



SPECIAL CITY COUNCIL MEETING
THURSDAY, SEPTEMBER 10, 2015 – 5:00 PM
COUNCIL CHAMBERS, CITY HALL

AGENDA

1. Mayor Connors calls the meeting to order
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will to be limited to 5 minutes.
4. Discussion/Action on Temporary Class “B”/Class “B” Retailer’s License application for the sale of fermented malt beverages and wine filed by the Country Gentlemen for the “Country Gentlemen Afterglow” on Saturday, September 12, 2015 from 4:30pm to 7:00pm at the Geneva Lake Museum, 255 Mill Street, Lake Geneva
5. Discussion/Action on Temporary Operator License application filed by David Conrad on behalf of the Country Gentlemen for the Annual Show Afterglow at the Geneva Lake Museum on September 12, 2015
6. Adjournment

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

9/9/2015 12:20 pm

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

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 8/4/15

Town Village City of LAKE GENEVA County of WAUKESHA

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 9/12/15 and ending 9/12/15 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name COUNTRY GENTLEMEN

(b) Address 731 Central St. LAKE GENEVA, WI

(c) Date organized 1973

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

- President DAVID CONRAD Williams Bay, WI
Vice President MIKE COLKIDS Burlington, WI
Secretary PETE BETTS Waterford, WI
Treasurer KURT VOELKERS Waterford, WI

(g) Name and address of manager or person in charge of affair: DEVIN FARLEY 440 S. STONE RIDGE DR., LAKE GENEVA

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 255 MILL ST. (GENEVA LAKE MUSEUM)

(b) Lot Block

(c) Do premises occupy all or part of building? ALL

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. NAME OF EVENT

(a) List name of the event COUNTRY GENTLEMEN AFTERGLOW

(b) Dates of event SEPT 12, 2015

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer [Signature] (Signature/date)

Officer [Signature] (Signature/date)

Date Filed with Clerk 9/8/15

Date Granted by Council

COUNTRY GENTLEMEN (Name of Organization)

Officer [Signature] (Signature/date)

Officer [Signature] 20 AUG 15 (Signature/date)

Date Reported to Council or Board

License No.

**SUPPLEMENTAL APPLICATION FORM
TEMPORARY CLASS "B" / "CLASS B" RETAILER'S LICENSE
CITY OF LAKE GENEVA**

This form needs to be submitted as an attachment to the Application for Temporary Class "B" / "Class B" Retailer's License Form (Form AT-315) and returned to the City Clerk.

Applicant Organization: COUNTRY GENTLEMEN
Name of Event: CG AFTERGLOW (AFTER SHOW AT BADGER H.S.)
Date of Event: Sept 12, 2015
Time of Event: 4:30 PM (Beginning) 7 PM (Ending)
Event Contact Person: DEVIN FARLEY
Contact Phone: _____
Contact Email: _____

Will a Licensed Operator be serving or supervising the service of alcohol?
***This includes Temporary Operator's who have completed the Responsible Beverage Servers class.**

Yes No

**PLEASE FILL ALL BLANKS COMPLETELY.
THIS INFORMATION IS NEEDED TO COMPLETELY PROCESS YOUR
TEMPORARY RETAILER'S LICENSE APPLICATION.**

For Office Use Only

Date Filed: <u>9/8/15</u> Receipt No: <u>C150908-1</u>	
Total Amount: <u>10,00</u>	
Forwarded to Police Chief: <u>9/8/15</u>	
Recommendation: <u>✓</u> <u>Approved</u> Denied	
Verification that not more than 2 temporary wine licenses have been issued to this applicant within the last 12 months: <u>✓</u>	
FLR Approval: _____	License Issued: _____
Council Approval: _____	License Number: _____
MAILTO: Organization _____	License Expires: _____

CITY OF LAKE GENEVA TEMPORARY OPERATOR LICENSE



PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED. FEE OF \$10.00 IS PAYABLE TO CITY OF LAKE GENEVA AND DUE UPON APPLICATION.

NOTE: This license shall be issued to persons under the terms of Wisconsin State Statutes 125.17 (4). License shall be issued only to operators employed by or donating their services to non-profit corporations. A maximum of one temporary operator license will be issued to any individual per year. This license shall be valid only for the period of time specified on the license, which time period shall not exceed fourteen (14) days.

APPLICANT INFORMATION

Name: CONRAD DAVIS HAINES
Last First Middle
Maiden Name: _____ Date of Birth: 1-1
Address (Physical): 630 Cedar Point Drive
Mailing Address (if different): _____
City, State, Zip: Williams Bay, WI 53191
Phone: _____
Drivers License #: _____

ORGANIZATION WHERE SERVICES OF LICENSEE WILL BE EMPLOYED

Organization Name: COUNTRY GENTLEMEN (SPEBSQSA)
Address: _____
Name of Event where licensee will work: ANNUAL SHOW AFTERGLOW
Date of Event: SATURDAY, SEPT. 12, 2015

APPLICANT SIGNATURE

[Signature] DATE: 9/4/2015

For Office Use Only

Date Filed: 9/8/15
Receipt No: C.150908-1
Total Amount: 10.00

Forwarded to Police Chief: 9/8/15
Background Completed: 9/8/15 gt
Recommendation: _____

Approved Denied

Verification that no other temporary licenses have been issued to this applicant in current year: _____

FLR Approval: _____
Council Approval: _____

License Issued: _____
License Number: _____

License Expires: _____

MAILTO: Individual
 Organization