	600.00	540.00	10.00
11-14-30-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
Total CITY CLERK:		18,379.82	76,498.25	232,633.00	156,134.75	32.88
Total MAYOR:		30,168.11	130,853.46	400,530.00	269,676.54	32.67
<b>ACCOUNTING</b>						
<b>ACCOUNTING</b>						
11-15-10-51100	ACCOUNTING SALARY	5,649.22	25,388.28	73,440.00	48,051.72	34.57
11-15-10-51200	ACCOUNTING WAGES	11,108.98	46,328.26	150,138.00	103,809.74	30.86
11-15-10-51260	ACCTG PART TIME WAGES	270.38	702.16	3,890.00	3,187.84	18.05
11-15-10-51330	ACCTG INS DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-15-10-51340	ACCTG LIFE INSURANCE	59.65	289.43	665.00	375.57	43.52
11-15-10-51345	ACCTG HEALTH INSURANCE	5,462.96	18,710.65	65,556.00	46,845.35	28.54
11-15-10-51360	ACCTG RETIREMENT EXP	1,097.69	4,693.29	14,645.00	9,951.71	32.05
11-15-10-51520	ACCTG SOCIAL SECURITY	1,266.91	5,392.33	17,402.00	12,009.67	30.99
11-15-10-52120	ACCTG CONSULTANT FEES	.00	1,800.00	3,200.00	1,400.00	56.25
11-15-10-52130	INDEPENDENT AUDIT FEES	11,500.00	18,000.00	26,000.00	8,000.00	69.23
11-15-10-53100	ACCTG OFFICE SUPPLIES	240.30	1,268.18	3,000.00	1,731.82	42.27
11-15-10-53200	ACCTG PROFESSIONAL DUES	.00	25.00	700.00	675.00	3.57
11-15-10-53320	ACCTG CONFERENCES/TRAINING	.00	125.00	1,800.00	1,675.00	6.94
11-15-10-53990	ACCTG MISC EXPENSE	141.00	141.00	1,500.00	1,359.00	9.40
11-15-10-54150	TUITION & BOOKS REIMB	.00	.00	.00	.00	.00
11-15-10-54500	COMPUTER IT SVC & EQUIPMENT	3,000.85	10,547.05	40,000.00	29,452.95	26.37
Total ACCOUNTING:		39,797.94	133,410.63	401,936.00	268,525.37	33.19
<b>TREASURER</b>						
11-15-30-51120	TREASURER SALARY	.00	.00	.00	.00	.00
11-15-30-51260	TREASURER ASST-SEASONAL WAGE	.00	.00	.00	.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-15-30-51340	TREASURER LIFE INSURANCE	.00	.00	.00	.00	.00
11-15-30-51345	TREASURER HEALTH INSURANCE	.00	.00	.00	.00	.00
11-15-30-51360	TREASURER RETIREMENT FUND	.00	.00	.00	.00	.00
11-15-30-51520	TREASURER SOCIAL SECURITY	.00	.00	.00	.00	.00
11-15-30-52140	OUTSIDE COLLECTION FEES	.00	.00	.00	.00	.00
11-15-30-53100	TREASURER OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-15-30-53120	TREASURER POSTAGE EXP	.00	.00	.00	.00	.00
11-15-30-53300	TREASURER TRAVEL-MILEAGE	.00	.00	.00	.00	.00
11-15-30-53310	TREASURER MEALS & LODGING	.00	.00	.00	.00	.00
11-15-30-53320	TREASURER CONFERENCES & DUES	.00	.00	.00	.00	.00
11-15-30-53990	TREASURER MISCELLANEOUS EXP	.00	.00	.00	.00	.00
Total TREASURER:		.00	.00	.00	.00	.00

**ASSESSOR**

11-15-40-51200	ASSESSOR WAGES & SALARIES	.00	.00	.00	.00	.00
11-15-40-51260	ASSESSOR SEASONAL WAGES	.00	.00	.00	.00	.00
11-15-40-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-15-40-51340	ASSESSOR LIFE INSURANCE	.00	.00	.00	.00	.00
11-15-40-51345	ASSESSOR HEALTH INSURANCE	.00	.00	.00	.00	.00
11-15-40-51360	ASSESSOR RETIREMENT FUND	.00	.00	.00	.00	.00
11-15-40-51520	ASSESSOR SOCIAL SECURITY	.00	.00	.00	.00	.00
11-15-40-52100	ASSESSOR CONTRACTED SERVICES	.00	8,200.00	41,000.00	32,800.00	20.00
11-15-40-52110	ASSESSOR CONTRACT-COMMERCIA	.00	.00	.00	.00	.00
11-15-40-52130	MANUFACTURING ASSESSMENT	.00	.00	2,000.00	2,000.00	.00
11-15-40-52140	OUTSIDE ATTORNEYS FEES	.00	.00	.00	.00	.00
11-15-40-53100	ASSESSOR OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-15-40-53120	ASSESSOR POSTAGE	.00	.00	.00	.00	.00
11-15-40-53200	ASSESSOR PROFESSIONAL DUES	.00	.00	.00	.00	.00
11-15-40-53300	ASSESSOR TRAVEL-MILEAGE	.00	.00	.00	.00	.00
11-15-40-53310	ASSESSOR MEALS & LODGING	.00	.00	.00	.00	.00
11-15-40-53320	ASSESSOR CONFERENCES & SCHO	.00	.00	.00	.00	.00
11-15-40-53980	BOARD OF REVIEW MISC EXPENSES	.00	.00	50.00	50.00	.00
11-15-40-53990	ASSESSOR MISCELLANEOUS EXPEN	.00	.00	.00	.00	.00
11-15-40-54100	ASSESSOR CERTIFICATIONS	.00	.00	.00	.00	.00
11-15-40-54500	ASSESSOR PROGRAMMING	.00	.00	.00	.00	.00
Total ASSESSOR:		.00	8,200.00	43,050.00	34,850.00	19.05
Total ACCOUNTING:		39,797.94	141,610.63	444,986.00	303,375.37	31.82

**CITY HALL BUILDING**

**CITY HALL BUILDING**

11-16-10-51200	CITY HALL MAINT WAGES	3,757.22	16,081.89	48,455.00	32,373.11	33.19
11-16-10-51250	CITY HALL MAINT OVERTIME	70.45	519.56	1,155.00	635.44	44.98
11-16-10-51340	CITY HALL MAINT LIFE INS	25.76	128.80	325.00	196.20	39.63
11-16-10-51345	CITY HALL MAINT HEALTH INSUR	1,754.27	7,017.08	21,051.00	14,033.92	33.33
11-16-10-51360	CITY HALL MAINT RETIREMENT	250.71	1,085.76	3,250.00	2,164.24	33.41
11-16-10-51520	CITY HALL MAINT SOCIAL SEC	283.13	1,227.60	3,795.00	2,567.40	32.35
11-16-10-52210	CITY HALL TELEPHONE EXPENSE	817.39	3,221.38	10,000.00	6,778.62	32.21
11-16-10-52220	CITY HALL ELECTRICITY	2,594.52	10,942.47	45,000.00	34,057.53	24.32
11-16-10-52240	CITY HALL GAS HEAT	2,534.08	5,915.82	12,000.00	6,084.18	49.30
11-16-10-52260	CITY HALL WATER & SEWER EXP	443.33	443.33	2,300.00	1,856.67	19.28
11-16-10-52400	CITY HALL BUILDING REPAIRS	573.00	9,330.97	22,000.00	12,669.03	42.41
11-16-10-53100	CITY HALL OFFICE SUPPLIES	.00	133.32	3,000.00	2,866.68	4.44
11-16-10-53500	CITY HALL BLDG MAINT SUPPLIES	100.15	1,300.52	5,500.00	4,199.48	23.65

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-16-10-53600	CITY HALL MAINT SERVICE COSTS	973.73	2,950.32	16,000.00	13,049.68	18.44
11-16-10-53990	CITY HALL MISC EXP	.00	.00	.00	.00	.00
11-16-10-55310	CH OFFICE EQUIPMENT CONTRACTS	223.17	786.48	3,000.00	2,213.52	26.22
11-16-10-55320	CH POSTAGE METER RENT & EXP	891.60	891.60	5,000.00	4,108.40	17.83
Total CITY HALL BUILDING:		15,292.51	61,976.90	201,831.00	139,854.10	30.71
Total CITY HALL BUILDING:		15,292.51	61,976.90	201,831.00	139,854.10	30.71

**SHERIDAN SPRINGS PROPERTY**  
**SHERIDAN SPRINGS PROPERTY**

11-17-10-52220	SHERIDAN SPRINGS ELECTRICITY	.00	.00	.00	.00	.00
11-17-10-52240	SHERIDAN SPRINGS HEAT EXP	.00	.00	.00	.00	.00
11-17-10-52260	SHERIDAN SPRINGS WATER & SEWE	.00	.00	.00	.00	.00
11-17-10-52400	SHERIDAN SPRINGS MAINTENANCE	.00	.00	.00	.00	.00
Total SHERIDAN SPRINGS PROPERTY:		.00	.00	.00	.00	.00
Total SHERIDAN SPRINGS PROPERTY:		.00	.00	.00	.00	.00

**POLICE DEPARTMENT**  
**POLICE DEPARTMENT**

11-21-00-43520	LAW ENFORCEMENT TRAINING AIDS	.00	.00	5,760.00	5,760.00	.00
11-21-00-43530	FEDERAL GRANTS & REIMBURSEME	.00	.00	.00	.00	.00
11-21-00-43540	STATE GRANTS & REIMBURSEMENT	227.08	620.51	5,000.00	4,379.49	12.41
11-21-00-46200	SEIZURES	.00	.00	3,500.00	3,500.00	.00
11-21-00-46210	MISCELLANEOUS REVENUE	89.75	304.15	2,100.00	1,795.85	14.48
11-21-00-46220	WAGE REIMBURSEMENTS	.00	1,654.51	68,429.00	66,774.49	2.42
11-21-00-46230	MISC TAXABLE REVENUES	.00	.72	250.00	249.28	.29
11-21-00-46240	FINGERPRINTING	15.00	90.00	500.00	410.00	18.00
11-21-00-46250	VEHICLE LOCKOUT FEE	237.00	1,515.85	5,200.00	3,684.15	29.15
11-21-00-46260	BLOOD DRAW REIMBURSEMENT	263.10	578.10	1,100.00	521.90	52.55
11-21-00-47300	DONATIONS	.00	100.00	1,500.00	1,400.00	6.67
11-21-00-47350	COMMUNICATIONS REIMB-FIRE DEPT	.00	41,653.00	40,836.00	817.00	102.00
11-21-00-47370	BODY ARMOR DONATIONS	.00	.00	6,700.00	6,700.00	.00
11-21-00-48190	DISCOUNTS EARNED-PD	.00	.00	.00	.00	.00
11-21-00-48300	SALE OF POLICE EQUIPMENT	.00	2,100.00	.00	2,100.00	.00
11-21-00-48310	SALE OF 1033 PROPERTY	.00	.00	.00	.00	.00
Total POLICE DEPARTMENT:		831.93	48,616.84	140,875.00	92,258.16	34.51

**POLICE DEPARTMENT**

11-21-00-51100	POLICE FT SALARIES	155,746.52	668,236.94	1,994,917.00	1,326,680.06	33.50
11-21-00-51200	POLICE PT WAGES	4,548.79	16,049.71	104,040.00	87,990.29	15.43
11-21-00-51250	POLICE OVERTIME WAGES	1,256.96	4,426.30	35,000.00	30,573.70	12.65
11-21-00-51270	PD COMPENSATION PER CONTRACT	12,004.09	26,015.78	110,000.00	83,984.22	23.65
11-21-00-51340	PD LIFE INSURANCE	263.69	1,289.79	3,019.00	1,729.21	42.72
11-21-00-51345	PD HEALTH INSURANCE	51,683.02	202,979.56	620,196.00	417,216.44	32.73
11-21-00-51360	PD RETIREMENT FUND	23,619.30	98,028.16	295,430.00	197,401.84	33.18
11-21-00-51380	PD UNIFORM ALLOWANCE	2,973.84	9,518.46	25,775.00	16,256.54	36.93
11-21-00-51390	PART TIME UNIFORM EXPENSE	293.26	1,368.11	5,900.00	4,531.89	23.19
11-21-00-51400	PD INTERPRETERS FEES	28.74	53.94	1,000.00	946.06	5.39
11-21-00-51410	PD OUTSIDE OFFICERS	.00	.00	.00	.00	.00
11-21-00-51520	PD SOCIAL SECURITY	13,148.01	54,259.70	174,561.00	120,301.30	31.08
11-21-00-51900	PFC COMMISSION EXPENSES	.00	.00	600.00	600.00	.00
11-21-00-52140	OUTSIDE LEGAL EXPENSES	.00	.00	1,200.00	1,200.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-21-00-52210	PD TELEPHONE EXPENSE	2,083.04	6,507.80	26,000.00	19,492.20	25.03
11-21-00-52220	POLICE IMPOUND BLDG ELECTRIC	24.23	97.04	400.00	302.96	24.26
11-21-00-52450	EQUIPMENT REPAIRS-INS CLAIMS	.00	.00	2,000.00	2,000.00	.00
11-21-00-52620	PD COMMUNICATION SYS MAINT FEE	537.50	1,510.04	9,000.00	7,489.96	16.78
11-21-00-52900	CARE OF PRISONERS	.00	.00	1,000.00	1,000.00	.00
11-21-00-52910	CARE OF STRAY ANIMALS	.00	.00	400.00	400.00	.00
11-21-00-53050	DATA PROCESSING	3,030.73	7,243.85	20,000.00	12,756.15	36.22
11-21-00-53100	PD OFFICE SUPPLIES	1,156.93	3,254.52	7,000.00	3,745.48	46.49
11-21-00-53120	PD POSTAGE	.00	341.33	1,600.00	1,258.67	21.33
11-21-00-53160	CRIME PREVENTION PROGRAM	.00	.00	6,000.00	6,000.00	.00
11-21-00-53300	PD MILEAGE/TRAVEL	60.32	111.36	2,200.00	2,088.64	5.06
11-21-00-53310	PD MEALS & LODGING	405.37	1,702.83	6,500.00	4,797.17	26.20
11-21-00-53410	PD FUEL EXPENSE	2,853.70	10,360.68	33,866.00	23,505.32	30.59
11-21-00-53420	PD SPECIAL EQUIPMENT	2,481.12	9,437.49	11,650.00	2,212.51	81.01
11-21-00-53610	PD EQUIP MAINT SERV COSTS	3,021.49	6,085.26	24,200.00	18,114.74	25.15
11-21-00-53800	PD SPECIAL INVESTIGATIONS	151.93	5,492.28	10,305.00	4,812.72	53.30
11-21-00-53990	PD MISCELLANEOUS EXP	40.00	875.68	4,000.00	3,124.32	21.89
11-21-00-54100	PD TRAINING EXPENSES	4,232.36	14,371.10	49,700.00	35,328.90	28.92
11-21-00-54110	PD APPLICATION PROCESS	657.91	1,123.63	11,000.00	9,876.37	10.21
11-21-00-54120	TRNG & TRAVEL-REIMBURSEABLE	.00	3,759.08	.00	3,759.08	.00
11-21-00-54150	TUITION & BOOKS PER CONTRACT	.00	1,610.49	11,400.00	9,789.51	14.13
11-21-00-54500	PRO-PHOENIX MAINT CONTRACT	.00	28,796.99	28,762.00	34.99	100.12
11-21-00-55310	COPY MACHINE & SHREDDING SVC	228.61	758.13	4,200.00	3,441.87	18.05
11-21-00-55330	TELETYPE EXPENSE	.00	9,432.00	11,053.00	1,621.00	85.33
11-21-00-57340	GRANT PURCHASES-FEDERAL	.00	.00	.00	.00	.00
11-21-00-57350	GRANT PURCHASES-STATE	.00	.00	.00	.00	.00
11-21-00-57360	DONOR PURCHASES	.00	.00	.00	.00	.00
11-21-00-57370	BODY ARMOR EXPENDITURES	.00	.00	13,400.00	13,400.00	.00
11-21-00-57380	EXPENDITURES-SEIZURE \$	.00	.00	.00	.00	.00
11-21-00-57390	1033 EXPENDITURES	.00	.00	.00	.00	.00
11-21-00-58100	EQUIPMENT OUTLAY	13,094.71	39,100.74	68,765.00	29,664.26	56.86
Total POLICE DEPARTMENT:		299,626.17	1,226,680.61	3,736,039.00	2,509,358.39	32.83
Total POLICE DEPARTMENT:		300,458.10	1,275,297.45	3,876,914.00	2,601,616.55	32.89

**FIRE DEPARTMENT****FIRE DEPARTMENT**

11-22-00-43400	EMS PROVIDER SUPPORT-ACT 102	.00	.00	5,300.00	5,300.00	.00
11-22-00-43420	FIRE DUES FROM STATE	.00	.00	45,622.00	45,622.00	.00
11-22-00-43540	STATE GRANTS & REIMBURSEMENT	.00	.00	.00	.00	.00
11-22-00-44710	FIRE DEPT BURNING PERMIT	200.00	300.00	1,000.00	700.00	30.00
11-22-00-46100	MISCELLANEOUS REVENUE	1,332.00	1,841.50	5,000.00	3,158.50	36.83
11-22-00-46200	FIRE WAGE INCOME	.00	.00	.00	.00	.00
11-22-00-46210	VEHICLE/CHARGES	.00	.00	.00	.00	.00
11-22-00-46220	EMS WAGE INCOME	.00	.00	.00	.00	.00
11-22-00-46230	INSPECTION FEES	50.00	.00	81,500.00	81,500.00	.00
11-22-00-46240	FIRE/EMS BILLING REVENUE	44,550.28	194,106.39	465,600.00	271,493.61	41.69
11-22-00-46245	ALS INTERCEPT FEE	1,800.00	3,600.00	.00	3,600.00	.00
11-22-00-46250	PLAN REVIEW/SPRINKLER SYSTEMS	6,220.00	7,895.00	7,500.00	395.00	105.27
11-22-00-47300	TOWNSHIPS FIRE SERVICES	2,846.00	33,671.50	55,000.00	21,328.50	61.22
11-22-00-47400	EMS TRANSPORT/VEHICLE CHARGE	.00	.00	.00	.00	.00
11-22-00-47500	VIOLATION FEES	.00	.00	.00	.00	.00
11-22-00-48110	INTEREST	221.52	1,005.65	1,000.00	5.65	100.57
11-22-00-48300	SALE OF FIRE DEPT EQUIPMENT	.00	.00	.00	.00	.00
11-22-00-48510	FIRE DEPT DONATIONS	.00	995.00	2,000.00	1,005.00	49.75

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-22-00-48550	DONATIONS-CPR CLASSES	45.00	1,040.00	2,200.00	1,160.00	47.27
11-22-00-49100	APPROP FROM DESIGNATED FB A/C	.00	.00	5,000.00	5,000.00	.00
Total FIRE DEPARTMENT:		54,500.80	244,455.04	676,722.00	432,266.96	36.12
<b>FIRE DEPARTMENT</b>						
11-22-00-51130	FIRE OFFICER SALARIES	3,232.26	14,545.17	42,672.00	28,126.83	34.09
11-22-00-51140	FIRE/EMS STIPEND PAY	1,750.76	9,204.84	25,344.00	16,139.16	36.32
11-22-00-51150	FIRE SAFETY/PUBLIC ED WAGES	73.51	321.72	4,500.00	4,178.28	7.15
11-22-00-51160	FIRE/EMS OTHER PAY	159.06	1,676.77	5,202.00	3,525.23	32.23
11-22-00-51220	PAID ON PREMISE WAGES	38,175.05	159,350.23	526,126.00	366,775.77	30.29
11-22-00-51290	EMS LINN CALL PAY	.00	.00	.00	.00	.00
11-22-00-51300	EMS CITY CALL PAY	1,037.06	4,303.15	20,000.00	15,696.85	21.52
11-22-00-51310	EMS GENEVA TWP CALL PAY	97.01	239.50	.00	239.50	.00
11-22-00-51330	FD LIFE INSURANCE EXP	72.30	361.02	1,000.00	638.98	36.10
11-22-00-51340	FD WORKMEN DISABILITY INS	.00	24,521.00	25,000.00	479.00	98.08
11-22-00-51345	FD HEALTH INSURANCE	.00	.00	.00	.00	.00
11-22-00-51360	FIRE/EMS RETIREMENT EXP	7,229.57	30,429.49	139,279.00	108,849.51	21.85
11-22-00-51380	FIRE DEPT UNIFORMS	3,277.84	4,255.46	10,000.00	5,744.54	42.55
11-22-00-51400	FIRE CITY CALL PAY	2,130.84	12,820.92	50,000.00	37,179.08	25.64
11-22-00-51410	FIRE GENEVA TWP CALL PAY	139.68	1,133.85	7,000.00	5,866.15	16.20
11-22-00-51420	FIRE LINN TWP CALL PAY	.00	.00	.00	.00	.00
11-22-00-51430	FIRE WALWORTH CTY CALL PAY	.00	.00	.00	.00	.00
11-22-00-51440	FD TRAVEL/MEAL EXPENSES	156.00	344.00	400.00	56.00	86.00
11-22-00-51520	FD SOCIAL SECURITY EXP	4,468.49	18,425.41	61,696.00	43,270.59	29.86
11-22-00-51900	FIRE COMMISSION MISC EXP	.00	.00	.00	.00	.00
11-22-00-52140	OUTSIDE BILLING SERVICES	3,892.51	3,892.51	35,000.00	31,107.49	11.12
11-22-00-52150	FIRE INSPECTORS WAGES	2,449.76	10,893.99	40,040.00	29,146.01	27.21
11-22-00-52160	FIRE/EMS DATA ENTRY WAGES	1,712.37	6,116.08	17,663.00	11,546.92	34.63
11-22-00-52170	FIRE INVESTIGATION PAY	.00	.00	.00	.00	.00
11-22-00-52180	CONTRACTUAL SERVICES-PARATEC	.00	.00	2,000.00	2,000.00	.00
11-22-00-52210	FIRE TELEPHONE EXPENSE	1,325.06	3,053.20	9,050.00	5,996.80	33.74
11-22-00-52220	FIREHOUSE ELECTRICITY	1,195.11	4,769.68	13,950.00	9,180.32	34.19
11-22-00-52240	FIREHOUSE GAS HEAT	673.32	3,401.15	7,000.00	3,598.85	48.59
11-22-00-52260	FIREHOUSE WATER/SEWER BILLS	507.76	507.76	1,300.00	792.24	39.06
11-22-00-52400	EQUIPMENT REPAIRS-FIRE DEPT	1,760.06	6,806.45	22,000.00	15,193.55	30.94
11-22-00-52410	FIREHOUSE REPAIRS	1,488.57	2,657.31	6,000.00	3,342.69	44.29
11-22-00-52620	FD-COMMUNICATION SYS MAINT FEE	360.00	2,082.00	3,200.00	1,118.00	65.06
11-22-00-52650	PD COMMUNICATION SERVICES	.00	41,653.00	41,653.00	.00	100.00
11-22-00-53100	OFFICE SUPPLIES	61.00	660.96	1,500.00	839.04	44.06
11-22-00-53120	POSTAGE EXPENSE	73.78	105.06	650.00	544.94	16.16
11-22-00-53200	MEMBERSHIP DUES & FEES	.00	1,050.00	2,250.00	1,200.00	46.67
11-22-00-53320	FIRE DEPT CONFERENCES/SCHOOL	.00	.00	1,500.00	1,500.00	.00
11-22-00-53400	OPERATING SUPPLIES	642.77	1,591.05	5,000.00	3,408.95	31.82
11-22-00-53410	FD FUEL EXPENSE	1,196.68	4,947.99	10,000.00	5,052.01	49.48
11-22-00-53500	BLDG MAINT SUPPLIES-FIREHOUSE	307.32	618.51	3,000.00	2,381.49	20.62
11-22-00-53510	EQUIP MAINT SUPPLIES-FIRE DEPT	80.70	501.35	5,500.00	4,998.65	9.12
11-22-00-53600	FIREHOUSE MAINT SERVICE COSTS	.00	1,387.64	4,540.00	3,152.36	30.56
11-22-00-53610	FD-EQUIP MAINT SERV COST	.00	.00	.00	.00	.00
11-22-00-53970	BAD DEBT EXPENSE/ADJUSTMENTS	.00	.00	.00	.00	.00
11-22-00-53980	FIRE FILM DEVELOPING	.00	.00	.00	.00	.00
11-22-00-53990	FIRE MISCELLANEOUS EXP	158.44	356.94	2,000.00	1,643.06	17.85
11-22-00-54100	FIRE TRAINING PAY	5,081.06	13,856.52	43,734.00	29,877.48	31.68
11-22-00-54120	TUITION REIMB PER CONTRACT	.00	512.32	4,000.00	3,487.68	12.81
11-22-00-54150	EXPENSE REIMB PER CONTRACT	.00	.00	1,500.00	1,500.00	.00
11-22-00-54500	FIRE IT SERVICES	594.18	594.18	7,300.00	6,705.82	8.14

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-22-00-54550	LEXIPOL	.00	5,374.00	5,374.00	.00	100.00
11-22-00-54600	PRO PHOENIX SUPPORT CONTRACT	.00	6,306.10	6,306.00	.10-	100.00
11-22-00-55100	EMS TRAINING PAY	4,192.99	13,510.60	24,198.00	10,687.40	55.83
11-22-00-55320	FD VOICE MAIL LEASE	.00	.00	.00	.00	.00
11-22-00-56100	CPR CLASS PAY	1,530.00	2,189.71	2,500.00	310.29	87.59
11-22-00-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
11-22-00-57360	DONATION PURCHASES	.00	.00	2,000.00	2,000.00	.00
11-22-00-57500	SPRINKLER SYSTEMS EXPENSES	240.00	240.00	5,200.00	4,960.00	4.62
11-22-00-58000	FIRE EQUIPMENT/SUPPLIES	.00	317.77	4,900.00	4,582.23	6.49
11-22-00-58100	EMS EQUIPMENT/SUPPLIES	1,640.95	7,769.87	18,400.00	10,630.13	42.23
11-22-00-58200	STATE MANDATED EQUIP TESTING	9,354.67	12,704.75	19,500.00	6,795.25	65.15
11-22-00-58300	ACT 102 EXPENSES	.00	300.00	5,300.00	5,000.00	5.66
11-22-00-58400	PRE-EMPLOYMENT TESTING	.00	492.00	2,500.00	2,008.00	19.68
Total FIRE DEPARTMENT:		102,078.37	443,152.98	1,305,727.00	862,574.02	33.94
<b>PROGRAM: 10</b>						
11-22-10-52290	FIRE PROTECTION-HYDRANT RENTA	.00	.00	.00	.00	.00
Total PROGRAM: 10:		.00	.00	.00	.00	.00
Total FIRE DEPARTMENT:		156,579.17	687,608.02	1,982,449.00	1,294,840.98	34.68
<b>BUILDING AND ZONING</b>						
<b>BUILDING AND ZONING</b>						
11-24-00-44300	BUILDING PERMITS	21,003.33	61,933.35	180,000.00	118,066.65	34.41
11-24-00-44310	ELECTRICAL PERMITS	7,355.00	25,650.50	67,500.00	41,849.50	38.00
11-24-00-44320	PLUMBING PERMITS	5,475.00	20,200.00	31,500.00	11,300.00	64.13
11-24-00-44330	OTHER PERMITS	5,641.61	21,239.95	36,000.00	14,760.05	59.00
11-24-00-44340	UTILITY PERMITS	.00	.00	.00	.00	.00
11-24-00-44360	MISCELLANEOUS FEES	.00	.00	.00	.00	.00
11-24-00-44400	ZONING PERMITS & FEES	7,400.00	15,305.00	45,000.00	29,695.00	34.01
11-24-00-46300	TRASH PICK-UP REVENUE	.00	.00	.00	.00	.00
Total BUILDING AND ZONING:		46,874.94	144,328.80	360,000.00	215,671.20	40.09
<b>BUILDING AND ZONING</b>						
11-24-00-51100	BUILDING INSPECTOR SALARIES	5,684.11	25,558.38	73,895.00	48,336.62	34.59
11-24-00-51200	BUILDING INSPECTION WAGES	5,602.21	21,445.08	69,396.00	47,950.92	30.90
11-24-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-24-00-51340	BLDG INSPECTOR LIFE INSURANCE	33.65	168.25	365.00	196.75	46.10
11-24-00-51345	BLDG INSPECTOR HEALTH INSUR	3,263.36	13,048.91	41,164.00	28,115.09	31.70
11-24-00-51360	BLDG INSPECTOR RETIREMENT FUN	609.02	2,665.56	7,605.00	4,939.44	35.05
11-24-00-51520	BLDG INSPECTOR SOCIAL SECURITY	854.73	3,554.89	10,961.00	7,406.11	32.43
11-24-00-52170	CONTRACT-ELEVATOR INSPECTION	.00	.00	100.00	100.00	.00
11-24-00-52180	CONTRACTS-WEIGHTS & MEASURES	.00	4,800.00	4,800.00	.00	100.00
11-24-00-52190	CONTRACT BUILDING INSPECTOR	684.00	5,526.50	7,000.00	1,473.50	78.95
11-24-00-52620	TELEPHONE EXPENSE	21.90	76.76	600.00	523.24	12.79
11-24-00-53100	BLDG INSPECTOR OFFICE SUPPLIES	181.44	2,540.81	3,500.00	959.19	72.59
11-24-00-53200	MEMBERSHIP DUES & FEES	.00	80.00	600.00	520.00	13.33
11-24-00-53300	BLDG INSPECTOR TRAVEL-MILEAGE	448.18	1,997.09	6,000.00	4,002.91	33.28
11-24-00-53310	BLDG INSP-MEALS & LODGING	47.85	538.79	1,000.00	461.21	53.88
11-24-00-53320	CONFERENCES & SCHOOL	178.00	1,324.00	800.00	524.00-	165.50
11-24-00-53990	BLDG INSPECTOR MISC EXPENSES	.00	.00	100.00	100.00	.00
11-24-00-54500	COMPUTER IT SVC & EQUIPMENT	.00	4,000.00	.00	4,000.00-	.00
11-24-00-58100	EQUIPMENT OUTLAY	.00	.00	5,000.00	5,000.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
Total BUILDING AND ZONING:		17,608.45	87,325.02	232,886.00	145,560.98	37.50
Total BUILDING AND ZONING:		64,483.39	231,653.82	592,886.00	361,232.18	39.07
<b>EMERGENCY MANAGEMENT</b>						
<b>EMERGENCY MANAGEMENT</b>						
11-29-00-43530	FEDERAL GRANTS	.00	.00	.00	.00	.00
11-29-00-43540	STATE GRANTS	.00	.00	5,000.00	5,000.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	5,000.00	5,000.00	.00
<b>EMERGENCY MANAGEMENT</b>						
11-29-00-51200	EMER MGMT PART TIME WAGES	.00	.00	4,000.00	4,000.00	.00
11-29-00-51360	EMER MGMT RETIREMENT	.00	.00	690.00	690.00	.00
11-29-00-51520	EMER MGMT SOCIAL SEC	.00	.00	306.00	306.00	.00
11-29-00-52100	SIREN REPAIRS	.00	.00	4,000.00	4,000.00	.00
11-29-00-52210	EMER MGMT TELEPHONE EXP	40.01	120.03	700.00	579.97	17.15
11-29-00-52220	SIRENS ELECTRICTY	69.65	299.87	775.00	475.13	38.69
11-29-00-52500	FIRE SIREN REPAIRS	.00	.00	.00	.00	.00
11-29-00-53100	EMER MGMT OFFICE SUPPLIES	.00	.00	500.00	500.00	.00
11-29-00-53310	EMER MGMT MEALS,LODGING,ETC	.00	.00	500.00	500.00	.00
11-29-00-53400	EMER MGMT SUPPLIES	120.57	120.57	2,900.00	2,779.43	4.16
11-29-00-53600	ONE CALL NOW PROGRAM	.00	543.38	550.00	6.62	98.80
11-29-00-53610	EMER MGMT VEHICLE MAINT/SVC	.00	.00	2,000.00	2,000.00	.00
11-29-00-53990	EMER MGMT MISC EXP	.00	.00	500.00	500.00	.00
11-29-00-54100	EMER MGMT TRAINING EXP	.00	.00	500.00	500.00	.00
11-29-00-54130	PUBLIC EDUCATION	.00	357.00	800.00	443.00	44.63
11-29-00-54140	MEDICAL RESERVE CORPS	.00	.00	700.00	700.00	.00
11-29-00-55310	EMER MGMT COPYING COSTS	.00	.00	250.00	250.00	.00
11-29-00-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
11-29-00-58000	FIRE SIRENS	.00	.00	.00	.00	.00
11-29-00-58100	EQUIPMENT OUTLAY	260.82	7,268.70	8,400.00	1,131.30	86.53
Total EMERGENCY MANAGEMENT:		491.05	8,709.55	28,071.00	19,361.45	31.03
Total EMERGENCY MANAGEMENT:		491.05	8,709.55	33,071.00	24,361.45	26.34
<b>DPW AND ENGINEERING</b>						
<b>DPW AND ENGINEERING</b>						
11-30-00-52160	CITY ENGINEERING FEES	195.00	907.50	10,000.00	9,092.50	9.08
11-30-00-52170	SURVEYING	.00	.00	800.00	800.00	.00
Total DPW AND ENGINEERING:		195.00	907.50	10,800.00	9,892.50	8.40
Total DPW AND ENGINEERING:		195.00	907.50	10,800.00	9,892.50	8.40
<b>STREET DEPARTMENT</b>						
<b>STREET DEPARTMENT</b>						
11-32-10-43550	MISC STREET DEPT GRANTS	.00	.00	.00	.00	.00
11-32-10-44350	PUBLIC WORKS CONST PERMIT	200.00	725.00	1,400.00	675.00	51.79
11-32-10-45220	RESTITUTION-STREET DEPT PROP	.00	.00	.00	.00	.00
11-32-10-46300	MISC STREET DEPT REVENUE	50.00	178.50	1,500.00	1,321.50	11.90
11-32-10-46440	WEED CUTTING	.00	.00	2,000.00	2,000.00	.00
11-32-10-47300	STREET DEPT DONATIONS	.00	.00	.00	.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
Total STREET DEPARTMENT:		250.00	903.50	4,900.00	3,996.50	18.44
<b>STREET DEPARTMENT</b>						
11-32-10-51000	DIRECTOR OF PUBLIC WORKS	6,636.74	29,860.01	86,330.00	56,469.99	34.59
11-32-10-51100	ASST PW DIRECTOR SALARY	.00	.00	.00	.00	.00
11-32-10-51110	REDISTRIBUTABLE ST DEPT LABOR	.00	.00	.00	.00	.00
11-32-10-51200	ST DEPT WAGES	21,681.47	107,041.55	335,983.00	228,941.45	31.86
11-32-10-51250	ST DEPT OVERTIME WAGES	270.31	890.33	11,500.00	10,609.67	7.74
11-32-10-51260	ST DEPT SEASONAL LABOR	.00	.00	29,590.00	29,590.00	.00
11-32-10-51330	INS DEDUCTIBLE REIMBURSEMENT	.00	.00	.00	.00	.00
11-32-10-51340	ST DEPT LIFE INSURANCE	193.56	819.45	2,235.00	1,415.55	36.66
11-32-10-51345	ST DEPT HEALTH INSURANCE	15,066.20	80,917.83	277,005.00	196,087.17	29.21
11-32-10-51360	ST DEPT RETIREMENT FUND	1,872.56	9,614.79	28,415.00	18,800.21	33.84
11-32-10-51380	ST DEPT UNIFORM ALLOW	.00	9,600.00	9,000.00	600.00	106.67
11-32-10-51520	ST DEPT SOCIAL SECURITY	2,078.46	10,679.30	35,450.00	24,770.70	30.12
11-32-10-52050	DRUG AND MEDICAL TESTING	50.00	180.00	1,300.00	1,120.00	13.85
11-32-10-52210	ST DEPT TELEPHONE EXPENSE	271.84	1,078.75	3,800.00	2,721.25	28.39
11-32-10-52220	ST DEPT BLDG ELECTRICITY	811.80	3,999.49	11,000.00	7,000.51	36.36
11-32-10-52240	ST DEPT BLDG GAS HEAT	1,070.44	7,008.13	12,000.00	4,991.87	58.40
11-32-10-52260	ST DEPT BLDG-WATER & SEWER	259.71	259.71	1,600.00	1,340.29	16.23
11-32-10-52400	ST DEPT BUILDING REPAIRS	.00	1,223.61	2,000.00	776.39	61.18
11-32-10-52500	ST DEPT EQUIPMENT REPAIRS	657.88	10,801.61	36,000.00	25,198.39	30.00
11-32-10-52620	ST DEPT COMM SYSTEM MAINT FEE	.00	210.00	2,500.00	2,290.00	8.40
11-32-10-52700	SIDEWALK REPAIRS	.00	.00	2,000.00	2,000.00	.00
11-32-10-53300	MILEAGE/TRAVEL	.00	115.01	200.00	84.99	57.51
11-32-10-53310	MEALS/LODGING	.00	1,025.86	100.00	925.86	1,025.86
11-32-10-53320	CONFERENCES/DUES	.00	.00	550.00	550.00	.00
11-32-10-53400	OPERATING SUPPLIES-STREET DEPT	9,732.10	61,002.15	8,000.00	53,002.15	762.53
11-32-10-53410	VEHICLE-FUEL & OIL	1,897.28	21,925.40	50,000.00	28,074.60	43.85
11-32-10-53420	MOSQUITO CONTROL	.00	.00	3,500.00	3,500.00	.00
11-32-10-53440	WEED CUTTING	.00	.00	2,500.00	2,500.00	.00
11-32-10-53450	SAFETY GRANT EXPENDITURES	.00	.00	.00	.00	.00
11-32-10-53500	BLDG MAINT SUPPLIES-STR DEPT	420.40	1,275.36	2,300.00	1,024.64	55.45
11-32-10-53510	VEHICLE/EQUIPMENT MAINTENANCE	512.96	5,211.86	12,000.00	6,788.14	43.43
11-32-10-53600	ST DEPT BLDG MAINT SERV COSTS	2,117.82	3,905.47	3,000.00	905.47	130.18
11-32-10-53700	ROAD MAINTENANCE SUPPLIES	33.23	160.17	6,500.00	6,339.83	2.46
11-32-10-53750	STREET CRACK FILLING	.00	.00	.00	.00	.00
11-32-10-53900	FIRST AID AND SAFETY SUPPLIES	70.69	547.04	2,500.00	1,952.96	21.88
11-32-10-53990	ST DEPT MISCELLANEOUS EXP	.00	1,275.13	3,000.00	1,724.87	42.50
11-32-10-57360	DONATION PURCHASES	.00	.00	.00	.00	.00
Total STREET DEPARTMENT:		64,389.69	370,628.01	981,858.00	611,229.99	37.75
<b>SNOW AND ICE</b>						
11-32-12-46310	SNOW & ICE CONTROL	1,250.00	1,250.00	1,500.00	250.00	83.33
Total SNOW AND ICE:		1,250.00	1,250.00	1,500.00	250.00	83.33
<b>SNOW AND ICE</b>						
11-32-12-51200	SNOW & ICE CONTROL WAGES	.00	32,771.44	28,795.00	3,976.44	113.81
11-32-12-51250	SNOW & ICE CONTROL OVERTIME	236.77	11,134.41	31,500.00	20,365.59	35.35
11-32-12-51340	SNOW & ICE LIFE INSURANCE	.00	.00	.00	.00	.00
11-32-12-51345	SNOW & ICE HEALTH INSURANCE	76.34	403.45	.00	403.45	.00
11-32-12-51360	SNOW & ICE RETIREMENT FUND	15.51	2,898.96	3,950.00	1,051.04	73.39
11-32-12-51520	SNOW & ICE SOCIAL SECURITY	17.68	3,276.45	4,615.00	1,338.55	71.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-32-12-52200	CONTRACT HAULING SERVICES	.00	12,496.00	8,000.00	4,496.00-	156.20
11-32-12-52500	SNOW & ICE CONTROL-REPAIRS	.00	1,551.52	4,000.00	2,448.48	38.79
11-32-12-53100	SNOW & ICE OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-32-12-53400	OPERATING SUPPLIES-SNOW & ICE	.00	837.06	45,000.00	44,162.94	1.86
11-32-12-53440	SNOW REMOVAL EXPENSES	.00	.00	1,000.00	1,000.00	.00
11-32-12-53510	EQUIP MAINT SUPPL-SNOW & ICE	1,461.36	7,550.18	3,000.00	4,550.18-	251.67
Total SNOW AND ICE:		1,807.66	72,919.47	129,860.00	56,940.53	56.15

**TREE AND BRUSH**

11-32-13-46440	BRUSH PICKUP CHARGES	.00	.00	500.00	500.00	.00
11-32-13-46810	SALE OF TREES	.00	.00	.00	.00	.00
11-32-13-48510	DONATIONS TO TREE PROGRAM	.00	1,515.00	.00	1,515.00-	.00
Total TREE AND BRUSH:		.00	1,515.00	500.00	1,015.00-	303.00

**TREE AND BRUSH**

11-32-13-51200	TREE & BRUSH WAGES	6,320.71	21,378.22	66,612.00	45,233.78	32.09
11-32-13-51250	TREE & BRUSH OVERTIME	78.54	221.74	1,000.00	778.26	22.17
11-32-13-51340	TREE & BRUSH LIFE INSURANCE	.00	.00	.00	.00	.00
11-32-13-51345	TREE & BRUSH HEALTH INSURANCE	1,821.73	3,079.85	.00	3,079.85-	.00
11-32-13-51360	TREE & BRUSH RETIREMENT FUND	419.13	1,412.93	4,430.00	3,017.07	31.89
11-32-13-51520	TREE & BRUSH SOC SEC	470.22	1,597.33	5,172.00	3,574.67	30.88
11-32-13-52200	FORESTRY SERVICES	.00	.00	3,000.00	3,000.00	.00
11-32-13-53440	BRUSH PICKUP EXPENSES	.00	.00	500.00	500.00	.00
11-32-13-53460	PURCHASE OF TREES	.00	.00	10,000.00	10,000.00	.00
11-32-13-54100	TRAINING & SEMINARS	.00	1,148.00	1,200.00	52.00	95.67
11-32-13-54200	TREE & BRUSH-REPAIR	44.08	1,126.27	2,000.00	873.73	56.31
11-32-13-54300	TREE & BRUSH OPERATING SUPPLY	1,577.65	3,082.36	8,000.00	4,917.64	38.53
11-32-13-56810	MEMORIAL TREE PURCHASES	.00	.00	.00	.00	.00
Total TREE AND BRUSH:		10,732.06	33,046.70	101,914.00	68,867.30	32.43

**COMPOST OPERATIONS**

11-32-14-51200	COMPOSTING ST DEPT WAGES	8,054.81	8,967.30	42,855.00	33,887.70	20.92
11-32-14-51250	COMPOSTING OVERTIME	.00	.00	500.00	500.00	.00
11-32-14-51340	COMPOSTING LIFE INS	.00	.00	.00	.00	.00
11-32-14-51345	COMPOSTING HEALTH INSURANCE	3,578.11	3,578.11	.00	3,578.11-	.00
11-32-14-51360	COMPOSTING RETIREMENT FUND	527.60	587.36	2,840.00	2,252.64	20.68
11-32-14-51520	COMPOSTING SOCIAL SECURITY	594.83	660.78	3,320.00	2,659.22	19.90
11-32-14-52200	COMPOSTING SERVICES	.00	3,627.91	7,000.00	3,372.09	51.83
11-32-14-54300	COMPOSTING OPERATING SUPPLIES	111.16	111.16	2,300.00	2,188.84	4.83
Total COMPOST OPERATIONS:		12,866.51	17,532.62	58,815.00	41,282.38	29.81

**STORM SEWER**

11-32-15-51200	STORM SEWER WAGES	123.25	154.06	2,550.00	2,395.94	6.04
11-32-15-51250	STORM SEWER OVERTIME	.00	.00	.00	.00	.00
11-32-15-51340	STORM SEWER LIFE INS	.00	.00	.00	.00	.00
11-32-15-51345	STORM SEWER HEALTH INSURANCE	33.05	67.19	.00	67.19-	.00
11-32-15-51360	STORM SEWER RETIREMENT	8.09	10.10	170.00	159.90	5.94
11-32-15-51520	STORM SEWER SOC SEC	9.09	11.35	195.00	183.65	5.82
11-32-15-54500	STORM SEWER MAINTENANCE	.00	.00	11,200.00	11,200.00	.00
11-32-15-54600	STORM SEWER DIGGERS HOTLINE	.00	660.80	5,500.00	4,839.20	12.01
11-32-15-54700	REPAVING MAINTENANCE COSTS	.00	.00	.00	.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
Total STORM SEWER:		173.48	903.50	19,615.00	18,711.50	4.61
Total STREET DEPARTMENT:		91,469.40	498,698.80	1,298,962.00	800,263.20	38.39
<b>TRAFFIC CONTROL</b>						
<b>TRAFFIC CONTROL</b>						
11-34-10-46390	CAR TOWING REIMBURSEMENTS	.00	.00	2,000.00	2,000.00	.00
Total TRAFFIC CONTROL:		.00	.00	2,000.00	2,000.00	.00
<b>TRAFFIC CONTROL</b>						
11-34-10-51200	TRAFFIC CONTROL WAGES	107.84	477.58	2,270.00	1,792.42	21.04
11-34-10-51250	TRAFFIC CONTROL OVERTIME	.00	.00	250.00	250.00	.00
11-34-10-51340	TRAFFIC CONTROL LIFE INS	.00	.00	.00	.00	.00
11-34-10-51345	TRAFFIC CONTROL HEALTH INSUR	49.44	49.44	.00	49.44-	.00
11-34-10-51360	TRAFFIC CONTROL RETIREMENT	7.07	31.29	165.00	133.71	18.96
11-34-10-51520	TRAFFIC CONTROL FICA EXP	7.94	35.16	195.00	159.84	18.03
11-34-10-52220	ELECTRICITY-FLASHERS	1,004.24	2,194.67	3,500.00	1,305.33	62.70
11-34-10-52230	STREET LIGHTS ELECTRICITY	8,714.05	35,578.89	104,000.00	68,421.11	34.21
11-34-10-52600	REPAIRS-TRAFFIC SIGNALS,ETC	95.00	497.50	5,500.00	5,002.50	9.05
11-34-10-52610	STREET LIGHTS REPAIRS	.00	173.85	5,000.00	4,826.15	3.48
11-34-10-52900	CAR TOWING	.00	200.00	3,300.00	3,100.00	6.06
11-34-10-53700	MARKING PAINT	.00	4,645.39	15,000.00	10,354.61	30.97
11-34-10-53740	STREET IDENTIFICATION SIGNS	74.57	74.57	2,000.00	1,925.43	3.73
11-34-10-53750	TRAFFIC CONTROL STREET SIGNS	.00	3,414.86	2,000.00	1,414.86-	170.74
11-34-10-53940	STREET DECORATIONS	1,596.94	1,596.94	2,000.00	403.06	79.85
Total TRAFFIC CONTROL:		11,657.09	48,970.14	145,180.00	96,209.86	33.73
Total TRAFFIC CONTROL:		11,657.09	48,970.14	147,180.00	98,209.86	33.27
<b>SANITATION AND RECYCLING</b>						
<b>SANITATION AND RECYCLING</b>						
11-36-00-52940	SOLID WASTE-RESIDENTIAL	28,733.75	143,514.90	347,520.00	204,005.10	41.30
11-36-00-52950	SOLID WASTE-CONDOMINIUMS	.00	.00	.00	.00	.00
11-36-00-52960	SOLID WASTE-STREET DEPT	198.55	942.68	9,800.00	8,857.32	9.62
11-36-00-52970	SOLID WASTE-RECYCLING	13,017.50	65,017.80	157,440.00	92,422.20	41.30
Total SANITATION AND RECYCLING:		41,949.80	209,475.38	514,760.00	305,284.62	40.69
Total SANITATION AND RECYCLING:		41,949.80	209,475.38	514,760.00	305,284.62	40.69
<b>MUSEUM</b>						
<b>MUSEUM</b>						
11-51-10-52220	MUSEUM-ELECTRICITY	711.65	2,665.48	13,000.00	10,334.52	20.50
11-51-10-52240	MUSEUM-GAS HEAT	497.62	3,253.44	4,000.00	746.56	81.34
11-51-10-52260	MUSEUM-WATER & SEWER EXP	465.64	465.64	1,450.00	984.36	32.11
11-51-10-52400	MUSEUM-MAINTENANCE & REPAIRS	512.00	632.13	5,000.00	4,367.87	12.64
11-51-10-57350	MUSEUM-OPERATIONS SUBSIDY	6,500.00	6,500.00	13,000.00	6,500.00	50.00
Total MUSEUM:		8,686.91	13,516.69	36,450.00	22,933.31	37.08
Total MUSEUM:		8,686.91	13,516.69	36,450.00	22,933.31	37.08

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>PARKS</b>						
<b>PARKS</b>						
11-52-00-46740	PARK APPLICATION FEE	.00	480.00	650.00	170.00	73.85
11-52-00-46750	PARK USE FEES	2,425.00	3,618.00	7,000.00	3,382.00	51.69
11-52-00-48500	PARK DONATIONS	.00	.00	.00	.00	.00
11-52-00-48910	PARK FUND COLLECTIONS	.00	.00	.00	.00	.00
Total PARKS:		2,425.00	4,098.00	7,650.00	3,552.00	53.57
<b>PARKS</b>						
11-52-00-51200	PARKS WAGES	5,259.71	9,110.34	81,650.00	72,539.66	11.16
11-52-00-51250	PARKS OVERTIME WAGES	92.44	429.29	4,500.00	4,070.71	9.54
11-52-00-51340	PARKS LIFE INSURANCE	.00	.00	.00	.00	.00
11-52-00-51345	PARKS HEALTH INSURANCE	1,760.08	2,315.46	.00	2,315.46	.00
11-52-00-51360	PARKS RETIREMENT FUND	350.56	624.71	5,645.00	5,020.29	11.07
11-52-00-51520	PARKS SOCIAL SECURITY	384.95	694.92	6,590.00	5,895.08	10.55
11-52-00-52220	PARKS ELECTRICITY	735.04	3,461.42	7,500.00	4,038.58	46.15
11-52-00-52260	PARKS WATER & SEWER EXP	710.72	710.72	10,000.00	9,289.28	7.11
11-52-00-52270	FOUNTAINS/STATUES-WATER/SEWE	88.98	88.98	3,000.00	2,911.02	2.97
11-52-00-52410	BLDG MAINT&REPAIR-PARKS	6.28	282.66	2,700.00	2,417.34	10.47
11-52-00-52500	EQUIPMENT REPAIR SERVICES	2,125.77	3,067.05	6,100.00	3,032.95	50.28
11-52-00-53400	PARKS OPERATING SUPPLIES	.00	.00	2,000.00	2,000.00	.00
11-52-00-53500	BLDG MAINT SUPPLIES-PARKS	3,799.88	3,890.17	23,000.00	19,109.83	16.91
11-52-00-53520	GROUND S MAINT SUPPLIES	1,779.34	4,637.97	10,000.00	5,362.03	46.38
11-52-00-53620	GROUND S FERTILIZER/WEED CONTR	.00	.00	7,000.00	7,000.00	.00
11-52-00-53990	PARKS MISCELLANEOUS EXPENSES	436.60	726.60	3,000.00	2,273.40	24.22
11-52-00-57360	PARK DONATION PURCHASES	.00	.00	.00	.00	.00
11-52-00-58400	4 SEASON NATURE PRESERVE	.00	.00	500.00	500.00	.00
11-52-00-59220	DUNN FIELD ELECTRIC	251.71	1,150.96	2,100.00	949.04	54.81
11-52-00-59500	BLDG MAINT SUPPLIES-RECREATION	.00	.00	.00	.00	.00
11-52-00-59510	EQUIP MAINT SUPPL-RECREATION	.00	.00	500.00	500.00	.00
Total PARKS:		17,782.06	31,191.25	175,785.00	144,593.75	17.74
<b>VETERANS PARK</b>						
11-52-01-51200	VETS PARKS WAGES	3,594.22	7,649.63	37,100.00	29,450.37	20.62
11-52-01-51250	VETS PARKS OVERTIME	70.36	70.36	250.00	179.64	28.14
11-52-01-51340	VETS PARK LIFE INSURANCE	.00	.00	.00	.00	.00
11-52-01-51345	VETS PARK HEALTH INSURANCE	1,671.99	2,604.03	.00	2,604.03	.00
11-52-01-51360	VETS PARKS RETIREMENT FUND	240.04	504.69	2,450.00	1,945.31	20.60
11-52-01-51520	VETS PARKS SOCIAL SECURITY	268.43	564.22	2,860.00	2,295.78	19.73
11-52-01-52220	VETS PARKS ELECTRICITY	463.29	2,088.64	8,500.00	6,411.36	24.57
11-52-01-52240	VETS PARK GAS HEAT	153.04	499.80	1,000.00	500.20	49.98
11-52-01-52260	VETS PARK WATER & SEWER	438.14	438.14	1,300.00	861.86	33.70
11-52-01-53400	VETS PARK OPERATING SUPPLIES	120.97	416.86	1,500.00	1,083.14	27.79
11-52-01-53500	BLDG MAINT & REPAIR	1,289.05	1,390.99	1,500.00	109.01	92.73
11-52-01-59520	GROUND S MAINTENANCE SUPPLIES	78.72	207.71	2,500.00	2,292.29	8.31
Total VETERANS PARK:		8,388.25	16,435.07	58,960.00	42,524.93	27.87
Total PARKS:		28,595.31	51,724.32	242,395.00	190,670.68	21.34
<b>PLAN COMMISSION</b>						
<b>PLAN COMMISSION</b>						
11-69-30-51100	PLAN COMMISSION SALARIES	.00	.00	.00	.00	.00
11-69-30-51900	PLAN COMMISSION MEETINGS	.00	.00	.00	.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
11-69-30-52120	OUTSIDE PROFESSIONAL PLANNING	162.00	17,081.73	9,000.00	8,081.73-	189.80
11-69-30-52150	SMART GROWTH SERVICES	.00	.00	.00	.00	.00
11-69-30-52160	COMPREHENSIVE PLAN	.00	.00	41,804.00	41,804.00	.00
11-69-30-52180	ZONING CODES	.00	.00	13,250.00	13,250.00	.00
11-69-30-53100	PLAN COMMISSION OFFICE SUPPL	.00	.00	.00	.00	.00
11-69-30-53140	OFFICAL PUBLICATION & NOTICES	.00	.00	.00	.00	.00
11-69-30-53320	PLAN COMMISSION CONF & SCHOOL	.00	.00	.00	.00	.00
11-69-30-53990	PLAN COMMISSION MISC EXP	.00	.00	.00	.00	.00
Total PLAN COMMISSION:		162.00	17,081.73	64,054.00	46,972.27	26.67
Total PLAN COMMISSION:		162.00	17,081.73	64,054.00	46,972.27	26.67
<b>CONSERVATION AND DEVELOPMENT</b>						
<b>CONSERVATION AND DEVELOPMENT</b>						
11-70-00-47210	HISTORIC PRESERVATION DONATIO	.00	.00	.00	.00	.00
11-70-00-47230	HISTORIC PLAQUE REIMBURSEMENT	.00	.00	.00	.00	.00
11-70-00-47300	AVIAN DONATIONS	3.00	73.25	.00	73.25-	.00
Total CONSERVATION AND DEVELOPMENT:		3.00	73.25	.00	73.25-	.00
<b>CONSERVATION AND DEVELOPMENT</b>						
11-70-00-55300	RECREATION PROGRAMS AND EVEN	20,121.36	20,121.36	.00	20,121.36-	.00
11-70-00-57100	HOTEL/MOTEL ASSN-CHAM OF COM	.00	.00	.00	.00	.00
11-70-00-57200	HISTORIC PRESERVATION	1,025.00	1,879.45	3,500.00	1,620.55	53.70
11-70-00-57210	EXP FROM HIST PRES DONATIONS	.00	.00	.00	.00	.00
11-70-00-57230	HISTORIC PLAQUE PURCHASES	.00	.00	1,500.00	1,500.00	.00
11-70-00-57500	CEMETERY-OPERATING CONTRIB	.00	.00	.00	.00	.00
11-70-00-57600	YMCA-YOUTH ATHLETIC PROGRAM	9,180.00	27,540.00	55,080.00	27,540.00	50.00
11-70-00-57700	LAKE GENEVA CVB ASSISTANCE	.00	.00	.00	.00	.00
11-70-00-57800	AVIAN COMMITTEE EXPENSES	460.00	1,150.83	5,000.00	3,849.17	23.02
Total CONSERVATION AND DEVELOPMENT:		30,786.36	50,691.64	65,080.00	14,388.36	77.89
<b>CEMETERY</b>						
11-70-10-51200	CEMETERY WAGES	.00	.00	.00	.00	.00
11-70-10-51250	CEMETERY OVERTIME	.00	.00	.00	.00	.00
11-70-10-51340	CEMETERY HEALTH/DEN/FLEX INS	.00	.00	.00	.00	.00
11-70-10-51345	CEMETERY HEALTH INSURANCE	.00	.00	.00	.00	.00
11-70-10-51360	CEMETERY RETIREMENT EXP	.00	.00	.00	.00	.00
11-70-10-51370	CEMETERY DISABILITY INS	.00	.00	.00	.00	.00
11-70-10-51520	CEMETERY FICA EXP	.00	.00	.00	.00	.00
11-70-10-52210	CEMETERY PHONE EXP	.00	.00	.00	.00	.00
11-70-10-57500	CEMETERY OPERATING CONTRIBUT	.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
Total CONSERVATION AND DEVELOPMENT:		30,789.36	50,764.89	65,080.00	14,315.11	78.00
GENERAL FUND Revenue Total:		426,908.98	3,841,356.22	10,008,090.00	6,166,733.78	38.38
GENERAL FUND Expenditure Total:		710,635.17	3,402,510.62	10,008,090.00	6,605,579.38	34.00
Net Total GENERAL FUND:		283,726.19-	438,845.60	.00	438,845.60-	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>DEBT SERVICE</b>						
<b>DEBT SERVICE</b>						
<b>DEBT SERVICE</b>						
20-81-00-41110	PROPERTY TAX LEVY	.00	908,859.00	908,859.00	.00	100.00
20-81-00-48110	INTEREST INCOME	.00	.00	.00	.00	.00
20-81-00-49000	BOND PROCEEDS	.00	.00	.00	.00	.00
20-81-00-49100	APPLIED PRIOR YR APPROPRIATION	.00	.00	96,087.00	96,087.00	.00
20-81-00-49400	TRANSFER IN FROM GENERAL FUND	.00	.00	.00	.00	.00
Total DEBT SERVICE:		.00	908,859.00	1,004,946.00	96,087.00	90.44
<b>DEBT SERVICE</b>						
20-81-00-52160	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
20-81-00-56130	2003 REF GO BONDS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56150	2006 REF GO BONDS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56230	ALLIANT ENERGY LOAN-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56240	2011 PROM NOTE-PRINCIPAL	.00	555,000.00	555,000.00	.00	100.00
20-81-00-56250	2011 SHARED SAVINGS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56260	2014 BOND-PRINCIPAL	.00	355,000.00	355,000.00	.00	100.00
20-81-00-56270	2017 GO LOAN-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56530	2003 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56550	2006 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56560	2011 PROM NOTE-INTEREST	.00	21,967.50	37,275.00	15,307.50	58.93
20-81-00-56570	2014 BOND-INTEREST	.00	22,150.00	38,975.00	16,825.00	56.83
20-81-00-56580	2017 GO LOAN-INTEREST	.00	4,674.00	18,696.00	14,022.00	25.00
20-81-00-56630	ALLIANT ENERGY LOAN-INTEREST	.00	.00	.00	.00	.00
20-81-00-56640	2011 SHARED SAVINGS-INTEREST	.00	.00	.00	.00	.00
20-81-00-59500	TRANSFER TO GENERAL FUND	.00	.00	.00	.00	.00
Total DEBT SERVICE:		.00	958,791.50	1,004,946.00	46,154.50	95.41
Total DEBT SERVICE:		.00	1,867,650.50	2,009,892.00	142,241.50	92.92
DEBT SERVICE Revenue Total:		.00	908,859.00	1,004,946.00	96,087.00	90.44
DEBT SERVICE Expenditure Total:		.00	958,791.50	1,004,946.00	46,154.50	95.41
Net Total DEBT SERVICE:		.00	49,932.50-	.00	49,932.50	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>LAKEFRONT OPERATIONS</b>						
<b>LAKEFRONT OPERATIONS</b>						
<b>LAKEFRONT OPERATIONS</b>						
40-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	50,000.00	50,000.00	.00
Total LAKEFRONT OPERATIONS:		.00	.00	50,000.00	50,000.00	.00
Total LAKEFRONT OPERATIONS:		.00	.00	50,000.00	50,000.00	.00
<b>BUOYS AND BOAT STALLS</b>						
<b>BUOYS AND BOAT STALLS</b>						
40-52-10-46750	BUOY/BOAT STALL WAITING LIST	165.00	195.00	1,200.00	1,005.00	16.25
40-52-10-46760	BUOY/STALL LATE FEES	400.00	400.00	400.00	.00	100.00
40-52-10-46770	BUOY & BOAT STALL RENTAL	16,404.73	173,072.14	187,026.00	13,953.86	92.54
40-52-10-47250	DONATIONS - LAKEFRONT	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		16,969.73	173,667.14	188,626.00	14,958.86	92.07
<b>BUOYS AND BOAT STALLS</b>						
40-52-10-51100	HARBORMASTER SALARY	839.80	3,284.24	12,500.00	9,215.76	26.27
40-52-10-51200	PIERS WAGES	.00	.00	.00	.00	.00
40-52-10-51340	HARBOR LIFE INSURANCE	.00	.00	.00	.00	.00
40-52-10-51345	HARBOR HEALTH INSURANCE	.00	.00	.00	.00	.00
40-52-10-51360	HARBOR RETIREMENT EXP	55.01	215.12	820.00	604.88	26.23
40-52-10-51520	HARBOR SOCIAL SECURITY	64.24	251.24	956.00	704.76	26.28
40-52-10-52110	PIER MAINTENANCE CONTRACT	.00	.00	40,000.00	40,000.00	.00
40-52-10-52640	BUOYS & BOAT STALLS-REPAIRS	633.74	20,819.40	30,000.00	9,180.60	69.40
40-52-10-53140	LIABILITY & PROPERTY INSURANCE	.00	94.38	1,000.00	905.62	9.44
40-52-10-53510	EQUIP MAINT SUPP-BUOYS,STALLS	.00	.00	1,000.00	1,000.00	.00
40-52-10-53980	WEST PIER REPLACEMENT FUND	.00	.00	25,000.00	25,000.00	.00
40-52-10-53990	BUOY/STALL MISC. EXPENSES	.00	.00	500.00	500.00	.00
40-52-10-58000	PIER/SLIPS OUTLAY	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		1,592.79	24,664.38	111,776.00	87,111.62	22.07
<b>BOAT LAUNCH</b>						
40-52-11-46000	LAUNCH RAMP OVERAGE/SHORTAG	.00	3.00-	.00	3.00	.00
40-52-11-46750	LAUNCH PASS FEES	1,838.88	4,199.10	6,000.00	1,800.90	69.99
40-52-11-46760	BOAT LAUNCH RAMP INCOME	175.00	1,084.94	33,500.00	32,415.06	3.24
Total BOAT LAUNCH:		2,013.88	5,281.04	39,500.00	34,218.96	13.37
<b>BOAT LAUNCH</b>						
40-52-11-51200	LAUNCH RAMP WAGES	435.05-	120.40	14,500.00	14,379.60	.83
40-52-11-51520	LAUNCH RAMP SOC SEC	33.29-	9.20	1,109.00	1,099.80	.83
40-52-11-52520	LAUNCH RAMP REPAIRS	.00	.00	750.00	750.00	.00
40-52-11-53520	LAUNCH RAMP MAINT SUPPLIES	.00	861.00	700.00	161.00-	123.00
40-52-11-53620	LAUNCH RAMP MAINT SERVICE COS	.00	.00	.00	.00	.00
40-52-11-53990	LAUNCH RAMP MISCELLANEOUS	.00	.00	500.00	500.00	.00
40-52-11-58100	LAUNCH RAMP OUTLAY	.00	.00	.00	.00	.00
Total BOAT LAUNCH:		468.34-	990.60	17,559.00	16,568.40	5.64
Total BUOYS AND BOAT STALLS:		20,108.06	204,603.16	357,461.00	152,857.84	57.24

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>BEACH</b>						
<b>BEACH</b>						
40-54-10-43660	DNR LAKE PATROL GRANT	21,382.57	21,382.57	25,000.00	3,617.43	85.53
40-54-10-46100	MISC BEACH REVENUE	.00	.00	400.00	400.00	.00
40-54-10-46730	BEACH REVENUE	.00	.00	360,000.00	360,000.00	.00
40-54-10-46740	BEACH PASS RESIDENTS	1,547.70	2,794.97	22,500.00	19,705.03	12.42
40-54-10-46750	BEACH PASS - SEASONAL	.00	.00	500.00	500.00	.00
Total BEACH:		22,930.27	24,177.54	408,400.00	384,222.46	5.92
<b>BEACH</b>						
40-54-10-51200	BEACH MTCE WAGES	.00	.00	4,985.00	4,985.00	.00
40-54-10-51250	BEACH MTCE OVERTIME WAGES	.00	.00	2,500.00	2,500.00	.00
40-54-10-51260	BEACH SEASONAL WAGES	.00	.00	50,000.00	50,000.00	.00
40-54-10-51340	BEACH LIFE INS	.00	.00	.00	.00	.00
40-54-10-51345	BEACH HEALTH INSURANCE	.00	.00	.00	.00	.00
40-54-10-51360	BEACH MTCE RETIREMENT FUND	.00	.00	490.00	490.00	.00
40-54-10-51520	BEACH SOCIAL SECURITY	.00	.00	4,398.00	4,398.00	.00
40-54-10-52210	BEACH TELEPHONE	11.46	45.63	500.00	454.37	9.13
40-54-10-52220	BEACH ELECTRIC	3,430.18	1,146.90	5,000.00	3,853.10	22.94
40-54-10-52640	LAKE SPRAYING	.00	4,950.00	5,000.00	50.00	99.00
40-54-10-53100	BEACH OFFICE SUPPLIES	.00	.00	4,500.00	4,500.00	.00
40-54-10-53130	WORKER'S COMPENSATION INS	.00	1,115.61	6,500.00	5,384.39	17.16
40-54-10-53140	LIABILITY & PROPERTY INSURANCE	.00	2,073.81	4,600.00	2,526.19	45.08
40-54-10-53400	LUKE OPERATING AND CC EXP	45.00	3,029.25	22,000.00	18,970.75	13.77
40-54-10-53520	BEACH MAINTENANCE SUPPLIES	.00	712.95	7,000.00	6,287.05	10.19
40-54-10-53620	BEACH MAINTENANCE SERVICE COS	.00	.00	5,000.00	5,000.00	.00
40-54-10-53720	BEACH DREDGING	.00	.00	.00	.00	.00
40-54-10-53990	BEACH MISCELLANEOUS	141.82	141.82	2,400.00	2,258.18	5.91
40-54-10-57200	WATER SAFETY PATROL	.00	.00	35,810.00	35,810.00	.00
40-54-10-57210	GLAKE LAW ENFORCEMENT AGENCY	.00	45,669.53	46,000.00	330.47	99.28
40-54-10-57300	GLAKE ENVIRONMENTAL AGENCY	5,000.00	10,000.00	20,000.00	10,000.00	50.00
40-54-10-57350	GENEVA LAKE LEVEL CORP	4,320.00	4,320.00	4,320.00	.00	100.00
40-54-10-57400	LAKE USE COMMISSION	.00	.00	.00	.00	.00
40-54-10-57800	VENETIAN FESTIVAL FIREWORKS	.00	.00	10,000.00	10,000.00	.00
40-54-10-58000	OUTLAY - BEACH EQUIPMENT	.00	.00	1,200.00	1,200.00	.00
40-54-10-58100	OUTLAY-BLDG & GROUNDS	.00	.00	.00	.00	.00
Total BEACH:		6,088.10	73,205.50	242,203.00	168,997.50	30.22
Total BEACH:		29,018.37	97,383.04	650,603.00	553,219.96	14.97
<b>UPPER RIVIERA</b>						
<b>UPPER RIVIERA</b>						
40-55-10-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
40-55-10-46740	UPPER RIVIERA REVENUE	8,821.68	15,901.06	125,000.00	109,098.94	12.72
40-55-10-46750	UPPER RIVIERA CATERING REV	.00	.00	15,000.00	15,000.00	.00
Total UPPER RIVIERA:		8,821.68	15,901.06	140,000.00	124,098.94	11.36
<b>UPPER RIVIERA</b>						
40-55-10-51200	RIVIERA MTCE WAGES	3,672.60	15,191.46	49,430.00	34,238.54	30.73
40-55-10-51250	RIVIERA MTCE OVERTIME	975.58	1,331.69	8,000.00	6,668.31	16.65
40-55-10-51260	RIVIERA SECURITY WAGES	1,154.22	1,338.14	15,000.00	13,661.86	8.92
40-55-10-51340	RIVIERA MTCE LIFE INSURANCE	4.51	22.55	55.00	32.45	41.00
40-55-10-51345	RIVIERA MTCE HEALTH INSURANCE	1,758.30	3,571.50	.00	3,571.50-	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
40-55-10-51360	RIVIERA MTCE RETIREMENT FUND	304.42	1,103.50	3,435.00	2,331.50	32.13
40-55-10-51520	RIVIERA SOCIAL SECURITY	403.44	1,192.52	5,165.00	3,972.48	23.09
40-55-10-52160	PROF SERVICES - SOFTWARE	.00	.00	.00	.00	.00
40-55-10-52210	TELEPHONE EXPENSE	86.03	343.19	800.00	456.81	42.90
40-55-10-52240	UPPER RIVIERA GAS HEAT	500.41	3,426.31	4,000.00	573.69	85.66
40-55-10-52260	UPPER RIV WATER & SEWER BILLS	473.30	473.30	3,000.00	2,526.70	15.78
40-55-10-52400	UPPER RIVIERA REPAIRS	.00	320.94	3,000.00	2,679.06	10.70
40-55-10-52410	DAMAGES-UPPER RIVIERA RENTALS	.00	.00	.00	.00	.00
40-55-10-53100	UPPER RIVIERA BROCHURES	.00	.00	.00	.00	.00
40-55-10-53120	POSTAGE EXPENSE	.00	119.60	200.00	80.40	59.80
40-55-10-53160	PUBLICATIONS & PROMOTIONS	.00	1,070.78	1,600.00	529.22	66.92
40-55-10-53500	BLDG MAINT SUPPLIES-UPPER RIV	.00	140.04	6,000.00	5,859.96	2.33
40-55-10-53600	UPPER RIVIERA MAINTENANCE	59.99	59.99	6,000.00	5,940.01	1.00
Total UPPER RIVIERA:		9,392.80	29,705.51	105,685.00	75,979.49	28.11
<b>LOWER RIVIERA CONCOURSE</b>						
40-55-20-46790	RIVIERA CONCOURSE ELECTRIC	.00	.00	10,000.00	10,000.00	.00
40-55-20-46900	RIVIERA ATM REVENUE	.00	.00	.00	.00	.00
40-55-20-48200	RIVIERA CONCOURSE LEASES	.00	2,540.74	103,736.00	101,195.26	2.45
40-55-20-48250	DONATIONS-FOUNTAIN	.00	.00	1,350.00	1,350.00	.00
Total LOWER RIVIERA CONCOURSE:		.00	2,540.74	115,086.00	112,545.26	2.21
<b>LOWER RIVIERA CONCOURSE</b>						
40-55-20-51200	LAKEFRONT SECURITY PD WAGES	306.79	1,477.13	17,850.00	16,372.87	8.28
40-55-20-51360	LAKEFRONT SECURITY PD RETIREM	.00	.00	.00	.00	.00
40-55-20-51520	LAKEFRONT SECURITY PD FICA	23.47	113.01	1,366.00	1,252.99	8.27
40-55-20-52210	RIVIERA ELEVATOR PHONE EXPENS	37.28	74.56	350.00	275.44	21.30
40-55-20-52260	LOWER RIV WATER & SEWER BILLS	293.54	293.54	5,300.00	5,006.46	5.54
40-55-20-52400	LOWER RIVIERA REPAIRS	362.89	1,268.13	10,000.00	8,731.87	12.68
40-55-20-52410	DAMAGES-LOWER RIVIERA RENTALS	.00	.00	.00	.00	.00
40-55-20-53140	LIABILITY & PROPERTY INSURANCE	.00	877.91	8,000.00	7,122.09	10.97
40-55-20-53500	BLDG MAINT SUPPLIES-LOWER RIV	45.80	2,006.21	10,000.00	7,993.79	20.06
40-55-20-53550	FOUNTAIN MAINT EXP	.00	52.23	2,000.00	1,947.77	2.61
40-55-20-53600	RIV MAINTENANCE SERVICE COSTS	589.64	4,700.72	8,000.00	3,299.28	58.76
40-55-20-53990	MISCELLANEOUS EXPENSES	.00	.00	1,000.00	1,000.00	.00
40-55-20-58000	OUTLAY - RIVIERA EQUIPMENT	.00	.00	.00	.00	.00
40-55-20-58250	LG BEAUTIFICATION EXPENSES	.00	.00	.00	.00	.00
40-55-20-59300	TRANSFER TO GENERAL FUND	.00	.00	463,941.00	463,941.00	.00
40-55-20-59310	TRANSFER TO TID #4	.00	.00	.00	.00	.00
40-55-20-59350	TRANSFER TO CAPITAL PROJECTS	.00	.00	50,000.00	50,000.00	.00
Total LOWER RIVIERA CONCOURSE:		1,659.41	10,863.44	577,807.00	566,943.56	1.88
<b>RIVIERA PIERS AND DOCKS</b>						
40-55-30-46780	RIVIERA DOCKS MAINTENANCE	.00	.00	.00	.00	.00
40-55-30-48210	RIVIERA DOCKS LEASES	.00	84,204.75	148,418.00	64,213.25	56.73
40-55-30-48220	BUOY & SLIP LEASES	.00	42,441.92	84,500.00	42,058.08	50.23
Total RIVIERA PIERS AND DOCKS:		.00	126,646.67	232,918.00	106,271.33	54.37
<b>RIVIERA PIERS AND DOCKS</b>						
40-55-30-52220	PIER ELECTRIC	2,270.38	9,499.89	39,500.00	30,000.11	24.05
40-55-30-52640	PIER REPAIRS	.00	.00	5,000.00	5,000.00	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
	Total RIVIERA PIERS AND DOCKS:	2,270.38	9,499.89	44,500.00	35,000.11	21.35
	Total UPPER RIVIERA:	22,144.27	195,157.31	1,215,996.00	1,020,838.69	16.05
	LAKEFRONT OPERATIONS Revenue Total:	50,735.56	348,214.19	1,174,530.00	826,315.81	29.65
	LAKEFRONT OPERATIONS Expenditure Total:	20,535.14	148,929.32	1,099,530.00	950,600.68	13.54
	Net Total LAKEFRONT OPERATIONS:	30,200.42	199,284.87	75,000.00	124,284.87-	265.71

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>PARKING</b>						
<b>PARKING</b>						
<b>PARKING</b>						
42-34-50-46100	PARKING MISC REVENUE	330.00	1,190.00	700.00	490.00-	170.00
42-34-50-46320	PARKING TICKET PENALTIES	2,900.00	7,727.50	45,000.00	37,272.50	17.17
42-34-50-46330	PARKING STALL COLLECTIONS	90,750.81	180,388.64	1,300,000.00	1,119,611.36	13.88
42-34-50-46340	PARKING STALL TICKETS	13,585.00	34,462.00	175,000.00	140,538.00	19.69
42-34-50-46350	PARKING TICKETS-COLL AGENCY	9,922.96	29,496.72	25,000.00	4,496.72-	117.99
42-34-50-46360	PARKING STICKERS-WALCO,OVER 4	303.32	1,009.49	2,000.00	990.51	50.47
42-34-50-46370	PARKING LOT PERMITS	.00	5,687.23	6,000.00	312.77	94.79
42-34-50-46380	BUSINESS PARKING PASSES	146.93	431.32	1,000.00	568.68	43.13
42-34-50-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
42-34-50-46400	RESERVED PARKING PERMITS/BAGS	37.91	2,240.19	5,000.00	2,759.81	44.80
42-34-50-46410	PARKING APP NET COLLECTIONS	5,078.20	10,485.78	40,000.00	29,514.22	26.21
42-34-50-46900	MISC SALES	.00	450.24	1,000.00	549.76	45.02
42-34-50-48110	INTEREST INCOME	.00	41.06	2,000.00	1,958.94	2.05
42-34-50-49100	APPL OF PRIOR YR APPROPRIATION	.00	.00	50,000.00	50,000.00	.00
Total PARKING:		123,055.13	273,610.17	1,652,700.00	1,379,089.83	16.56
<b>PARKING</b>						
42-34-50-51100	PARKING SALARY	4,490.63	20,202.35	58,410.00	38,207.65	34.59
42-34-50-51160	PARKING WAGES-SHARED	6,663.25	29,046.29	89,473.00	60,426.71	32.46
42-34-50-51200	PARKING PT WAGES	8,620.56	21,169.37	120,000.00	98,830.63	17.64
42-34-50-51340	PARKING LIFE INSURANCE	47.13	235.65	765.00	529.35	30.80
42-34-50-51345	PARKING HEALTH INSURANCE	6,045.03	23,015.98	75,000.00	51,984.02	30.69
42-34-50-51360	PARKING RETIREMENT FUND	903.74	3,705.03	11,274.00	7,568.97	32.86
42-34-50-51370	PARKING DISABILITY INS	33.62	84.05	210.00	125.95	40.02
42-34-50-51380	PARKING UNIFORMS	47.38	116.03	1,000.00	883.97	11.60
42-34-50-51520	PARKING SOCIAL SECURITY	1,477.24	5,215.46	20,494.00	15,278.54	25.45
42-34-50-52160	LUKE CC AND COLLECTION FEES	5,468.44	13,145.14	52,000.00	38,854.86	25.28
42-34-50-52200	PARKING LOT PLANTING/MAINT	4,870.66	4,870.66	20,000.00	15,129.34	24.35
42-34-50-52210	TELEPHONE EXPENSE	1,126.47	3,508.79	18,000.00	14,491.21	19.49
42-34-50-52500	KIOSK REPAIRS/SUPPLIES	5,554.39	8,013.17	10,000.00	1,986.83	80.13
42-34-50-52650	POLICE DEPT SERVICES	.00	.00	.00	.00	.00
42-34-50-53100	OFFICE SUPPLIES	108.58	514.52	1,500.00	985.48	34.30
42-34-50-53120	POSTAGE EXPENSE	.00	37.66	3,200.00	3,162.34	1.18
42-34-50-53130	WORKERS COMPENSATION INSURA	.00	844.67	4,500.00	3,655.33	18.77
42-34-50-53140	LIABILITY & PROPERTY INSURANCE	.00	538.72	3,800.00	3,261.28	14.18
42-34-50-53320	CONFERENCES/TRAINING	.00	521.25	1,000.00	478.75	52.13
42-34-50-53400	OPERATING SUPPLIES-ENFORCEME	565.30	614.00	8,000.00	7,386.00	7.68
42-34-50-53410	VEHICLE SUPPLIES-FUEL	71.53	242.60	1,000.00	757.40	24.26
42-34-50-53510	VEHICLE/EQUIPMENT MAINT	.00	221.40	1,200.00	978.60	18.45
42-34-50-53990	PARKING MISC EXPENSES	.00	3,056.69	7,000.00	3,943.31	43.67
42-34-50-54500	SUPPORT CONTRACTS	2,724.00	79,636.00	117,000.00	37,364.00	68.06
42-34-50-58500	PARKING LOT REV SHARE	.00	.00	17,000.00	17,000.00	.00
42-34-50-58700	OUTLAY-PARKING	.00	.00	50,000.00	50,000.00	.00
42-34-50-59300	TRANSFER TO TIF	.00	.00	.00	.00	.00
42-34-50-59400	TRANSFER TO CAPITAL PROJECTS	.00	.00	15,000.00	15,000.00	.00
42-34-50-59500	TRANSFER TO GENERAL FUND	.00	.00	870,874.00	870,874.00	.00
42-34-50-59550	TRANSFER FROM RESERVE TO GF	.00	.00	.00	.00	.00
Total PARKING:		48,817.95	218,555.48	1,577,700.00	1,359,144.52	13.85

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
	Total PARKING:	171,873.08	492,165.65	3,230,400.00	2,738,234.35	15.24
	PARKING Revenue Total:	123,055.13	273,610.17	1,652,700.00	1,379,089.83	16.56
	PARKING Expenditure Total:	48,817.95	218,555.48	1,577,700.00	1,359,144.52	13.85
	Net Total PARKING:	74,237.18	55,054.69	75,000.00	19,945.31	73.41

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>CAPITAL PROJECTS</b>						
<b>CAPITAL PROJECTS</b>						
<b>CAPITAL PROJECTS</b>						
43-00-00-48110	INTEREST EARNED	1,081.95	4,286.00	.00	4,286.00-	.00
43-00-00-48320	SALE OF CITY REAL ESTATE	.00	.00	.00	.00	.00
43-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	937,500.00	937,500.00	.00
43-00-00-49500	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
43-00-00-49510	TRANSFER FROM LAKEFRONT FUND	.00	.00	50,000.00	50,000.00	.00
43-00-00-49520	TRANSFER FROM PARKING FUND	.00	.00	15,000.00	15,000.00	.00
43-00-00-49700	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		1,081.95	4,286.00	1,002,500.00	998,214.00	.43
<b>CAPITAL PROJECTS</b>						
43-00-00-52160	ISSUANCE COSTS	.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		1,081.95	4,286.00	1,002,500.00	998,214.00	.43
<b>CITY HALL CAPITAL PROJECTS</b>						
<b>CITY HALL CAPITAL PROJECTS</b>						
43-16-10-17010	CITY HALL CAPITAL PROJECTS	.00	.00	20,000.00	20,000.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	20,000.00	20,000.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	20,000.00	20,000.00	.00
<b>PD CAPITAL PROJECTS</b>						
<b>PD CAPITAL PROJECTS</b>						
43-21-00-17010	PD CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
<b>FIRE DEPT CAPITAL PROJECTS</b>						
<b>FIRE DEPT CAPITAL PROJECTS</b>						
43-22-00-17010	FD CAPITAL PROJECTS	.00	.00	82,500.00	82,500.00	.00
Total FIRE DEPT CAPITAL PROJECTS:		.00	.00	82,500.00	82,500.00	.00
Total FIRE DEPT CAPITAL PROJECTS:		.00	.00	82,500.00	82,500.00	.00
<b>STREET IMPROVEMENT PROGRAM</b>						
<b>STREET IMPROVEMENT PROGRAM</b>						
43-32-10-17010	2018/2019 STREET IMP PROGRAM	6,106.24	9,128.74	805,000.00	795,871.26	1.13
Total STREET IMPROVEMENT PROGRAM:		6,106.24	9,128.74	805,000.00	795,871.26	1.13
Total STREET IMPROVEMENT PROGRAM:		6,106.24	9,128.74	805,000.00	795,871.26	1.13
<b>DEPARTMENT: 40</b>						
<b>PROGRAM: 00</b>						
43-40-00-17010	RIVIERA RENOVATION	22.82-	2,867.80	50,000.00	47,132.20	5.74

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
Total PROGRAM: 00:		22.82-	2,867.80	50,000.00	47,132.20	5.74
Total DEPARTMENT: 40:		22.82-	2,867.80	50,000.00	47,132.20	5.74
<b>PARKS CAPITAL PROJECTS</b>						
<b>PARKS CAPITAL PROJECTS</b>						
43-52-00-53000	PARKS CAPITAL PROJECT	.00	.00	45,000.00	45,000.00	.00
Total PARKS CAPITAL PROJECTS:		.00	.00	45,000.00	45,000.00	.00
Total PARKS CAPITAL PROJECTS:		.00	.00	45,000.00	45,000.00	.00
CAPITAL PROJECTS Revenue Total:		1,081.95	4,286.00	1,002,500.00	998,214.00	.43
CAPITAL PROJECTS Expenditure Total:		6,083.42	11,996.54	1,002,500.00	990,503.46	1.20
Net Total CAPITAL PROJECTS:		5,001.47-	7,710.54-	.00	7,710.54	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>TOURISM</b>						
<b>TOURISM</b>						
<b>TOURISM</b>						
47-00-00-41210	ROOM TAX	.00	25,000.00	270,278.00	245,278.00	9.25
Total TOURISM:		.00	25,000.00	270,278.00	245,278.00	9.25
<b>TOURISM</b>						
47-00-00-57100	HOTEL/MOTEL ASSN-CHAM OF COM	25,000.00	50,000.00	154,443.00	104,443.00	32.37
47-00-00-57210	OTHER TOURISM EXP	5,332.00	13,330.00	32,000.00	18,670.00	41.66
Total TOURISM:		30,332.00	63,330.00	186,443.00	123,113.00	33.97
Total TOURISM:		30,332.00	88,330.00	456,721.00	368,391.00	19.34
<b>DEPARTMENT: 70</b>						
<b>PROGRAM: 00</b>						
47-70-00-57150	PROMOTIONAL GRANT	78.96	3,237.16	83,835.00	80,597.84	3.86
47-70-00-57155	TOURISM MUNICIPAL DEVELOPMENT	137.50	4,997.43	.00	4,997.43-	.00
Total PROGRAM: 00:		216.46	8,234.59	83,835.00	75,600.41	9.82
Total DEPARTMENT: 70:		216.46	8,234.59	83,835.00	75,600.41	9.82
TOURISM Revenue Total:		.00	25,000.00	270,278.00	245,278.00	9.25
TOURISM Expenditure Total:		30,548.46	71,564.59	270,278.00	198,713.41	26.48
Net Total TOURISM:		30,548.46-	46,564.59-	.00	46,564.59	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>CEMETERY OPERATIONS</b>						
<b>CEMETERY OPERATIONS</b>						
<b>CEMETERY OPERATIONS</b>						
48-00-00-41110	PROPERTY TAX LEVY	.00	150,000.00	150,000.00	.00	100.00
48-00-00-46100	MISC REVENUE	.00	3,150.00	1,500.00	1,650.00-	210.00
48-00-00-46540	SALE OF GRAVES/NICHES	1,300.00	5,275.00	12,000.00	6,725.00	43.96
48-00-00-46550	FOUNDATIONS/STAKE-OUTS	250.00	250.00	700.00	450.00	35.71
48-00-00-46560	BURIAL INTERNMENTS	1,175.00	7,525.00	26,000.00	18,475.00	28.94
48-00-00-48110	INVESTMENT INCOME	.00	.00	.00	.00	.00
48-00-00-49100	APPL OF PRIOR YEARS APPROP	.00	.00	15,000.00	15,000.00	.00
48-00-00-49200	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
48-00-00-49400	TRANSFER FROM PERPETUAL CARE	1,337.81	5,294.33	13,000.00	7,705.67	40.73
Total CEMETERY OPERATIONS:		4,062.81	171,494.33	218,200.00	46,705.67	78.60
<b>CEMETERY OPERATIONS</b>						
48-00-00-51200	CEM WAGES	6,597.82	32,897.99	106,745.00	73,847.01	30.82
48-00-00-51250	CEM OVERTIME	.00	943.22	2,505.00	1,561.78	37.65
48-00-00-51260	CEM SEASONAL LABOR	1,258.85	2,011.68	9,755.00	7,743.32	20.62
48-00-00-51340	CEM LIFE INSURANCE EXP	9.14-	115.15	443.00	327.85	25.99
48-00-00-51345	CEM HEALTH INSURANCE	1,710.44	11,805.42	32,022.00	20,216.58	36.87
48-00-00-51360	CEM RETIREMENT EXPENSE	432.16	2,217.52	7,156.00	4,938.48	30.99
48-00-00-51370	CEM DISABILITY EXP	51.78	110.00	379.00	269.00	29.02
48-00-00-51380	CEM UNIFORM ALLOWANCE	.00	.00	1,200.00	1,200.00	.00
48-00-00-51520	CEM FICA EXPENSE	592.05	2,673.61	9,105.00	6,431.39	29.36
48-00-00-52160	CEM PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
48-00-00-52210	CEM TELEPHONE EXP	49.24	269.13	600.00	330.87	44.86
48-00-00-52220	CEM ELECTRICITY EXP	257.49	1,063.94	2,000.00	936.06	53.20
48-00-00-52240	CEM GAS HEAT EXP	101.36	585.75	1,000.00	414.25	58.58
48-00-00-52260	CEM WATER/SEWER EXP	144.01	414.01	1,000.00	585.99	41.40
48-00-00-52400	CEM BUILDING REPAIRS	.00	.00	2,000.00	2,000.00	.00
48-00-00-52500	CEM EQUIP MAINT/REPAIRS	171.48	325.43	3,000.00	2,674.57	10.85
48-00-00-53100	CEM OFFICE SUPPLIES	.00	.00	150.00	150.00	.00
48-00-00-53120	CEM POSTAGE EXP	.00	.00	40.00	40.00	.00
48-00-00-53130	CEM WORKERS COMP INS	.00	1,402.54	6,500.00	5,097.46	21.58
48-00-00-53140	CEM LIABILITY/PROPERTY INS	.00	508.72	3,000.00	2,491.28	16.96
48-00-00-53400	CEM OPERATING SUPPLIES	16.98	78.97	1,000.00	921.03	7.90
48-00-00-53410	CEM FUEL EXPENSE	176.95	926.34	5,000.00	4,073.66	18.53
48-00-00-53500	CEM BLDG MAINT SUPPLIES	.00	6.49	500.00	493.51	1.30
48-00-00-53510	CEM VEHICLE MAINT/REPAIR	4.98	345.06	3,000.00	2,654.94	11.50
48-00-00-53600	CEM MAINT SERVICE EXP	.00	.00	1,700.00	1,700.00	.00
48-00-00-53620	CEM GROUNDS/LANDSCAPING	592.50	592.50	800.00	207.50	74.06
48-00-00-53990	CEM MISC EXP	.00	161.17	300.00	138.83	53.72
48-00-00-54200	CEM GRAVES/FOUNDATIONS	.00	.00	16,400.00	16,400.00	.00
48-00-00-54300	CEM COLUMBARIUM EXPENSES	.00	.00	900.00	900.00	.00
48-00-00-58100	CEM EQUIPMENT OUTLAY	.00	.00	.00	.00	.00
Total CEMETERY OPERATIONS:		12,148.95	59,454.64	218,200.00	158,745.36	27.25
Total CEMETERY OPERATIONS:		16,211.76	230,948.97	436,400.00	205,451.03	52.92
CEMETERY OPERATIONS Revenue Total:		4,062.81	171,494.33	218,200.00	46,705.67	78.60
CEMETERY OPERATIONS Expenditure Total:		12,148.95	59,454.64	218,200.00	158,745.36	27.25

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
Net Total	CEMETERY OPERATIONS:	8,086.14-	112,039.69	.00	112,039.69-	.00

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>EQUIPMENT REPLACEMENT FUND</b>						
<b>EQUIPMENT REPLACEMENT FUND</b>						
<b>EQUIPMENT REPLACEMENT FUND</b>						
50-00-00-41110	PROPERTY TAX LEVY	.00	677,990.00	677,990.00	.00	100.00
50-00-00-48110	INTEREST EARNED	4,407.12	17,458.21	20,000.00	2,541.79	87.29
50-00-00-48300	SALE OF MISC EQUIPMENT	.00	.00	.00	.00	.00
50-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
50-00-00-49400	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total EQUIPMENT REPLACEMENT FUND:		4,407.12	695,448.21	697,990.00	2,541.79	99.64
<b>EQUIPMENT REPLACEMENT FUND</b>						
50-00-00-58000	MISC/COMP EQUIP PURCHASES	725.00	38,491.00	45,000.00	6,509.00	85.54
Total EQUIPMENT REPLACEMENT FUND:		725.00	38,491.00	45,000.00	6,509.00	85.54
Total EQUIPMENT REPLACEMENT FUND:		5,132.12	733,939.21	742,990.00	9,050.79	98.78
<b>POLICE DEPARTMENT</b>						
<b>POLICE DEPARTMENT</b>						
50-21-00-48300	SALE OF POLICE EQUIPMENT	.00	.00	.00	.00	.00
Total POLICE DEPARTMENT:		.00	.00	.00	.00	.00
<b>POLICE DEPARTMENT</b>						
50-21-00-58000	POLICE EQUIPMENT PURCHASES	32,209.50	98,925.50	124,534.00	25,608.50	79.44
Total POLICE DEPARTMENT:		32,209.50	98,925.50	124,534.00	25,608.50	79.44
Total POLICE DEPARTMENT:		32,209.50	98,925.50	124,534.00	25,608.50	79.44
<b>FIRE DEPARTMENT</b>						
<b>FIRE DEPARTMENT</b>						
50-22-00-48300	SALE OF FIRE EQUIPMENT	.00	.00	5,000.00	5,000.00	.00
50-22-00-49100	APPL PRIOR YR APPROPRIATIONS	.00	.00	26,383.00	26,383.00	.00
Total FIRE DEPARTMENT:		.00	.00	31,383.00	31,383.00	.00
<b>FIRE DEPARTMENT</b>						
50-22-00-58000	FIRE EQUIPMENT PURCHASES	191,403.59	353,931.57	266,839.00	87,092.57-	132.64
Total FIRE DEPARTMENT:		191,403.59	353,931.57	266,839.00	87,092.57-	132.64
Total FIRE DEPARTMENT:		191,403.59	353,931.57	298,222.00	55,709.57-	118.68
<b>EMERGENCY MANAGEMENT</b>						
<b>EMERGENCY MANAGEMENT</b>						
50-29-00-58000	EMERG MGMT EQUIPMENT PURCHA	.00	.00	15,000.00	15,000.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	15,000.00	15,000.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	15,000.00	15,000.00	.00

DPW

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>DPW</b>						
50-32-00-48300	SALE OF DPW EQUIPMENT	.00	.00	.00	.00	.00
50-32-00-49100	APPL PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total DPW:		.00	.00	.00	.00	.00
<b>DPW</b>						
50-32-00-58000	DPW EQUIPMENT PURCHASES	99,325.50	368,670.50	550,000.00	181,329.50	67.03
Total DPW:		99,325.50	368,670.50	550,000.00	181,329.50	67.03
Total DPW:		99,325.50	368,670.50	550,000.00	181,329.50	67.03
<b>CEMETERY</b>						
<b>CEMETERY</b>						
50-48-00-48300	SALE OF CEMETERY EQUIPMENT	.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
<b>CEMETERY</b>						
50-48-00-58000	CEMETERY EQUIPMENT REPLACEME	.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
EQUIPMENT REPLACEMENT FUND Revenue Total:		4,407.12	695,448.21	729,373.00	33,924.79	95.35
EQUIPMENT REPLACEMENT FUND Expenditure Total:		323,663.59	860,018.57	1,001,373.00	141,354.43	85.88
Net Total EQUIPMENT REPLACEMENT FUND:		319,256.47-	164,570.36-	272,000.00-	107,429.64-	60.50

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
<b>LIBRARY</b>						
<b>LIBRARY</b>						
<b>LIBRARY</b>						
99-00-00-41110	PROPERTY TAX LEVY	.00	471,656.00	471,656.00	.00	100.00
99-00-00-43540	GRANTS	.00	.00	.00	.00	.00
99-00-00-45120	LIBRARY FINES AND FEES	1,567.15	2,730.25	5,000.00	2,269.75	54.61
99-00-00-45150	COPIES,PRINTS,FAXES	314.75	1,672.66	3,000.00	1,327.34	55.76
99-00-00-46000	CASH DRAWER OVERAGES/UNDERA	.00	.00	.00	.00	.00
99-00-00-46210	LIBRARY MISC REVENUE	50.00	150.00	750.00	600.00	20.00
99-00-00-47310	KENOSHA COUNTY REVENUES	2,643.00	2,643.00	5,286.00	2,643.00	50.00
99-00-00-47320	RACINE COUNTY REVENUES	1,322.00	1,322.00	2,644.00	1,322.00	50.00
99-00-00-47330	WALWORTH COUNTY REVENUES	112,393.00	112,393.00	224,786.00	112,393.00	50.00
99-00-00-47340	WAUKESHA COUNTY REVENUES	.00	.00	.00	.00	.00
99-00-00-47350	ROCK COUNTY (ARROWHEAD) REV	.00	.00	.00	.00	.00
99-00-00-47360	JEFFERSON COUNTY REVENUES	.00	95.00	95.00	.00	100.00
99-00-00-48110	INTEREST EARNED	191.46	770.47	.00	770.47-	.00
99-00-00-48120	DIVIDEND INCOME	.00	.00	.00	.00	.00
99-00-00-48140	PORTFOLIO GAINS/LOSSES	.00	.00	.00	.00	.00
99-00-00-48190	DISCOUNTS EARNED	.00	.00	.00	.00	.00
99-00-00-48400	INSURANCE REIMBURSEMENTS	.00	.00	.00	.00	.00
99-00-00-48920	DONATIONS	.00	.00	.00	.00	.00
99-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
99-00-00-49100	APPL OF PR YR APPROPRIATIONS	.00	.00	.00	.00	.00
99-00-00-49500	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total LIBRARY:		118,481.36	593,432.38	713,217.00	119,784.62	83.21
<b>LIBRARY</b>						
99-00-00-51100	LIBRARY FT SALARIES	20,435.20	82,188.35	265,651.00	183,462.65	30.94
99-00-00-51200	LIBRARY PT WAGES	9,790.59	46,115.46	128,502.00	82,386.54	35.89
99-00-00-51340	LIFE INSURANCE	35.19	142.29	445.00	302.71	31.98
99-00-00-51345	LIBRARY HEALTH INSURANCE	4,276.10	16,249.18	52,536.00	36,286.82	30.93
99-00-00-51360	RETIREMENT FUND	1,453.42	6,529.67	18,838.00	12,308.33	34.66
99-00-00-51370	LIBRARY DISABILITY PREMIUMS	144.54	344.88	880.00	535.12	39.19
99-00-00-51520	LIBRARY SOCIAL SECURITY	2,286.72	9,706.81	30,153.00	20,446.19	32.19
99-00-00-52110	GENERAL ADMIN EXPENSES	92.44	202.45	5,000.00	4,797.55	4.05
99-00-00-52160	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
99-00-00-52210	LIBRARY TELEPHONE EXP	233.82	902.80	1,800.00	897.20	50.16
99-00-00-52220	LIBRARY UTILITIES	1,279.40	4,345.69	20,000.00	15,654.31	21.73
99-00-00-52500	LIBRARY BLDG REPAIR	540.00	5,562.92	10,000.00	4,437.08	55.63
99-00-00-53100	LIBRARY OFFICE SUPPLIES	284.85	383.22	1,500.00	1,116.78	25.55
99-00-00-53120	LIBRARY POSTAGE	.00	242.71	500.00	257.29	48.54
99-00-00-53130	WORKERS COMP INSURANCE	.00	223.46	1,400.00	1,176.54	15.96
99-00-00-53140	LIABILITY & PROPERTY INSURANCE	.00	2,588.81	10,330.00	7,741.19	25.06
99-00-00-53320	STAFF CONTINUING EDUCATION	80.04	745.60	3,000.00	2,254.40	24.85
99-00-00-53500	LIBRARY MAINT SUPPLIES	299.59	864.62	2,500.00	1,635.38	34.58
99-00-00-53600	LIBRARY BLDG MAINT SERVICES	1,537.83	9,700.88	25,000.00	15,299.12	38.80
99-00-00-53990	LIBRARY MISCELLANEOUS	.00	.00	.00	.00	.00
99-00-00-54100	LIBRARY ADULT MATERIALS	3,360.30	8,995.93	35,000.00	26,004.07	25.70
99-00-00-54110	LIBRARY YOUTH MATERIALS	1,476.69	4,299.52	17,000.00	12,700.48	25.29
99-00-00-54120	LIBRARY MAGAZINES & NEWSPAPER	.00	1,665.96	6,000.00	4,334.04	27.77
99-00-00-54130	LIBRARY REFERENCE MATERIALS	.00	.00	1,000.00	1,000.00	.00
99-00-00-54140	LIBRARY NONPRINT MATERIALS	1,558.59	5,034.73	20,000.00	14,965.27	25.17
99-00-00-54150	LIBRARY PROGRAMS	980.66	2,360.66	10,000.00	7,639.34	23.61
99-00-00-54155	LIBRARY MARKETING	.00	113.62	1,500.00	1,386.38	7.57

Account Number	Account Title	2019-19 Current Month Actual	2019-19 Current Year Actual	2019 Current Year Budget	2019 Current Year Variance	2019 Current Year % of Budget
99-00-00-54160	USE OF DONATED FUNDS	.00	.00	.00	.00	.00
99-00-00-54170	USE OF GRANT FUNDS	.00	.00	.00	.00	.00
99-00-00-55100	LIBRARY SIRSI	17.90	19,029.86	23,000.00	3,970.14	82.74
99-00-00-55110	LIBRARY CIRCULATION SUPPLIES	.00	516.00	3,000.00	2,484.00	17.20
99-00-00-55120	LIBRARY PROCESSING SUPPLIES	30.12	489.39	3,000.00	2,510.61	16.31
99-00-00-55140	LIBRARY COMPUTER HARDWARE	2,944.16	2,996.14	3,000.00	3.86	99.87
99-00-00-55150	LIBRARY COMPUTER SOFTWARE	.00	56.05	500.00	443.95	11.21
99-00-00-55160	LIBRARY IT CONSULTING SERVICES	.00	67.50	1,000.00	932.50	6.75
99-00-00-55320	LIBRARY EQUIP LEASES & MAINT	954.04	1,775.12	8,400.00	6,624.88	21.13
99-00-00-56230	SHARED SAVINGS PRINCIPAL PYMT	.00	.00	.00	.00	.00
99-00-00-56630	SHARED SAVINGS INTEREST PYMT	.00	.00	.00	.00	.00
99-00-00-57800	LIBRARY CONTINGENCY	.00	.00	2,782.00	2,782.00	.00
Total LIBRARY:		54,092.19	234,440.28	713,217.00	478,776.72	32.87
Total LIBRARY:		172,573.55	827,872.66	1,426,434.00	598,561.34	58.04
LIBRARY Revenue Total:		118,481.36	593,432.38	713,217.00	119,784.62	83.21
LIBRARY Expenditure Total:		54,092.19	234,440.28	713,217.00	478,776.72	32.87
Net Total LIBRARY:		64,389.17	358,992.10	.00	358,992.10-	.00
Net Grand Totals:		477,791.96-	895,438.96	122,000.00-	1,017,438.96-	733.97-

# West end Gate Estimate

4-17-19

Digital key pad with City key installed. \$1,362.00

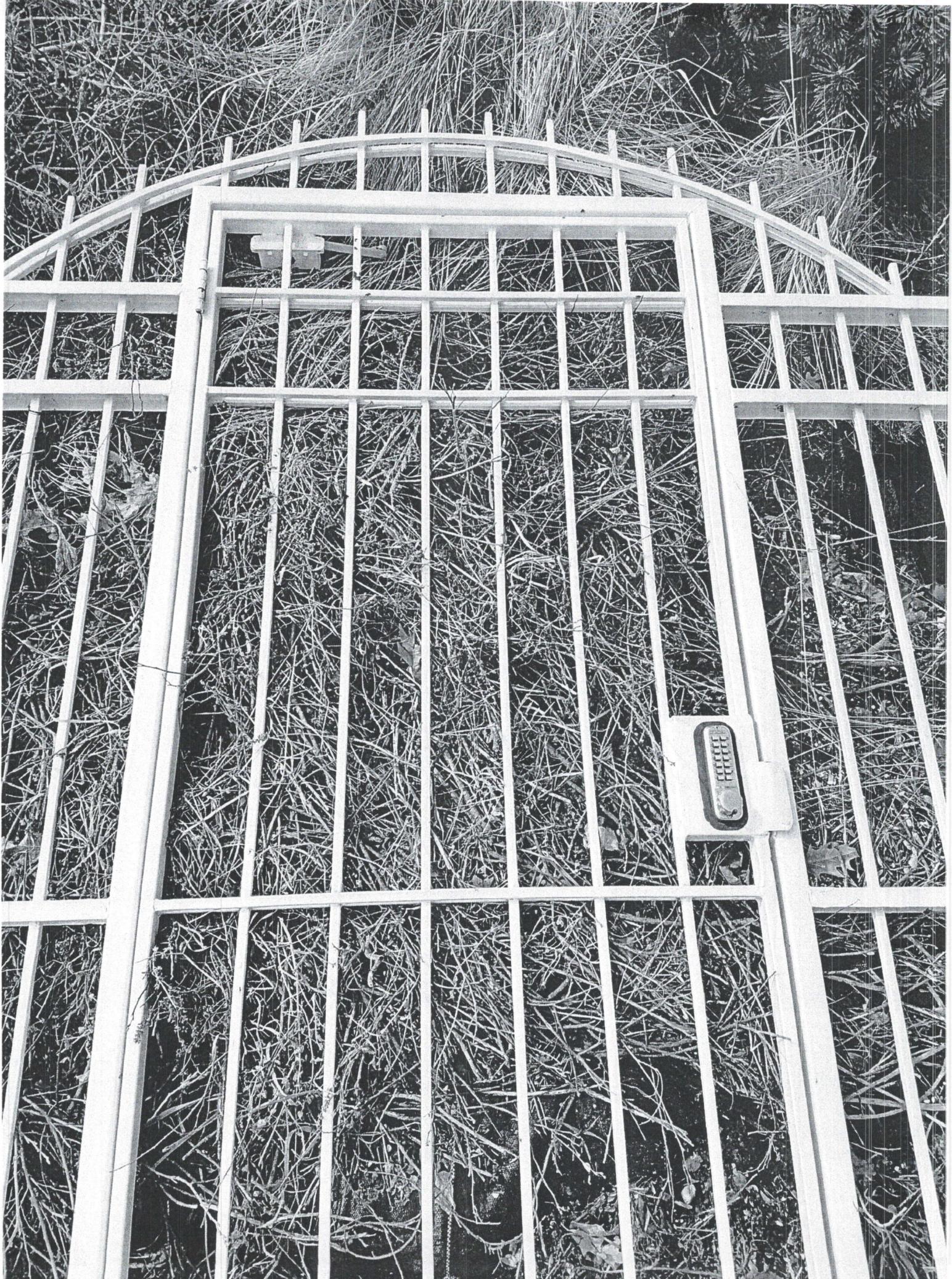
Wieldable box for door latch and key pad. \$158.00

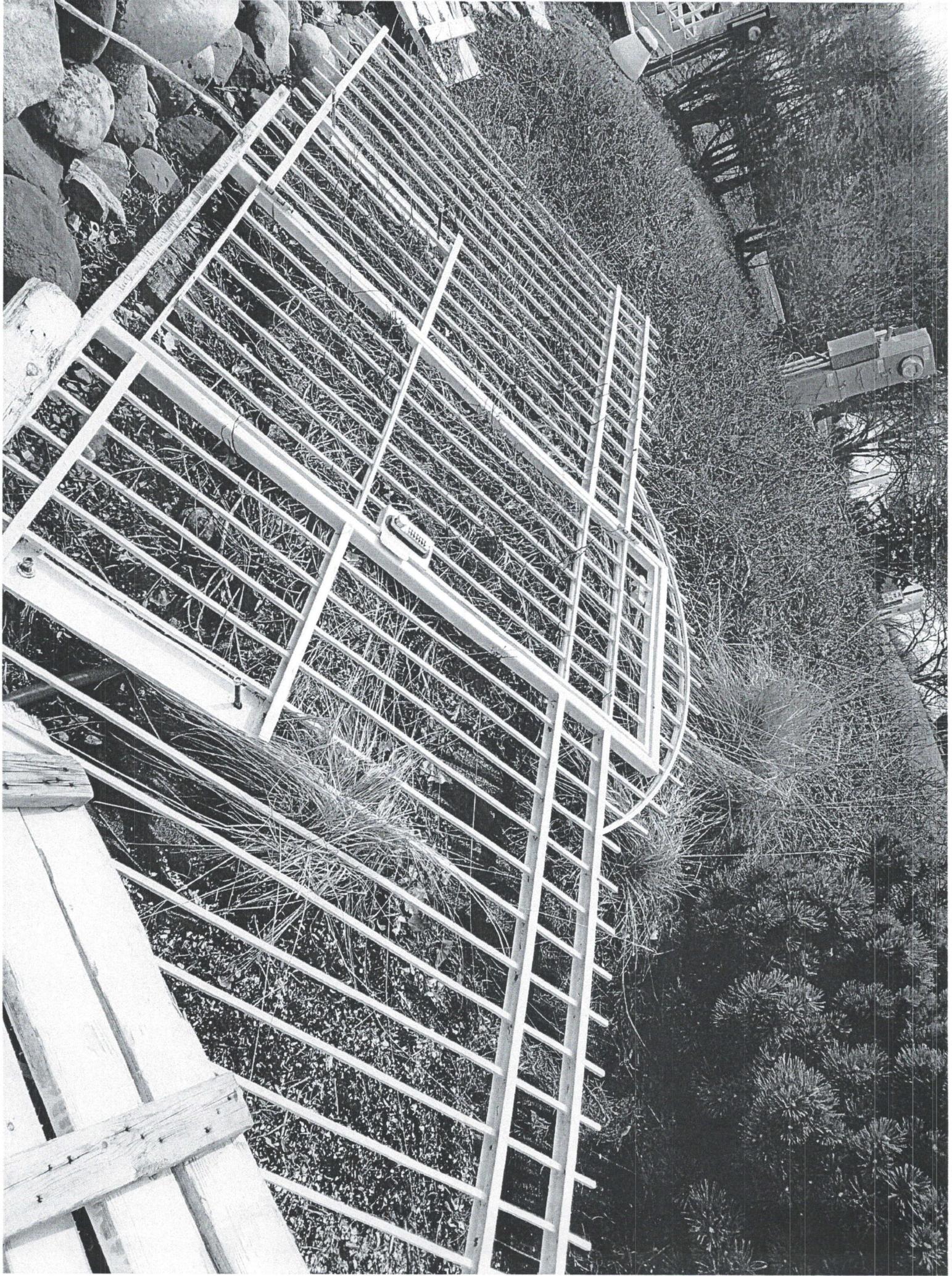
Build steel gate, paint white and attach wieldable box. \$6,500.00

Have pier company install gate. \$450.00

DPW will deliver gate to boat launch for Pier Company.

Gate is approximately 12ft wide and 8ft tall.









# K-BXSIM Weldable Box

Type: Cylindrical

Dimensions:

5 1/2" W x 10 1/4" H x 1 3/4" D

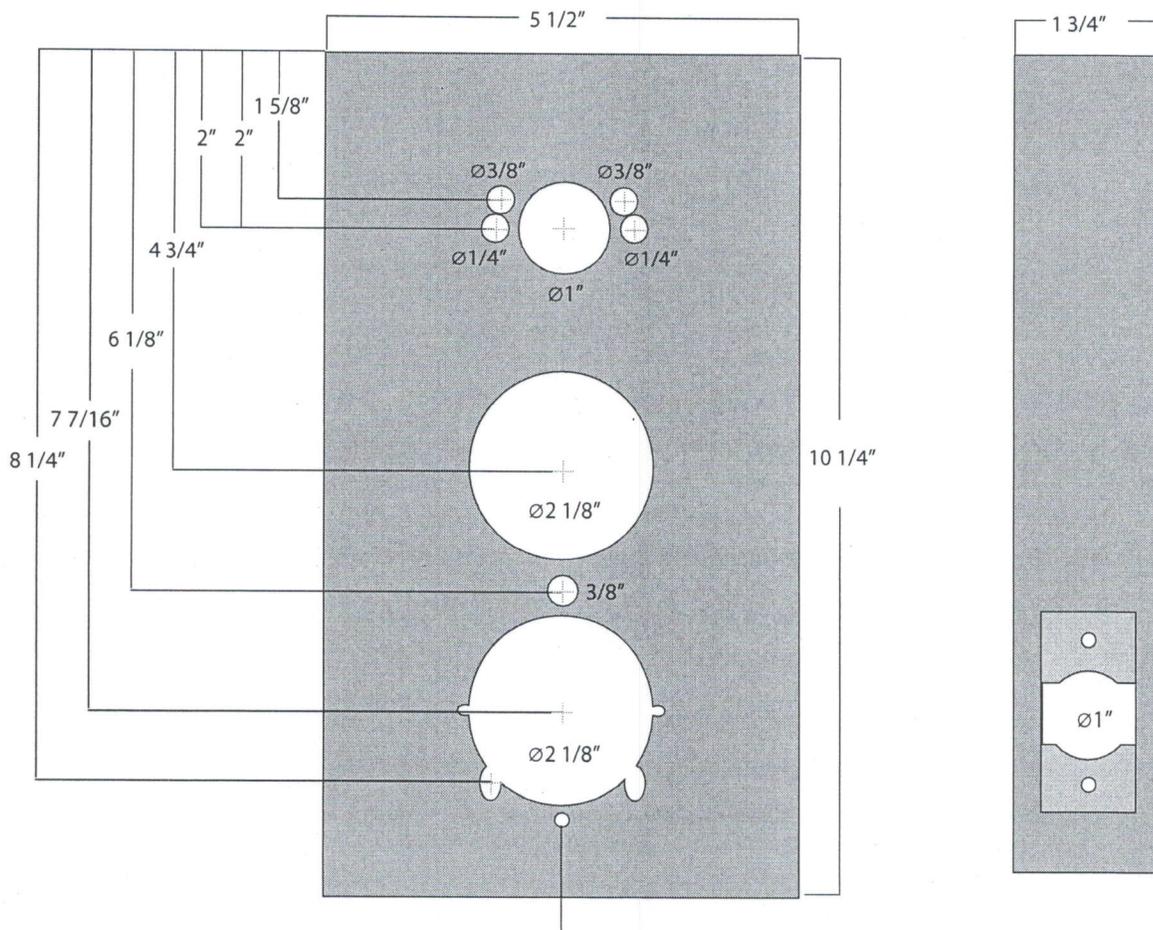
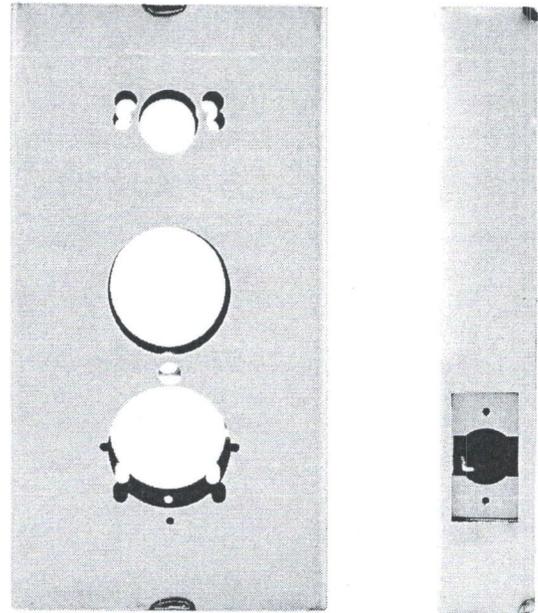
Backset: 2 3/4"

Materials Available:

14 Gauge Steel.....K-BXSIM

.125 Gauge Aluminum.....K-BXSIM-AL

16 Gauge Stainless Steel...K-BXSIM-SS



Inlarge to 3/8 if other than Simplex lock is used



www.keedex.com • 714-993-4300

This rendering is NOT to scale and dimensions are NOT exact. For precise technical information, please refer to the template for the lock you are using.

**City of Lake Geneva  
Finance, License, & Regulation Committee  
May 21, 2019**

**Prepaid Checks**

**5/6/19 - 5/17/19**

**Total:  
\$55,286.04**

**Checks over \$5,000:**

\$	18,000.00	City of Lake Geneva - Beach Refund Cash Bank
\$	16,858.65	Alliant Energy
\$	9,785.22	EMS Medical Billing - FD

Report Criteria:

Report type: Summary  
 [Report].Check Issue Date = 05/08/2019,05/15/2019  
 Check.Type = {<>} "Adjustment"  
 Bank.Bank account = "043230"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
05/08/2019	70432	2046	ALLIANT ENERGY	16,858.65
05/08/2019	70433	2104	AT&T	1,392.25
05/08/2019	70434	2215	BRODART CO	2,949.72
05/08/2019	70435	2532	FROGGATT, JEAN	51.00
05/08/2019	70436	5287	KOSTMAN, REBECCA	51.00
05/08/2019	70437	3038	NELSON, BRANDI	33.00
05/08/2019	70438	5465	REYNOLDS, LORI	57.04
05/08/2019	70439	3334	SOUTHERN LAKES PLUMBING & HEAT	175.00
05/08/2019	70440	4915	TIETZ, KATIE	33.00
05/15/2019	70561	2046	ALLIANT ENERGY	1,044.07
05/15/2019	70562	2460	EMS MEDICAL BILLING ASSOCIATES	9,785.22
05/15/2019	70563	2774	KELLER, SETH	48.00
05/15/2019	70564	5471	LOWE, AMY	500.00
05/15/2019	70565	3001	SECURIAN FINANCIAL GROUP	2,055.39
05/15/2019	70566	4918	TIME WARNER CABLE	159.07
05/15/2019	70567	5071	WE ENERGIES	1,761.63
05/15/2019	70568	5071	WE ENERGIES	332.00
05/15/2019	70591	3495	CITY OF LAKE GENEVA	18,000.00
Grand Totals:				55,286.04

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
11-00-00-21100	.00	29,210.43-	29,210.43-
11-00-00-21340	961.27	.00	961.27
11-10-00-51330	142.11	.00	142.11
11-12-00-51340	17.74	.00	17.74
11-12-00-52210	37.28	.00	37.28
11-13-00-51340	34.58	.00	34.58
11-14-20-51340	47.77	.00	47.77
11-14-30-51340	12.39	.00	12.39
11-15-10-51340	59.65	.00	59.65
11-16-10-51340	25.76	.00	25.76
11-16-10-52210	230.77	.00	230.77
11-16-10-52220	3,098.81	.00	3,098.81
11-16-10-52240	579.12	.00	579.12
11-21-00-51340	243.61	.00	243.61
11-21-00-52210	336.53	.00	336.53
11-21-00-52220	25.98	.00	25.98
11-21-00-53300	51.04	.00	51.04
11-21-00-53310	222.00	.00	222.00
11-22-00-51330	72.72	.00	72.72
11-22-00-52140	9,785.22	.00	9,785.22

GL Account	Debit	Credit	Proof
11-22-00-52210	303.36	.00	303.36
11-22-00-52220	882.72	.00	882.72
11-22-00-52240	304.36	.00	304.36
11-24-00-51340	33.65	.00	33.65
11-29-00-52220	69.79	.00	69.79
11-32-10-51340	161.71	.00	161.71
11-32-10-52210	191.51	.00	191.51
11-32-10-52220	695.68	.00	695.68
11-32-10-52240	404.72	.00	404.72
11-34-10-52220	332.74	.00	332.74
11-34-10-52230	8,320.66	.00	8,320.66
11-51-10-52220	562.96	.00	562.96
11-51-10-52240	208.55	.00	208.55
11-52-00-52220	469.97	.00	469.97
11-52-00-59220	239.67	.00	239.67
11-52-01-52240	44.03	.00	44.03
40-00-00-21100	.00	20,869.83-	20,869.83-
40-54-10-10100	18,000.00	.00	18,000.00
40-54-10-52220	173.40	.00	173.40
40-55-10-51340	4.51	.00	4.51
40-55-10-52210	74.55	.00	74.55
40-55-10-52240	176.66	.00	176.66
40-55-20-52210	37.28	.00	37.28
40-55-30-52220	2,403.43	.00	2,403.43
42-00-00-21100	.00	47.13-	47.13-
42-34-50-51340	47.13	.00	47.13
47-00-00-21100	.00	79.10-	79.10-
47-70-00-57150	79.10	.00	79.10
48-00-00-21100	.00	102.38-	102.38-
48-00-00-51340	20.91	.00	20.91
48-00-00-52210	37.28	.00	37.28
48-00-00-52240	44.19	.00	44.19
61-00-00-21100	.00	43.68-	43.68-
61-00-00-92630	43.68	.00	43.68
62-00-00-21100	.00	91.01-	91.01-
62-00-00-92630	91.01	.00	91.01
99-00-00-21100	.00	4,842.48-	4,842.48-
99-00-00-51340	35.19	.00	35.19
99-00-00-52210	223.66	.00	223.66
99-00-00-52220	958.91	.00	958.91
99-00-00-53600	175.00	.00	175.00
99-00-00-54100	1,955.42	.00	1,955.42
99-00-00-54110	994.30	.00	994.30
99-00-00-54150	500.00	.00	500.00
Grand Totals:	55,286.04	55,286.04-	.00

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Recorder: \_\_\_\_\_

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Report Criteria:

Report type: Summary

[Report].Check Issue Date = 05/08/2019,05/15/2019

Check.Type = {<>} "Adjustment"

Bank.Bank account = "043230"

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**City of Lake Geneva  
Finance, License, & Regulation Committee  
May 21, 2019**

**Accounts Payable**

	<u>Fund #</u>	
1. General Fund	11	\$ 85,691.70
2. Debt Service	20	\$ -
3. TID #4	34	\$ -
4. Lakefront	40	\$ 8,349.21
5. Capital Projects	43,52	\$ 15,309.00
6. Parking	42	\$ 3,724.97
7. Cemetery	48,49	\$ 4,624.28
8. Equipment Replacement	50	\$ -
9. Library Fund	99	\$ -
10. Impact Fees	45	\$ 3,555.00
11. Tourism Commission	47	\$ 3,162.16
12. Use of Building Funds-Library	98	\$ -
<b>Total All Funds</b>		<b><u><u>\$124,416.32</u></u></b>

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

**FINANCE, LICENSE, & REGULATION COMMITTEE  
5/21/2019**

**TOTAL UNPAID ACCOUNTS PAYABLE** **\$ 124,416.32**

**ITEMS > \$5,000**

Johns Disposal - May Refuse & Recycling \$ 41,817.00

Kapur & Associates - April Engineering Services \$ 17,522.70

Vandewalle & Associates - April Planning Services \$ 7,154.53

Jerry Willkomm - Gasoline \$ 6,835.46

\$ -

\$ -

\$ -

Balance of Other Items \$ 51,086.63

## Report Criteria:

Detail report.  
Invoices with totals above \$0.00 included.  
Only unpaid invoices included.  
Invoice.Batch = "190521","190520","190522"  
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
<b>A+ GRAPHICS &amp; PRINTING</b>				
23412	05/15/2019	BIZ CARDS-FOSTER	11-32-13-54300 TREE & BRUSH OPERATING SUPPLY	50.00
Total A+ GRAPHICS & PRINTING:				50.00
<b>AASEN EMBROIDERY</b>				
13139	04/24/2019	T-SHIRTS,CAPS	40-52-11-53990 LAUNCH RAMP MISCELLANEOUS	135.25
Total AASEN EMBROIDERY:				135.25
<b>ADVANCE AUTO PARTS</b>				
719391285313	05/08/2019	OIL, FILTER	48-00-00-53510 CEM VEHICLE MAINT/REPAIR	9.28
Total ADVANCE AUTO PARTS:				9.28
<b>AMAZON</b>				
3081-4/19	05/10/2019	SPEEDY INKS-TONER-ASST CL	11-14-30-53100 CITY CLERK OFFICE SUPPLIES	47.99
3081-4/19	05/10/2019	TABLET CASE-ALDER	11-11-00-53990 COUNCIL MISCELLANEOUS EXPENSE	18.94
3081-4/19	05/10/2019	LAPTOP CASE-CLERK	11-14-30-53100 CITY CLERK OFFICE SUPPLIES	26.49
3081-4/19	05/10/2019	LAPTOP COVER-CLERK	11-14-30-53100 CITY CLERK OFFICE SUPPLIES	32.45
Total AMAZON:				125.87
<b>ARROW PEST CONTROL INC</b>				
78164	05/06/2019	PEST CONTROL-MAY	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	55.00
Total ARROW PEST CONTROL INC:				55.00
<b>AURORA MEDICAL GROUP</b>				
404	05/14/2019	EMP CLINIC-APR	11-10-20-51330 HEALTH AND DENTAL CLAIMS	3,000.00
Total AURORA MEDICAL GROUP:				3,000.00
<b>BADGER STATE INDUSTRIES</b>				
306-178917	04/17/2019	PAPER TOWERS,TP,LINERS	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	206.26
306-178917	04/17/2019	PAPER TOWELS,TP	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	62.29
306-178917	04/17/2019	TOILET TISSUE	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	25.00
Total BADGER STATE INDUSTRIES:				293.55
<b>BRUCE EQUIPMENT INC</b>				
P09297	01/07/2019	WATER PUMP-SWEEPER #32	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	1,023.02
W02085	01/07/2019	REPAIR-SWEEPER #32	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	1,761.12
Total BRUCE EQUIPMENT INC:				2,784.14
<b>BUCH, CECELIA</b>				
F/I PARK-5/4/1	05/06/2019	F/I PARK-5/4/19	11-52-00-46750 PARK USE FEES	50.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total BUCH, CECELIA:				50.00
<b>BUMPER TO BUMPER AUTO PARTS</b>				
662-407874	05/08/2019	WIRE KIT-TRACTOR #53	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	18.59
662-407940	05/09/2019	LEAF WAGON PARTS	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	53.48
662-408360	05/16/2019	OIL PRESSURE VALVE	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	33.99
Total BUMPER TO BUMPER AUTO PARTS:				106.06
<b>CDW GOVERNMENT INC</b>				
SFV1980	05/09/2019	SHORE-TEL SYSTEM SUPPORT	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	4,750.40
Total CDW GOVERNMENT INC:				4,750.40
<b>CINTAS CORP</b>				
5013731505	05/06/2019	FIRST AID KIT SUPPLIES	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	56.00
Total CINTAS CORP:				56.00
<b>DUNN LUMBER &amp; TRUE VALUE</b>				
757585	05/03/2019	GLUE-MARKER POSTS	11-34-10-53750 TRAFFIC CONTROL STREET SIGNS	9.98
758153	05/09/2019	FASTENERS-BENCHES	11-52-00-53520 GROUNDS MAINT SUPPLIES	16.99
758440	05/13/2019	FASTENERS-TREE PLAQUES	11-32-13-54300 TREE & BRUSH OPERATING SUPPLY	20.99
758456	05/13/2019	NUTS,BOLTS-FOUNTAIN	11-52-00-53520 GROUNDS MAINT SUPPLIES	3.87
758589	05/14/2019	CLOROX,TP MOUNT-VETS PAR	11-52-01-53500 BLDG MAINT & REPAIR	28.97
758602	05/14/2019	OIL-MOWER/WEED EATER	11-52-00-52500 EQUIPMENT REPAIR SERVICES	6.98
758637	05/14/2019	VALVE,BATTERY-FOUNTAIN	11-52-00-53520 GROUNDS MAINT SUPPLIES	25.98
758706	05/14/2019	"NO SMOKING" SIGN,NUMBER	40-52-11-53990 LAUNCH RAMP MISCELLANEOUS	8.98
758932	05/16/2019	FAUCET CONNECTORS-BEACH	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	33.45
758957	05/16/2019	POLY TUBE,COMP SLEEVE-BE	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	5.75
758979	05/16/2019	PROPANE TANK FILL	11-32-10-53700 ROAD MAINTENANCE SUPPLIES	18.99
Total DUNN LUMBER & TRUE VALUE:				180.93
<b>EDWARD JONES</b>				
PERP CARE D	05/13/2019	PERP CARE DEP-5/13/19	49-00-00-24200 DUE TO INVESTMENT ACCT	4,525.00
Total EDWARD JONES:				4,525.00
<b>ELKHORN CHEMICAL CO INC</b>				
610537	05/03/2019	VACUUM CLEANER,BAGS	40-55-10-53600 UPPER RIVIERA MAINTENANCE	364.64
Total ELKHORN CHEMICAL CO INC:				364.64
<b>FIRST SUPPLY LLC</b>				
1863919-00	04/24/2019	VALVE-RIV	40-55-20-52400 LOWER RIVIERA REPAIRS	33.96
Total FIRST SUPPLY LLC:				33.96
<b>HARRIS COMPUTER SYSTEMS</b>				
XT00006836	05/02/2019	AP CHECKS	11-15-10-53100 ACCTG OFFICE SUPPLIES	340.73
Total HARRIS COMPUTER SYSTEMS:				340.73
<b>ITU ABSORB TECH INC</b>				
7234566	05/03/2019	MATS,RAGS,COVERALLS	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	85.02

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
7234567	05/03/2019	MATS	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	81.22
7243257	05/17/2019	MATS	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	81.22
Total ITU ABSORB TECH INC:				247.46
<b>JERRY WILLKOMM INC</b>				
250906	04/25/2019	994 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	2,672.87
250932	05/06/2019	38 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	102.18
251008	05/14/2019	601 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	1,706.24
251009	05/14/2019	403 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	1,144.12
251021	04/24/2019	450 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	1,210.05
Total JERRY WILLKOMM INC:				6,835.46
<b>JOHN STENSLAND</b>				
REFUND 4/26/	05/07/2019	STENSLAND-SEC DEP 4/26/19	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REFUND 4/26/	05/07/2019	STENSLAND-SETUP,SEC GRD	40-55-10-46740 UPPER RIVIERA REVENUE	727.50-
Total JOHN STENSLAND:				272.50
<b>JOHNS DISPOSAL SERVICE INC</b>				
284892	05/06/2019	MAY SVC	11-36-00-52940 SOLID WASTE-RESIDENTIAL	28,779.00
284892	05/06/2019	MAY SVC	11-36-00-52970 SOLID WASTE-RECYCLING	13,038.00
Total JOHNS DISPOSAL SERVICE INC:				41,817.00
<b>KAESTNER AUTO ELECTRIC CO</b>				
328042	05/10/2019	FLAG EXT-VETS PARK	11-52-01-59520 GROUNDS MAINTENANCE SUPPLIES	48.97
Total KAESTNER AUTO ELECTRIC CO:				48.97
<b>KAPUR &amp; ASSOCIATES INC</b>				
97939	05/08/2019	ENG-SUMMERHAVEN	11-00-00-13910 A/R BILL OUTS	3,240.70
97945	05/09/2019	ENG-2019 PAVING	43-32-10-17010 2018/2019 STREET IMP PROGRAM	12,468.00
97947	05/08/2019	ENG-STONERIDGE PHASE II	11-00-00-13910 A/R BILL OUTS	240.50
97949	05/08/2019	GIS ZONING MAP REVIEW	11-69-30-52120 OUTSIDE PROFESSIONAL PLANNING	405.00
97949	05/08/2019	GIS DATA COLLECT/INPUT	43-32-10-17010 2018/2019 STREET IMP PROGRAM	1,073.50
97997	05/09/2019	ENG-YMCA	11-00-00-13910 A/R BILL OUTS	95.00
Total KAPUR & ASSOCIATES INC:				17,522.70
<b>LAKE GENEVA BID</b>				
WINE WALK	05/16/2019	WINE WALK BOOKLETS	47-70-00-57150 PROMOTIONAL GRANT	350.00
Total LAKE GENEVA BID:				350.00
<b>LAKE GENEVA JAYCEES</b>				
REFUND 5/4/1	05/07/2019	LG JAYCEES-SEC DEP 5/4/19	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REFUND 5/4/1	05/07/2019	LG JAYCEES-SEC GRD,SETUP-	40-55-10-46740 UPPER RIVIERA REVENUE	609.25-
Total LAKE GENEVA JAYCEES:				390.75
<b>LAKE GENEVA REGIONAL NEWS</b>				
1286237	04/04/2019	LN-940 MAYTAG RD GDP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	46.18
1287432	04/11/2019	LN-BATHROOM RFP 4/11/19	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	82.25
1287432	04/11/2019	LN-BATHROOM RFP 4/18/19	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	82.25
1287737	04/11/2019	LN-MOD PIZZA LIQ LIC	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	20.10

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
1289094	05/02/2019	LN-MAGIC THEATER LIQ LIC	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	18.74
Total LAKE GENEVA REGIONAL NEWS:				249.52
<b>LAKE GENEVA UTILITY</b>				
301 CAPPOLL	05/01/2019	301 CAPPELLA WAY	45-00-00-24520 WATER IMPACT FEES	1,690.00
301 CAPPOLL	05/01/2019	301 CAPPELLA WAY	45-00-00-24530 SEWER IMPACT FEES	1,865.00
Total LAKE GENEVA UTILITY:				3,555.00
<b>LARRY'S TOWING &amp; RECOVERY</b>				
5109	05/05/2019	TOWING-HONDA CIVIC	11-34-10-52900 CAR TOWING	200.00
Total LARRY'S TOWING & RECOVERY:				200.00
<b>MARED MECHANICAL</b>				
113177	04/30/2019	CO SENSOR REPLACE	11-16-10-52400 CITY HALL BUILDING REPAIRS	882.00
113236	04/30/2019	CHILLER REPAIR	11-16-10-52400 CITY HALL BUILDING REPAIRS	370.00
Total MARED MECHANICAL:				1,252.00
<b>MARENGO HIGH SCHOOL</b>				
REFUND 4/27/	05/07/2019	MARENGO HS-SEC DEP 4/27/19	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REFUND 4/27/	05/07/2019	MARENGO HS-SEC GRD,SETU	40-55-10-46740 UPPER RIVIERA REVENUE	761.25-
Total MARENGO HIGH SCHOOL:				238.75
<b>MEDTECH WRISTBANDS INC</b>				
86228	05/03/2019	BEACH WRISTBANDS	40-54-10-53100 BEACH OFFICE SUPPLIES	965.71
Total MEDTECH WRISTBANDS INC:				965.71
<b>MINNEWAWA INC</b>				
109815	03/21/2019	2019 BEACH TAGS-8K	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	712.95
Total MINNEWAWA INC:				712.95
<b>MUNICIPAL SERVICES LLC</b>				
201947	04/30/2019	APR SVCS	11-24-00-52190 CONTRACT BUILDING INSPECTOR	1,282.50
Total MUNICIPAL SERVICES LLC:				1,282.50
<b>NEI-TURNER MEDIA</b>				
223727	08/17/2018	AT THE LAKE-SUMMER 2018	40-55-10-53160 PUBLICATIONS & PROMOTIONS	800.00
8260 5/10/19	11/14/2018	AT THE LAKE-WINTER PMT 3	47-70-00-57155 TOURISM MUNICIPAL DEVELOPMENT	391.66
9466	03/22/2019	WI MTGS-SPRING 2019	47-70-00-57155 TOURISM MUNICIPAL DEVELOPMENT	2,420.50
Total NEI-TURNER MEDIA:				3,612.16
<b>OFFICE DEPOT</b>				
309603103001	05/01/2019	CALCULATOR RIBBON	11-15-10-53100 ACCTG OFFICE SUPPLIES	6.09
309603395001	05/01/2019	STAPLES,DIVIDER TABS,POST-	11-15-10-53100 ACCTG OFFICE SUPPLIES	16.58
309614027001	05/01/2019	PRINTER TONER-MAYOR	11-16-10-53100 CITY HALL OFFICE SUPPLIES	129.02
Total OFFICE DEPOT:				151.69

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
<b>OFFICE PRO INC</b>				
0334154-001	02/04/2019	GARBAGE BAGS,FLOOR BRUS	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	285.02
0342072-001	04/09/2019	CART	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	157.85
0344450-001	04/30/2019	HAND SOAP	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	295.02
0344902-001	05/06/2019	MOP,GLOVES,CLEANING SUPP	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	505.03
323188-002	01/21/2019	GARBAGE BAGS RETURNED	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	612.26
Total OFFICE PRO INC:				630.66
<b>OPTIMIST TOOL INC</b>				
4875	05/03/2019	POST DRIVER	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	350.00
Total OPTIMIST TOOL INC:				350.00
<b>OTIS ELEVATOR COMPANY</b>				
CMM17268001	05/06/2019	ELEVATOR JAMB REPAIR	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	2,023.50
Total OTIS ELEVATOR COMPANY:				2,023.50
<b>OTTO JACOBS</b>				
118340	05/13/2019	GRAVEL SLURRY	43-32-10-17010 2018/2019 STREET IMP PROGRAM	825.00
118341	05/13/2019	GRAVEL SLURRY	43-32-10-17010 2018/2019 STREET IMP PROGRAM	562.50
118342	05/13/2019	GRAVEL SLURRY	43-32-10-17010 2018/2019 STREET IMP PROGRAM	380.00
Total OTTO JACOBS:				1,767.50
<b>PATS SERVICES INC</b>				
A-177470	05/10/2019	PORT A POTTY SVC-APR	48-00-00-52260 CEM WATER/SEWER EXP	90.00
Total PATS SERVICES INC:				90.00
<b>PFI FASHIONS INC</b>				
245691	05/07/2019	SHIRTS,PULLOVERS	42-34-50-51380 PARKING UNIFORMS	687.32
245713	04/30/2019	UNIFORM/CAPS-PARKING	42-34-50-51380 PARKING UNIFORMS	68.65
Total PFI FASHIONS INC:				755.97
<b>POMP'S TIRE SERVICE INC</b>				
60176689	04/26/2019	TIRES-RHINO MOWER	11-52-00-52500 EQUIPMENT REPAIR SERVICES	127.50
Total POMP'S TIRE SERVICE INC:				127.50
<b>POWER TECH LLC</b>				
9123	05/01/2019	COMM ELEC INSP-MAR/APR	11-24-00-52190 CONTRACT BUILDING INSPECTOR	2,440.00
Total POWER TECH LLC:				2,440.00
<b>RHYME BUSINESS PRODUCTS</b>				
AR299150	04/30/2019	SHARP-APR B&W	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	45.96
AR299150	04/30/2019	SHARP-APR COLOR	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	240.64
Total RHYME BUSINESS PRODUCTS:				286.60
<b>RICHARD SPIZZIRI</b>				
REFUND 5/15/	05/15/2019	REFUND-BUOY/KAYAK WAITLIS	40-52-10-46750 BUOY/BOAT STALL WAITING LIST	50.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total RICHARD SPIZZIRI:				50.00
<b>ROTE OIL COMPANY</b>				
1912300612	05/03/2019	219.4 GALS CLEAR DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	583.38
1912300613	05/03/2019	217.8 GALS DYED DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	511.62
Total ROTE OIL COMPANY:				1,095.00
<b>RUNDLE SPENCE</b>				
S2756700.001	05/03/2019	FLUSHER BATTERY	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	22.62
Total RUNDLE SPENCE:				22.62
<b>RUSSELL, EMILY</b>				
REFUND 5/11/	05/13/2019	RUSSELL-SEC DEP 5/11/19	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REFUND 5/11/	05/13/2019	RUSSELL-SEC GRD,SETUP-5/1	40-55-10-46740 UPPER RIVIERA REVENUE	318.50
Total RUSSELL, EMILY:				681.50
<b>RYCZEK, NATHALIE</b>				
5/9/19 REFUN	05/09/2019	REFUND-BUOY #22 RENTAL	40-52-10-46770 BUOY & BOAT STALL RENTAL	724.17
5/9/19 REFUN	05/09/2019	REFUND-BUOY #22 RENTAL	11-00-00-24210 SALES TAX PAYABLE	39.83
Total RYCZEK, NATHALIE:				764.00
<b>SYSTEMS DESIGN</b>				
17141	05/03/2019	IRRIGATION START UP-CH	11-52-00-52500 EQUIPMENT REPAIR SERVICES	162.64
17143	05/03/2019	IRRIGATION START UP-LIB PAR	11-52-00-52500 EQUIPMENT REPAIR SERVICES	478.92
17147	05/03/2019	IRRIGATION START UP-RIV	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	266.89
Total SYSTEMS DESIGN:				908.45
<b>T2 SYSTEMS CANADA INC</b>				
IRIS000005435	04/29/2019	IRIS FEES-MAY	42-34-50-54500 SUPPORT CONTRACTS	2,544.00
IRIS000005435	04/29/2019	IRIS FEES-MAY	40-54-10-53400 LUKE OPERATING AND CC EXP	119.25
Total T2 SYSTEMS CANADA INC:				2,663.25
<b>UNITED LABORATORIES</b>				
INV254806	05/06/2019	CLEANING SUPPLIES	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	690.60
Total UNITED LABORATORIES:				690.60
<b>UNITED PUBLIC SAFETY INC</b>				
OL0103319	05/01/2019	AUTO OWNER LOOKUPS-APR 2	42-34-50-54500 SUPPORT CONTRACTS	425.00
Total UNITED PUBLIC SAFETY INC:				425.00
<b>VANDEWALLE &amp; ASSOCIATES INC</b>				
201904015	04/19/2019	PLANNING SVCS-APR	11-69-30-52120 OUTSIDE PROFESSIONAL PLANNING	6,122.43
201904015	04/19/2019	PLANNING SVCS-APR	11-00-00-13910 A/R BILL OUTS	1,032.10
Total VANDEWALLE & ASSOCIATES INC:				7,154.53
<b>VERMEER WISCONSIN INC</b>				
20218622	04/26/2019	SCREWS-STUMP GRINDER	11-32-13-54200 TREE & BRUSH-REPAIR	55.75

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total VERMEER WISCONSIN INC:				55.75
<b>WELDERS SUPPLY CO</b>				
10069451	05/03/2019	GAS-TORCH SET	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	67.96
Total WELDERS SUPPLY CO:				67.96
<b>WI DEPT OF AG, TRADE &amp;</b>				
115-00000125	04/30/2019	2019 ANNUAL WEIGHTS/MEAS	11-24-00-52180 CONTRACTS-WEIGHTS & MEASURES	4,800.00
Total WI DEPT OF AG, TRADE &:				4,800.00
Grand Totals:				124,416.32

Dated: \_\_\_\_\_

Mayor: \_\_\_\_\_

City Council: \_\_\_\_\_

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City Recorder: \_\_\_\_\_

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "190521","190520","190522"

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

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