



## FINANCE, LICENSE & REGULATION COMMITTEE

MONDAY, JUNE 13, 2016 – 6:00 PM

COUNCIL CHAMBERS, CITY HALL

### AGENDA

1. Call to Order by Alderman Kordus
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 Finance, License and Regulation Committee Meeting minutes of May 23, 2016, as prepared and distributed.
5. **LICENSES & PERMITS**
  - a. Beach Reservation Permit Application filed by Mt. Zion Christian Church for a beach baptism and picnic on Sunday, September 18, 2016 from 12:00pm to 4:30pm utilizing Riviera Beach (*recommended by Piers, Harbors and Lakefront Committee on June 2, 2016*)
  - b. Park Reservation Permit Application filed by Sherm Lindsey on behalf of Midwest Action Cycle to use Seminary Park Aug. 13 and Aug. 14, 2016 from 9:00am to 5:00pm for the “Viva Lake Geneva Scooter Rally” event (*recommended by the Board of Park Commissioners on June 1, 2016*)
  - c. Street Use Permit Application filed by Kelly and Dan Francois for the closure of Horace Street between Grant and Wheeler Street for a Block Party on August 13, 2016 from 6:00am to 12 midnight with a rain date of August 14, 2016
  - d. Park Reservation Permit Application filed by Margie Danno on behalf of HobbyTown USA and Lake Geneva YMCA to use the Disc Golf Course for a “Trilogy Challenge Disc Golf Tournament” on June 25, 2016 from 8:00am to 3:00pm (*recommended by the Board of Park Commissioners on June 1, 2016*)
  - e. Park Reservation Permit Application filed by Diane Carrigan to use Seminary Park for a Family Reunion on June 24, 2016 from 4:00pm to 8:00pm (*recommended by the Board of Park Commissioners on June 1, 2016*)
  - f. Parade and Public Assembly Permit Application filed by the American Legion Auxiliary for the Fourth of July Kids Parade on July 4, 2016 from 10:00am to 10:30am beginning at Eastview School and ending at the American Legion Hall with request to waive all fees
  - g. Street Use Permit Application filed by the American Legion Auxiliary for the Fourth of July Kids Parade on July 4, 2016 from 10:00am to 10:30am beginning at Eastview School and ending at the American Legion Hall with request to waive all fees
  - h. Park Reservation Permit Application filed by Regina Krepelan to use Cobb Park for a Graduation Party on June 18, 2016 from 12:30pm to 11:00pm (*recommended by the Board of Park Commissioners on June 1, 2016*)

- i. Renewal “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- 1) Harbor Shores Hotel Management Inc d/b/a Harbor Shores on Lake Geneva, 300 Wrigley Dr, William Strangeway, Agent
  - 2) Gleneagles LLC d/b/a Sopra, 724 W Main St, Alastair Cumming, Agent
  - 3) L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jessica Bush, Agent
  - 4) DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
  - 5) Medusa Grill & Bistro LLC d/b/a Medusa Grill & Bistro, 501 Broad St, Gregory Anagnos, Agent
  - 6) 422 S. Wells St. LTD d/b/a Celebration on Wells, 422 S Wells St, Charles Lorenzi, Agent
  - 7) Samson Enterprises LLC d/b/a Carvetti’s, 642 W Main St, Eugene Grahler, Agent
  - 8) LG Hospitality Group LLC d/b/a Tuscan Tavern & Grill, 430 Broad St, James Georgalas, Agent
  - 9) Mercedes or Bust LLC d/b/a The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
  - 10) Capitol Geneva LLC d/b/a Sprecher’s Restaurant & Pub, 111 Center St, Elizabeth Dion, Agent
  - 11) Sandal Inc d/b/a Lake Geneva Lanes, 192 E Main St, Franklin Guske, Sr, Agent
  - 12) SS2 Inc d/b/a The Red Geranium Restaurant, 393 N Edwards Blvd, Lyle Swatek, Agent
  - 13) Harry’s Café & Place Inc d/b/a Harry’s Café, 808 Main St, James Chironis, Agent
  - 14) Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- j. Renewal “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**
- k. Renewal Reserve “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- 1) Meridian Condo Association d/b/a Bella Vista Suites, 335 Wrigley Dr, Charles Lorenzi, Agent
  - 2) The Restaurant Tempura House LLC d/b/a Tempura House, 306 Center St, Pai Tsung Wang, Agent
- l. Renewal Class “B” Fermented Malt Beverage & “Class C” Wine License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
- 1) Martin S Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 W Main St, Yolanda Zavaleta, Agent
  - 2) Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
  - 3) PH Hospitality Group LLC d/b/a Pizza Hut, 801 Williams St, Butch Nocek, Agent
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  - 5) K&B Restaurant Group LLC d/b/a The Original Chicago Pizza Company, 150 Center St, Benjamin Wooten, Agent
  - 6) Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St, Emma Setyan, Agent
  - 7) Beachside Hospitality Inc d/b/a Barrique Wine & Brew Bar, 835 Wrigley Dr, Nancy Trilla, Agent
  - 8) Mama Ciminis, 131 Wells St, Nicolo Cimino, Agent
  - 9) Good Vibes LLC d/b/a Good Vibes, 721 Geneva St, Samantha Strenger, Agent
- m. Renewal Class “B” Fermented Malt Beverage application filed by Board & Brush Lake Geneva LLC d/b/a Board & Brush Lake Geneva, 252 Center St, Julie Selby, 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**

- n. Renewal Class “A” Fermented Malt Beverage License application filed by Tienda El Rancho Inc d/b/a Tienda El Rancho, 1151 Elkhorn Rd, Mercedes Jaramillo, Agent, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds
  - o. **Renewal “Class A”/Class “A” Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**
    - 1) Brutap LLC d/b/a Bruno’s Liquors, 524 Broad St, James Sharkus, Agent
    - 2) Midwest Fuel Inc d/b/a Northside Mobil, 501 Interchange North, John Consolino, Agent
    - 3) Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
    - 4) Wal-Mart Stores East LP d/b/a Walmart #910, 201 S Edwards Blvd., Barbara Godan, Agent
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    - 9) SA Enterprises LLC d/b/a Quick N Save, 1231 Grant St, Amrik Singh, Agent
    - 10) Kwik Trip Inc d/b/a Kwik Trip 219, 710 Williams St, Jillian Ricker, Agent
    - 11) New World Wine Shop Inc d/b/a New World Wine Shop, 830 W Main St, Jerry Sibbing, Agent
  - p. Original Reserve “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Lake Aire LLC d/b/a Lake Aire Restaurant, 804 Main St, George Argiropoulos, 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
  - q. Original Class “B” Fermented Malt Beverage & “Class C” Wine License application filed by Geneva Theater, 244 Broad St., Shad Branen, 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
  - r. Original 2016-2017 Operator’s (Bartender) License application as listed in packet
  - s. Renewal of 2016-2017 Operator’s (Bartender) License applications as listed in packet
  - t. Renewal Taxi Driver License application filed by Vito Gieron, Ronald Skipper Sr, Ronald Skipper Jr, Richard Skipper Sr, Debra Skipper (*approved by Police Chief; informational only*)
  - u. **Renewal Taxi Company License applications filed by the following:**
    - 1) All Star Cab, W1044 Evergreen Rd, Pell Lake
    - 2) Al Limousine & Taxi, 612 Crawford St, Lake Geneva
  - v. **Renewal Massage Establishment License applications filed by the following:**
    - 1) Element Massage Studio, 647 Main St, Ste 400
    - 2) Jasmine Salon & Spa LLC d/b/a Jasmine Salon & Spa, 251 Cook St
    - 3) Healing Muscle Therapies, 201 Broad St, Ste D
    - 4) Meridian Condominium Association d/b/a Bella Vista Suites, 335 Wrigley Dr
    - 5) Loosen Up LTD, d/b/a Loosen Up, 201 N Broad St
6. First reading of **Ordinance 16-05**, amending the Sidewalk Café ordinance restaurant definition to include retail food establishments whose primary sales are comprised of frozen dairy products
  7. First reading of **Ordinance 16-06**, amending the Sidewalk Café ordinance to include a Penalties and Enforcement section

8. Discussion/Recommendation on City Water and Sewer Utility Ordinance changes and corresponding organizational issues *(Continued from May 23, 2016 Council Meeting)*
9. Discussion/Recommendation on Ordinance change to include Flat Iron Park in prohibited areas for a bicycle, skateboard, roller skate or any similar device *(Recommended by Public Works Committee on June 9, 2016)*
10. Discussion/Recommendation on Ordinance change to provide no parking space near 322 Warren Street *(Recommended by Public Works Committee on June 9, 2016)*
11. Discussion/Recommendation on regulating Utility Poles and Mono Towers including possible Ordinance changes *(Recommended by Public Works Committee on June 9, 2016)*
12. Discussion/Recommendation on Ordinance change to allow Grilling in Donian Park *(Recommended by Board of Park Commissioners on June 1, 2016)*
13. Discussion/Recommendation of Increase in Police Department Reserve Pay *(Recommended by Personnel Committee on May 26, 2016)*
14. Discussion/Recommendation of Columbia Cascade TIF4 Escrow Draw Request No 1 for \$34,430.00
15. Discussion/Recommendation on Dan Larson Landscape TIF4 Escrow Draw Request No 1 for \$30,901.00
16. Discussion/Recommendation on Hein Electric Supply Company TIF4 Escrow Draw Request No 1 for \$13,555.56
17. Discussion/Recommendation on Humphreys Contracting TIF4 Escrow Draw Request No 2 for \$32,867.61
18. **Presentation of Accounts**
  - a. Purchase Orders (none)
  - b. Prepaid Bills in the amount of \$35,542.96
  - c. Regular Bills in the amount of \$175,068.24
  - d. Approval of Treasurer's Report for April 2016

**19. Adjournment**

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

6/10/2016 8:40pm

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

**FINANCE, LICENSE & REGULATION COMMITTEE**  
**MONDAY, MAY 23, 2016 – 6:00 PM**  
**COUNCIL CHAMBERS, CITY HALL**

Chairperson Kordus called the meeting to order at 6:01 p.m.

**Roll Call.** Present: Aldermen Kordus, Gelting and Chappell. Absent: Alderman Howell. Also Present: City Administrator Oborn, Comptroller Pollitt and City Clerk Waswo.

**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.

**Approval of Minutes.** Gelting/Chappell motion to approve the Finance, License and Regulation Committee Meeting minutes of May 9, 2016, as prepared and distributed. Motion carried 3 to 0.

**LICENSES & PERMITS**

**Park Reservation Permit application filed by Angel Rejon on behalf of Liga Latina to use Veteran's Park including the use of the soccer field on Sundays only beginning May 1, 2016 through September 25, 2016 for a soccer league (recommended by the Board of Park Commissioners on May 11, 2016 contingent upon various conditions).**

Kordus/Gelting motion to deny as applicant did not come through with the insurance and payments by the due date. City Administrator Oborn stated the applicant needed to obtain the insurance and come up with the deposit and funding. He spoke with the applicant today who stated he is going to withdraw and apply again next year. Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of a Public Assembly Permit application filed by Lake Geneva Business Improvement District for Lake Geneva Maxwell Street Days August 26 – August 28, 2016, 8:00am to 7:00pm requesting use of downtown sidewalks for business sales.** Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of a Public Assembly Permit application filed by Lake Geneva Business Improvement District for Lake Geneva Paint-In June 11 – June 12, 2016, 11:00am to 4:00pm requesting use of downtown sidewalks to place tables, chairs and umbrellas for display and sale of artists drawings and paintings.** Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of an Original Class “B” Fermented Malt Beverage License & “Class C” Wine License application for Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St, Lake Geneva, Emma Setyan, Agent.** Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of an Original Class “B” Fermented Malt Beverage License & “Class C” Wine License application for Marsalas Pizza Inc d/b/a Marsala’s Pizza, 820 Williams St, Lake Geneva, Miguel Barcena, Agent, including completion of the beverage server’s course.** Motion carried 3 to 0.

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

- 1) Speedo’s Harborside Pub & Grill, 100 Broad St, Lake Geneva, Spyro G. Condos, Agent
- 2) Su Wings Corp d/b/a Su Wings Chinese Restaurant, 743 North St, Lake Geneva, Siu Wing Leung, Agent

Gelting/Chappell motion to recommend approval. Motion carried 3 to 0.

**Renewal “Class A”/Class “A” Liquor & Fermented Malt Beverage License applications filed by the following, contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds:**

- 1) Prairie State Enterprises of Darien LLC d/b/a Lake Geneva Mobil, 350 N Edwards Blvd, Lake Geneva, Kenneth Kearns, Agent

2) Hare Krishna Liquor Inc d/b/a Geneva Liquor, 797 Wells St, Lake Geneva, Dixit Patel, Agent  
Gelting/Chappell motion to recommend approval. Motion carried 3 to 0.

**Renewal “Class A” Liquor 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 Geneva School of Cooking LLC d/b/a Lake Geneva School of Cooking, 727 Geneva St, Lake Geneva, John Bogan, Agent  
Gelting/Chappell motion to recommend approval. Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of the Original 2016-2017 Operator’s (Bartender) License application filed by Tracy Cantu, Ashley Jastrab, Vickie Pham, Clyde Reifsteck, Rebekka Reuter, and Barbara Tonyan.** Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of the Renewal of 2016-2017 Operator’s (Bartender) License applications as listed in packet.** Motion carried 3 to 0.

**Renewal Taxi Company License applications filed by the following:**

1) N&T Enterprises Inc d/b/a Lakes Area Taxi, 112 S 4<sup>th</sup> St, Delavan  
2) Senior Cab Plus LLC d/b/a Senior Cab, W3099 Krueger Rd, Lake Geneva  
Gelting/Chappell motion to recommend approval. Motion carried 3 to 0.

**Original Taxi Company License applications filed by the following: Original Taxi Driver License application filed by Gordon Perlee III and Cathleen Vahary** *(approved by Police Chief; informational only)*

**Renewal of Taxi Driver License applications as listed in packet** *(approved by Police Chief; informational only)*

**Discussion/Recommendation on City Employee Benefits including Health, Dental, and Disability with a Presentation by Cottingham & Butler Representative**

Kordus/Gelting motion to defer to council without recommendation. Motion carried 3 to 0.

**Discussion/Recommendation on Sidewalk Café Outdoor Dining Ordinance modifications**

Kordus/Gelting motion to defer to council without recommendation. Motion carried 3 to 0.

**Kordus/Gelting motion to recommend approval of the renewal of a 2 year insurance policy with Crum and Foster for storage tank coverage in the amount of \$1,621.22 funded by the General Fund**

City Administrator Oborn stated this is a renewal for the fuel storage tank. Motion carried 3 to 0.

**Kordus/Gelting motion to recommend approval of Resolution 16-R29, approving the write off of the Primus annexation 2008 unpaid accounts receivable in the amount of \$631.85**

Alderman Kordus questioned if the city has gone through the collection processes. Comptroller Pollitt confirmed and stated this is at the recommendation of the auditors. Alderman Gelting noted writing it off is an accounting measure; it does not mean we can’t collect on it. Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of Resolution 16-R30, authorizing a budget amendment to adjust the 2016 General Fund Budget by \$37,840.00 to cover the 1<sup>st</sup> Quarter Fire Protection charge**

This was discussed at earlier council meetings when the charge was moved over to the Utility; however until it was approved by the PSC the city had to carry the costs. This will be funded by contingency. Motion carried 3 to 0.

**Discussion/Recommendation on City Utility Ordinance changes and corresponding organization issues**

Kordus/Gelting motion to defer to council without recommendation. Motion carried 3 to 0.

**Gelting/Chappell motion to recommend approval of Shad Branen/WIN Properties, LLC Theater Development Agreement TIF4 Escrow Draw Request No 1 for \$116,022.98**

Mr. Oborn noted this is part of the escrow agreement. Motion carried 3 to 0.

**Discussion/Recommendation of Humphreys Contracting TIF4 Escrow Draw Request No 1 for \$18,755.50 with additional funding from the General Fund**

Mr. Oborn said the last time the escrow account was discussed it was mentioned if we would go over the amount, it would have to come out of a different source. There was an overage of \$234 in that line item, which will need to come out of the General Fund.

Gelting/Kordus motion to recommend approval. Motion carried 3 to 0.

**Discussion/Recommendation of Tectura Designs - Wausau Tile TIF4 Escrow Final Draw Request No 1 for \$6,542.54.** This is a purchase order and he is billing the city the exact amount of the estimate.

Gelting/Kordus motion to recommend approval. Motion carried 3 to 0.

**Presentation of Accounts – Alderman Kordus**

**Purchase Orders.** None.

**Gelting/Kordus motion to recommend approval of Prepaid Bills in the amount of \$1,698,732.56.** Motion carried 3 to 0.

**Gelting/Kordus motion to recommend approval of Regular Bills in the amount of \$116,352.86.** Motion carried 3 to 0.

**Adjournment**

Gelting/Chappell motion to adjourn at 6:18 p.m. Motion carried 3 to 0.

/s/ Sabrina Waswo, City Clerk

**THESE MINUTES ARE NOT OFFICIAL UNTIL APPROVED BY THE FINANCE, LICENSE & REGULATION COMMITTEE**



**REGULAR CITY COUNCIL MEETING**  
**MONDAY, JUNE 13, 2016 – 7:00 PM**  
**COUNCIL CHAMBERS, CITY HALL**

**AGENDA**

1. Mayor Kupsik calls the meeting to order
2. Pledge of Allegiance – Alderman Flower
3. Roll Call
4. Awards, Presentations, and Proclamations
5. Re-consider business from previous meeting
6. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will be limited to 5 minutes.
7. Acknowledgement of Correspondence
8. Approve Regular City Council Meeting minutes of May 23, 2016, and Special City Council Meeting minutes of May 26, 2016, as prepared and distributed
9. **CONSENT AGENDA.** Any item listed on the consent agenda may be removed at the request of any member of the Council. The request requires no second, is not discussed, and is not voted upon.
  - a. Beach Reservation Permit Application filed by Mt. Zion Christian Church for a beach baptism and picnic on Sunday, September 18, 2016 from 12:00pm to 4:30pm utilizing Riviera Beach *(recommended by Piers, Harbors and Lakefront Committee on June 2, 2016)*
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  - 9) SA Enterprises LLC d/b/a Quick N Save, 1231 Grant St, Amrik Singh, Agent
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  - 11) New World Wine Shop Inc d/b/a New World Wine Shop, 830 W Main St, Jerry Sibbing, Agent
- p.** Original Reserve “Class B”/Class “B” Intoxicating Liquor & Fermented Malt Beverage License application filed by Lake Aire LLC d/b/a Lake Aire Restaurant, 804 Main St, George Argiropoulos, 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
- q.** Original Class “B” Fermented Malt Beverage & “Class C” Wine License application filed by Geneva Theater, 244 Broad St., Shad Branen, 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
- r.** Original 2016-2017 Operator’s (Bartender) License application as listed in packet
- s.** Renewal of 2016-2017 Operator’s (Bartender) License applications as listed in packet
- t.** Renewal Taxi Driver License application filed by Vito Gieron, Ronald Skipper Sr, Ronald Skipper Jr, Richard Skipper Sr, Debra Skipper *(approved by Police Chief; informational only)*
- u. Renewal Taxi Company License applications filed by the following:**
- 1) All Star Cab, W1044 Evergreen Rd, Pell Lake
  - 2) Al Limousine & Taxi, 612 Crawford St, Lake Geneva

- v. **Renewal Massage Establishment License applications filed by the following:**
  - 1) Element Massage Studio, 647 Main St, Ste 400
  - 2) Jasmine Salon & Spa LLC d/b/a Jasmine Salon & Spa, 251 Cook St
  - 3) Healing Muscle Therapies, 201 Broad St, Ste D
  - 4) Meridian Condominium Association d/b/a Bella Vista Suites, 335 Wrigley Dr
  - 5) Loosen Up LTD, d/b/a Loosen Up, 201 N Broad St

10. Item removed from the Consent Agenda

**11. Finance, License and Regulation Committee Recommendations – Alderman Kordus**

- a. First reading of **Ordinance 16-05**, amending the Sidewalk Café ordinance restaurant definition to include retail food establishments whose primary sales are comprised of frozen dairy products
- b. First reading of **Ordinance 16-06**, amending the Sidewalk Café ordinance to include a Penalties and Enforcement section
- c. Discussion/Action on City Water and Sewer Utility Ordinance changes and corresponding organizational issues *(Continued from May 23, 2016 Council Meeting)*
- d. Discussion/Action on Ordinance change to include Flat Iron Park in prohibited areas for a bicycle, skateboard, roller skate or any similar device *(Recommended by Public Works Committee on June 9, 2016)*
- e. Discussion/Action on Ordinance change to provide no parking space near 322 Warren Street *(Recommended by Public Works Committee on June 9, 2016)*
- f. Discussion/Action on regulating Utility Poles and Mono Towers including possible Ordinance changes *(Recommended by Public Works Committee on June 9, 2016)*
- g. Discussion/Action on Ordinance change to allow Grilling in Donian Park *(Recommended by Board of Park Commissioners on June 1, 2016)*
- h. Discussion/Action of Increase in Police Department Reserve Pay *(Recommended by Personnel Committee on May 26, 2016)*
- i. Discussion/Action of Columbia Cascade TIF4 Escrow Draw Request No 1 for \$34,430.00
- j. Discussion/Action on Dan Larson Landscape TIF4 Escrow Draw Request No 1 for \$30,901.00
- k. Discussion/Action on Hein Electric Supply Company TIF4 Escrow Draw Request No 1 for \$13,555.56
- l. Discussion/Action on Humphreys Contracting TIF4 Escrow Draw Request No 2 for \$32,867.61

**12. Presentation of Accounts**

- a. Purchase Orders (none)
- b. Prepaid Bills in the amount of \$35,542.96
- c. Regular Bills in the amount of \$175,068.24
- d. Approval of Treasurer’s Report for April 2016

**13. Mayoral Appointments (None)**

**14. Closed Session**

- a. Motion to go into Closed Session pursuant to Wis. Stat. 19.85(1)(c) considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility for Interim Fire Chief/Emergency Management Deputy Director John Peters
  
- b. Motion to go into Closed Session pursuant to Wis. Stat. 19.85(1)(e) for deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session concerning offer to sell/transfer City property located on Edwards Blvd.

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

**16. Adjournment**

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

6/10/2016 8:40pm

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

# CITY OF LAKE GENEVA<sup>U</sup>

## EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

### Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

### Section II - Applicant Information

1. Applicant Name: Deb Border Date of Application: 3/15/2016
2. Organization Name: Mt. Zion Christian Church
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: 2330 Hwy 120
5. City, State, Zip: Lake Geneva, WI 53147
6. Phone: (262) 248-7097 E-mail: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: \_\_\_\_\_
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

### Section III - Event Information

1. Title of Event: Beach Baptism, Picnic
2. Date(s) of Event: September 18, 2016
3. Location(s) of Event: Rivera Beach
4. Hours: 12:00 pm 4:30 pm  
Start Time End Time

5. Event Chair/Contact Person: Deb Border Phone: \_\_\_\_\_

6. Day of Event Contact Name: Deb Border Phone: \_\_\_\_\_

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

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 100

10. Basis for Estimate: Previous beach baptism attendance

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

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

Owned by Mt. Zion Christian Church 2 - 8 x 8 canopy tents only will be set up side by side on the East end of the beach,

next to the Rivera.

12. Will there be any animals?  Yes  No

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

14. Description of plan for handling refuse collection and after-event clean-up:

We will provide trash cans for waste collection.

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

Not 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.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:  
*Road closures must include rental of barricades.*

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

\_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:  
*If requesting City banner poles, please include a Street Banner Display Application.*

**Anticipated Services**

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

- Electricity                      Explain: \_\_\_\_\_
- Water                              Explain: \_\_\_\_\_
- Traffic Control                  Explain: \_\_\_\_\_
- Police Services                  Explain: \_\_\_\_\_
- Fire/EMS Services              Explain: \_\_\_\_\_
- Other                                Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			_____
Permit Fee - Events lasting 2 days or less		\$40.00			_____
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____ =	_____
November 15 - February 29	\$10.00	x	_____	x _____ =	_____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			_____
Security Deposit					
Non-Profit or Resident					
49 Attendees or Less		\$50.00			_____
50-149 Attendees		\$100.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Non-Resident					
49 Attendees or Less		\$100.00			_____
50-149 Attendees		\$150.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Park Reservation Fees - Per Location, Per Day					
Non-Profit or Resident			# of Parks	# of Days	
49 Attendees or Less	\$30.00	x	_____	x _____ =	_____
50-149 Attendees	\$55.00	x	_____	x _____ =	_____
150 or more Attendees	\$105.00	x	_____	x _____ =	_____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____ =	_____
50-149 Attendees	\$125.00	x	_____	x _____ =	_____
150 or more Attendees	\$225.00	x	_____	x _____ =	_____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				# of Days	
Non-Profit or Resident	\$250.00		x	_____ =	_____
Non-Resident	\$500.00		x	_____ =	_____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each		x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each		x _____ +	\$50.00 =	_____
Barricades	\$5.00 each		x _____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each		x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each		x _____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill		_____		_____
Fencing - Snow	\$30.00 per 50 feet		_____		_____
<i>Requests for equipment are subject to availability.</i>					<b>Subtotal: \$</b> _____

Application and Permit Fees	Unit Fee	Applicable Fee
<b>Beach Reservation Permit</b>		
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>		
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>		
Application Fee	\$25.00	<u>25.00</u>
Security Deposit		
Non-Profit or Resident		
49 Attendees or Less	\$50.00	
50-149 Attendees	\$100.00	<u>100.00</u>
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	
Non-Resident		
49 Attendees or Less	\$100.00	
50-149 Attendees	\$150.00	
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	
Beach Reservation Fees - Per Day		
Non-Profit or Resident		
49 Attendees or Less	\$30.00	x _____ =
50-149 Attendees	\$55.00	x <u>1</u> _____ = <u>55.00</u>
150 or more Attendees	\$105.00	x _____ =
Non-Resident		
49 Attendees or Less	\$75.00	x _____ =
50-149 Attendees	\$125.00	x _____ =
150 or more Attendees	\$225.00	x _____ =
		Subtotal: \$ <u>180.00</u>
		+ Subtotal from Page 4: \$ <u>0.00</u>

**Total PAID with Application: \$ 180.00**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**

DATE: 3/15/2016

For Office Use Only

Date Filed with Clerk: 3/30/16 Payment with Application: \$ 180<sup>00</sup> Receipt: C 166330-32

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: Bruce Connelly

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: NO feat stakes on beach

Additional fees or deposit: of parks

Parking Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: No parking requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: 6/2/2016

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): 4-6-16  Approved  Denied

Reasons/Conditions: [Signature]

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

# SEMINARY PARK

City Clerk's Office  
626 Geneva Street  
Lake Geneva, WI 53147  
(262) 248-3673  
www.cityoflakegeneva.com

## CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

### Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

### Section II - Applicant Information

1. Applicant Name: SHERM LINDSEY Date of Application: 5/25/16
2. Organization Name: MIDWEST ACTION CYCLE
3. Organization Type:  For Profit  Non-Profit (501(c) ) Tax ID: \_\_\_\_\_
4. Mailing Address: 251 HOST DR.
5. City, State, Zip: LAKE GENEVA, WI 53147
6. Phone: (262) 249-0600 E-m: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: IL
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

### Section III - Event Information

1. Title of Event: VIVA LAKE GENEVA SCOOTER RALLY
2. Date(s) of Event: AUGUST 13 AND 14th
3. Location(s) of Event: MAINLY AT MIDWEST ACTION CYCLE Seminary Park
4. Hours: 9:00 AM SAT 13th 5PM SUNDAY 14th  
Start Time End Time

5. Event Chair/Contact Person: SHERM LINDSEY Phone: \_\_\_\_\_
6. Day of Event Contact Name: SAME Phone: SAME
7. Is the event open to the public?  Yes  No
8. Will you charge an admission fee?  Yes  No
9. Estimated Attendance Number: 125-140
10. Basis for Estimate: PREVIOUS YEARS
11. Will you be setting up a tent?  Yes  No  
*If yes, list the location, size, Rental Company, and proof of completion of locates.*

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

EVERY YEAR WE RENT FLATIRON PARK FOR OUR SCOOTER RALLY BUT SINCE IT'S ART IN THE PARK THIS YEAR WE WOULD LIKE TO USE SEMINARY PARK FOR THE EVENT. WE WILL USE THE PARK FOR OUR NORMAL SCOOTER GAMES AND THIS YEAR WE WILL HAVE A VINTAGE SCOOTER SHOW.

14. Description of plan for handling refuse collection and after-event clean-up:

~~OUR~~ OUR STAFF OF 12 AT MIDWEST ACTION CYCLE WILL BE FULLY RESPONSIBLE FOR ALL CLEAN UP OF THE PARK.

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

OUR ENTIRE STAFF WILL BE THERE TO SUPERVISE.

16. Will there be fireworks or pyrotechnics at your event?  Yes  No  
*If yes, please attach a fireworks display permit or application.*
17. Will your event include the sale of beer and/or wine?  Yes  No  
*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*
18. Will you or any other vendors be selling food or merchandise?  Yes  No  
*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:  
*Road closures must include rental of barricades.*

NONE

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

\_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:  
*If requesting City banner poles, please include a Street Banner Display Application.*

SMALL SIGNS IN GROUND STATING  
"SCOOTER PARKING ONLY FROM 9AM - 9PM"

**Anticipated Services**

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

- Electricity                      Explain: \_\_\_\_\_
- Water                              Explain: \_\_\_\_\_
- Traffic Control                  Explain: \_\_\_\_\_
- Police Services                  Explain: \_\_\_\_\_
- Fire/EMS Services              Explain: \_\_\_\_\_
- Other                                Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees	Unit Fee			Applicable Fee
<b>Parade Permit</b>				
Application Fee	\$25.00			_____
<b>Street Use Permit</b>				
Application Fee	\$25.00			_____
Permit Fee - Events lasting 2 days or less	\$40.00			_____
Permit Fee - Events lasting more than 2 days	\$100.00			_____
<b>Parking Stall Bag Request</b>				
Administrative Fee	\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day		# of Stalls	# of Days	
March 1 - November 14	\$20.00	x _____	x _____ =	_____
November 15 - February 29	\$10.00	x _____	x _____ =	_____
<b>Park Reservation Permit</b>				
Application Fee	\$25.00			<u>25.00</u>
<b>Security Deposit</b>				
<b>Non-Profit or Resident</b>				
49 Attendees or Less	\$50.00			_____
50-149 Attendees	\$100.00			<u>100.00</u>
150 or more Attendees	<i>Determined by Park Board</i>			_____
<b>Non-Resident</b>				
49 Attendees or Less	\$100.00			_____
50-149 Attendees	\$150.00			_____
150 or more Attendees	<i>Determined by Park Board</i>			_____
<b>Park Reservation Fees - Per Location, Per Day</b>				
<b>Non-Profit or Resident</b>				
49 Attendees or Less	\$30.00	x _____	x _____ =	_____
50-149 Attendees	\$55.00	x <u>1</u>	x <u>2</u> =	<u>110.00</u>
150 or more Attendees	\$105.00	x _____	x _____ =	_____
<b>Non-Resident</b>				
49 Attendees or Less	\$75.00	x _____	x _____ =	_____
50-149 Attendees	\$125.00	x _____	x _____ =	_____
150 or more Attendees	\$225.00	x _____	x _____ =	_____
<b>Brunk Pavilion Rental Permit</b>				
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				
Non-Profit or Resident	\$250.00	x _____	x _____ =	_____
Non-Resident	\$500.00	x _____	x _____ =	_____
<b>Additional Park Amenities</b>				
Equipment (with delivery)	Rental Fee	# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each	x _____ +	\$50.00 =	_____
Barricades	\$5.00 each	x _____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each	x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x _____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill	_____		_____
Fencing - Snow	\$30.00 per 50 feet	_____		_____
<i>Requests for equipment are subject to availability.</i>				<b>Subtotal: \$</b> <u>235.00</u>

Application and Permit Fees	Unit Fee			Applicable Fee
<b>Beach Reservation Permit</b>				
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>				
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>				
Application Fee	\$25.00			_____
Security Deposit				_____
Non-Profit or Resident				
49 Attendees or Less	\$50.00			_____
50-149 Attendees	\$100.00			_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>			_____
Non-Resident				
49 Attendees or Less	\$100.00			_____
50-149 Attendees	\$150.00			_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>			_____
Beach Reservation Fees - Per Day				
Non-Profit or Resident				
49 Attendees or Less	\$30.00	x	_____ =	_____
50-149 Attendees	\$55.00	x	_____ =	_____
150 or more Attendees	\$105.00	x	_____ =	_____
Non-Resident				
49 Attendees or Less	\$75.00	x	_____ =	_____
50-149 Attendees	\$125.00	x	_____ =	_____
150 or more Attendees	\$225.00	x	_____ =	_____
Subtotal: \$				_____
+ Subtotal from Page 4: \$				_____

**Total PAID with Application: \$ 235.00**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

· "The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**



DATE: \_\_\_\_\_

5/25/16

For Office Use Only

Date Filed with Clerk: 5/27/16 Payment with Application: \$ 235.00 Receipt: C160527-66

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: if scooters will be on grass areas

Additional fees or deposit: Park Board needs to approve

Parking Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: No stalls requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): 6/1/2016  Approved  Denied

Reasons/Conditions: [Signature]

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Kelly and Dan Francors Date of Application: 6/1/16
2. Organization Name: \_\_\_\_\_
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: 1090 Grant St
5. City, State, Zip: Lake Geneva WI 53147
6. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: \_\_\_\_\_
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: Block party
2. Date(s) of Event: August 13th (Saturday), rain date August 14th.
3. Location(s) of Event: 1090 Grant street - Horace street blocked (Grant to Wheeler)
4. Hours: 6 AM midnight  
Start Time End Time

5. Event Chair/Contact Person: Kelly + Dan Francors Phone: \_\_\_\_\_

6. Day of Event Contact Name: Kelly + Dan Francors Phone: \_\_\_\_\_

7. Is the event open to the public?  Yes  No  
*local neighbors/friends.*

8. Will you charge an admission fee?  Yes  No

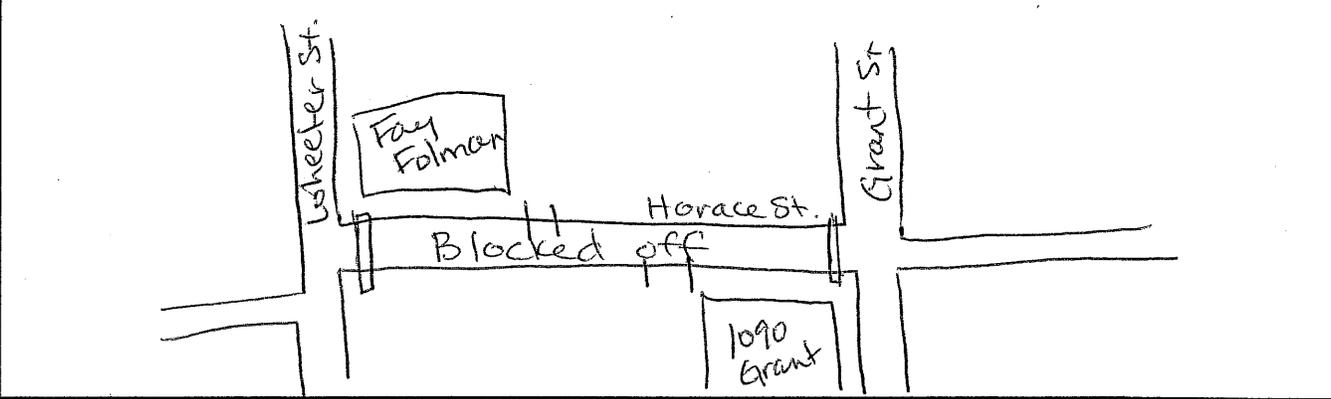
9. Estimated Attendance Number: ~30

10. Basis for Estimate: neighbors and friends

11. Will you be setting up a tent?  Yes  No  
If yes, list the location, size, Rental Company, and proof of completion of locates.  
if tents set up will be portable on street or neighbors yards.

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

13. Detailed description of proposed event with map of exact location of the event and/or route.



14. Description of plan for handling refuse collection and after-event clean-up:  
We will be picking up all after gathering garbage and recycling etc as needed.

15. Description of plan for providing event security (if applicable):  
no security.

16. Will there be fireworks or pyrotechnics at your event?  Yes  No  
If yes, please attach a fireworks display permit or application.

17. Will your event include the sale of beer and/or wine?  Yes  No  
If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.

18. Will you or any other vendors be selling food or merchandise?  Yes  No  
If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:

Road closures must include rental of barricades.

block party using

Horace street between Wheeler street and Grant st.  
blocking 2 driveways - Francois (party planner)  
and Folman - okayed with Fay.

2. Will any parking stalls be used or blocked during the event?  Yes  No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

Additional Information:

3. Description of signage to be used during event: N/A

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

**Anticipated Services**

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

Electricity Explain: \_\_\_\_\_

Water Explain: \_\_\_\_\_

Traffic Control Explain: \_\_\_\_\_

Police Services Explain: \_\_\_\_\_

Fire/EMS Services Explain: \_\_\_\_\_

Other Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			<u>25.00</u>
Permit Fee - Events lasting 2 days or less		\$40.00			<u>40.00</u>
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____ =	_____
November 15 - February 29	\$10.00	x	_____	x _____ =	_____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			_____
Security Deposit					_____
Non-Profit or Resident					
49 Attendees or Less		\$50.00			_____
50-149 Attendees		\$100.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Non-Resident					
49 Attendees or Less		\$100.00			_____
50-149 Attendees		\$150.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Park Reservation Fees - Per Location, Per Day					
Non-Profit or Resident					
49 Attendees or Less	\$30.00	x	_____	x _____ =	_____
50-149 Attendees	\$55.00	x	_____	x _____ =	_____
150 or more Attendees	\$105.00	x	_____	x _____ =	_____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____ =	_____
50-149 Attendees	\$125.00	x	_____	x _____ =	_____
150 or more Attendees	\$225.00	x	_____	x _____ =	_____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				# of Days	
Non-Profit or Resident	\$250.00	x	_____	=	_____
Non-Resident	\$500.00	x	_____	=	_____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each		x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each		x _____ +	\$50.00 =	_____
Barricades	\$5.00 each		x <u>4</u> +	\$50.00 =	<u>70.00</u>
Trash Receptacles	\$8.00 each		x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each		x _____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill		_____		_____
Fencing - Snow	\$30.00 per 50 feet		_____		_____
<i>Requests for equipment are subject to availability.</i>					<b>Subtotal: \$</b> <u>135.00</u>

Application and Permit Fees	Unit Fee			Applicable Fee
<b>Beach Reservation Permit</b>				
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>				
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>				
Application Fee	\$25.00			_____
Security Deposit				
Non-Profit or Resident				
49 Attendees or Less	\$50.00			_____
50-149 Attendees	\$100.00			_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>			_____
Non-Resident				
49 Attendees or Less	\$100.00			_____
50-149 Attendees	\$150.00			_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>			_____
Beach Reservation Fees - Per Day				
Non-Profit or Resident		# of Days		
49 Attendees or Less	\$30.00	x _____ =		_____
50-149 Attendees	\$55.00	x _____ =		_____
150 or more Attendees	\$105.00	x _____ =		_____
Non-Resident				
49 Attendees or Less	\$75.00	x _____ =		_____
50-149 Attendees	\$125.00	x _____ =		_____
150 or more Attendees	\$225.00	x _____ =		_____
<b>Subtotal: \$</b>				_____
<b>+ Subtotal from Page 4: \$</b>				_____

**Total PAID with Application: \$** \_\_\_\_\_

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**

\_\_\_\_\_ *Kubanas* \_\_\_\_\_ DATE: 6/1/16

For Office Use Only

Date Filed with Clerk: 6/11/16 Payment with Application: \$ 135.00 Receipt: C160601-35

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: [Signature]  
Additional services needed: No stalls requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

Kelly + Dan Francois Block party permit.  
Grant Street

6/1/16

I grant permission to have Horace street  
between Wheeler St and Grant St temporarily  
blocked off between the hours of 6AM-12AM  
on August 13<sup>th</sup> with a rain date of August 14<sup>th</sup>.

By signing below, I grant consent for this  
block party.

Peg Johnson  
Susan Olson  
Loni Kolsa  
Henry J. Alberty

# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted AT LEAST 10 WEEKS prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Margie Danno Date of Application: 5-17-16
2. Organization Name: HobbyTown USA + Lake Geneva YMCA
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: 168 E. Geneva Square
5. City, State, Zip: Lake Geneva, WI 53147
6. Phone: \_\_\_\_\_ E-mail: hobbytown.lg@hotmail.com
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: WI
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.* **Business Owner**

## Section III - Event Information

1. Title of Event: Trilogy Challenge Disc Golf Tournament
2. Date(s) of Event: June 25, 2016
3. Location(s) of Event: White River DGC
4. Hours: 8am 3pm  
Start Time End Time

Josh Moore (YMCA)

5. Event Chair/Contact Person: Margie Danno (Hobbytown) Phone: \_\_\_\_\_

6. Day of Event Contact Name: Same as above Phone: Margie Cell

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

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 25

10. Basis for Estimate: Minimum to run tournament.

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

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

(2) 8x10

(2) 6' tables

12. Will there be any animals?  Yes  No

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

Disc Golf tournament at White River DGC.  
8am-9am setup = 2 8x10 tents + 2 tables  
9am-10am registration + check in  
10am-noon 1st round  
1pm-2pm 2nd round  
3pm - prizes awarded + clean up

14. Description of plan for handling refuse collection and after-event clean-up:

Volunteers will scan area for clean up and remove it off site

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

DNA

16. Will there be fireworks or pyrotechnics at your event?  Yes  No

*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No

*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No

*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:  
*Road closures must include rental of barricades.*

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

\_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:  
*If requesting City banner poles, please include a Street Banner Display Application.*

**Anticipated Services**

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

- Electricity            Explain: \_\_\_\_\_
- Water                    Explain: \_\_\_\_\_
- Traffic Control        Explain: \_\_\_\_\_
- Police Services        Explain: \_\_\_\_\_
- Fire/EMS Services    Explain: \_\_\_\_\_
- Other                    Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			_____
Permit Fee - Events lasting 2 days or less		\$40.00			_____
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____	= _____
November 15 - February 29	\$10.00	x	_____	x _____	= _____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			<u>25.00</u>
Security Deposit					
Non-Profit or Resident					
49 Attendees or Less	\$50.00				<u>50.00</u>
50-149 Attendees	\$100.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
Non-Resident					
49 Attendees or Less	\$100.00				_____
50-149 Attendees	\$150.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
Park Reservation Fees - Per Location, Per Day					
Non-Profit or Resident					
49 Attendees or Less	\$30.00	x	# of Parks	# of Days	
50-149 Attendees	\$55.00	x	_____	x _____	= <u>30.00</u>
150 or more Attendees	\$105.00	x	_____	x _____	= _____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____	= _____
50-149 Attendees	\$125.00	x	_____	x _____	= _____
150 or more Attendees	\$225.00	x	_____	x _____	= _____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>					
Non-Profit or Resident	\$250.00			# of Days	
Non-Resident	\$500.00			x _____	= _____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x _____	+	\$50.00 =	_____
Picnic Tables	\$15.00 each	x _____	+	\$50.00 =	_____
Barricades	\$5.00 each	x _____	+	\$50.00 =	_____
Trash Receptacles	\$8.00 each	x _____	+	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x _____	+	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill	_____			_____
Fencing - Snow	\$30.00 per 50 feet	_____			_____
<i>Requests for equipment are subject to availability.</i>					Subtotal: \$ <u>105.00</u>

Application and Permit Fees	Unit Fee	Applicable Fee
<b>Beach Reservation Permit</b>		
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>		
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>		
Application Fee	\$25.00	_____
Security Deposit		_____
Non-Profit or Resident		
49 Attendees or Less	\$50.00	_____
50-149 Attendees	\$100.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Non-Resident		
49 Attendees or Less	\$100.00	_____
50-149 Attendees	\$150.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Beach Reservation Fees - Per Day		
Non-Profit or Resident		# of Days
49 Attendees or Less	\$30.00	x _____ = _____
50-149 Attendees	\$55.00	x _____ = _____
150 or more Attendees	\$105.00	x _____ = _____
Non-Resident		
49 Attendees or Less	\$75.00	x _____ = _____
50-149 Attendees	\$125.00	x _____ = _____
150 or more Attendees	\$225.00	x _____ = _____
		Subtotal: \$ _____
		+ Subtotal from Page 4: \$ _____

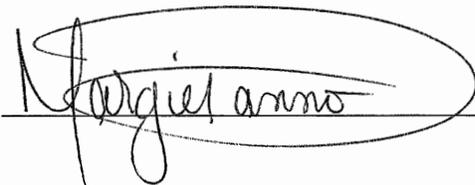
**Total PAID with Application: \$ 105.00**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**



DATE: 5-17-16

For Office Use Only

Date Filed with Clerk: 5/17/2016 Payment with Application: \$ 105.00 Receipt: C160517-31

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: No stalls requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): 6/1/2016  Approved  Denied

Reasons/Conditions: [Signature]

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Diane Carrigan Date of Application: 5/4/16
2. Organization Name: \_\_\_\_\_
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: 1818 W. Orchid Lane
5. City, State, Zip: Phoenix, AZ 85021
6. Phon \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: AZ
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: Family Reunion
2. Date(s) of Event: June 24, 2016
3. Location(s) of Event: Seminary Park
4. Hours: 4:00 p.m. - 8:00 p.m.

Start Time

End Time

5. Event Chair/Contact Person: Diane Carrigan Phone \_\_\_\_\_

6. Day of Event Contact Name: Diane Carrigan Phone \_\_\_\_\_

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

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 20

10. Basis for Estimate: all participants family members

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

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

\_\_\_\_\_

\_\_\_\_\_

12. Will there be any animals?  Yes  No

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

Family reunion/cookout

14. Description of plan for handling refuse collection and after-event clean-up:

Will clean up own site

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

None needed

16. Will there be fireworks or pyrotechnics at your event?  Yes  No

*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No

*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No

*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:

*Road closures must include rental of barricades.*

N/a

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:

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

N/a

**Anticipated Services**

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

- Electricity            Explain: \_\_\_\_\_
- Water                    Explain: \_\_\_\_\_
- Traffic Control        Explain: \_\_\_\_\_
- Police Services        Explain: \_\_\_\_\_
- Fire/EMS Services    Explain: \_\_\_\_\_
- Other                    Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees	Unit Fee			Applicable Fee
<b>Parade Permit</b>				
Application Fee	\$25.00			_____
<b>Street Use Permit</b>				
Application Fee	\$25.00			_____
Permit Fee - Events lasting 2 days or less	\$40.00			_____
Permit Fee - Events lasting more than 2 days	\$100.00			_____
<b>Parking Stall Bag Request</b>				
Administrative Fee	\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day		# of Stalls	# of Days	
March 1 - November 14	\$20.00	x _____	x _____	= _____
November 15 - February 29	\$10.00	x _____	x _____	= _____
<b>Park Reservation Permit</b>				
Application Fee	\$25.00			25.00 _____
Security Deposit				
Non-Profit or Resident				
49 Attendees or Less	\$50.00			_____
50-149 Attendees	\$100.00			_____
150 or more Attendees	<i>Determined by Park Board</i>			_____
Non-Resident				
49 Attendees or Less	\$100.00			100.00 _____
50-149 Attendees	\$150.00			_____
150 or more Attendees	<i>Determined by Park Board</i>			_____
Park Reservation Fees - Per Location, Per Day				
Non-Profit or Resident				
49 Attendees or Less	\$30.00	x _____	x _____	= _____
50-149 Attendees	\$55.00	x _____	x _____	= _____
150 or more Attendees	\$105.00	x _____	x _____	= _____
Non-Resident				
49 Attendees or Less	\$75.00	x 1 _____	x 1 _____	= 75.00 _____
50-149 Attendees	\$125.00	x _____	x _____	= _____
150 or more Attendees	\$225.00	x _____	x _____	= _____
<b>Brunk Pavilion Rental Permit</b>				
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>			# of Days	
Non-Profit or Resident	\$250.00	x _____	= _____	_____
Non-Resident	\$500.00	x _____	= _____	_____
<b>Additional Park Amenities</b>				
Equipment (with delivery)	Rental Fee	# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each	x _____ +	\$50.00 =	_____
Barricades	\$5.00 each	x _____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each	x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x _____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill	_____		_____
Fencing - Snow	\$30.00 per 50 feet	_____		_____
<i>Requests for equipment are subject to availability.</i>				<b>Subtotal: \$</b> _____

Application and Permit Fees	Unit Fee		Applicable Fee
<b>Beach Reservation Permit</b>			
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>			
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>			
Application Fee	\$25.00		_____
Security Deposit			
Non-Profit or Resident			
49 Attendees or Less	\$50.00		_____
50-149 Attendees	\$100.00		_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>		_____
Non-Resident			
49 Attendees or Less	\$100.00		_____
50-149 Attendees	\$150.00		_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>		_____
Beach Reservation Fees - Per Day			
Non-Profit or Resident		# of Days	
49 Attendees or Less	\$30.00	x _____ =	_____
50-149 Attendees	\$55.00	x _____ =	_____
150 or more Attendees	\$105.00	x _____ =	_____
Non-Resident			
49 Attendees or Less	\$75.00	x _____ =	_____
50-149 Attendees	\$125.00	x _____ =	_____
150 or more Attendees	\$225.00	x _____ =	_____
			Subtotal: \$ _____
			+ Subtotal from Page 4: \$ <u>200.00</u>

**Total PAID with Application: \$ 200.00**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**

\_\_\_\_\_ *Shawn McCarry* \_\_\_\_\_ DATE: 9/4/16

For Office Use Only

Date Filed with Clerk: 5/19/16 Payment with Application: \$ 200.<sup>00</sup> Receipt: C160509-33

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: Brent Connelly

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: garbage cans?

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: NO stalls requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): 6/1/2016  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_



FRANK KRESEN AMERICAN LEGION  
AUXILIARY UNIT #24  
PO BOX 897  
LAKE GENEVA, WI 53147

May 17, 2016

City of Lake Geneva:

We are requesting a waiver for the application/permit fee for our Community July 4<sup>th</sup> Parade.

This is a Community function that has been put on by the American Legion Auxiliary for many, many years and is attended by the Police Department, Fire Department and youth of our area to celebrate our Independence.

The kids are voted on by age group for dressing up and awarded a small monetary prize and all are served ice cream at our American Legion Hall.

Last year we paid for this and feel that if the City of Lake Geneva cannot waive this fee for a Community function, then this will be the last year the Auxiliary will hold this parade for the kids.

Respectfully,

A handwritten signature in blue ink that reads "Annette Berndt". The signature is written in a cursive style with a large initial 'A'.

Annette Berndt  
Auxiliary President  
Unit #24

Encl: Application  
Street Use drawing



# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION

Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted AT LEAST 10 WEEKS prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: f. Ann Bunt Date of Application: 5/17/16
2. Organization Name: American Legion Auxiliary - Unit 24
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: Po Box 897
5. City, State, Zip: Lake Geneva, WI 53147
6. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: Wisc
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: July 24th, Public - Kids Parade
2. Date(s) of Event: 7-24-16
3. Location(s) of Event: Start @ Eastview School - Grand to Huron St
4. Hours: 10am Start Time 10:30am approx End Time

5. Event Chair/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Day of Event Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 100

10. Basis for Estimate: Previous Years

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

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

12. Will there be any animals?  Yes  No

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

Community Youth Parade -  
Map attached

14. Description of plan for handling refuse collection and after-event clean-up:

Will not be any

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

Not needed

16. Will there be fireworks or pyrotechnics at your event?  Yes  No  
*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No  
*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No  
*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:

*Road closures must include rental of barricades.*

*Lineup @ Eastview School - Sage St -  
Up Dodge St to Center  
Down Center (North) to Henry St  
Henry to American Legion Hall -  
also on map!*

2. Will any parking stalls be used or blocked during the event?  Yes  No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:

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

**Anticipated Services**

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

- Electricity Explain: \_\_\_\_\_
- Water Explain: \_\_\_\_\_
- Traffic Control Explain: *For Parade Route*
- Police Services Explain: \_\_\_\_\_
- Fire/EMS Services Explain: \_\_\_\_\_
- Other Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			_____
Permit Fee - Events lasting 2 days or less		\$40.00			_____
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____	= _____
November 15 - February 29	\$10.00	x	_____	x _____	= _____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			_____
Security Deposit					
Non-Profit or Resident					
49 Attendees or Less		\$50.00			_____
50-149 Attendees		\$100.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Non-Resident					
49 Attendees or Less		\$100.00			_____
50-149 Attendees		\$150.00			_____
150 or more Attendees		<i>Determined by Park Board</i>			_____
Park Reservation Fees - Per Location, Per Day					
Non-Profit or Resident					
49 Attendees or Less	\$30.00	x	# of Parks _____	x # of Days _____	= _____
50-149 Attendees	\$55.00	x	_____	x _____	= _____
150 or more Attendees	\$105.00	x	_____	x _____	= _____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____	= _____
50-149 Attendees	\$125.00	x	_____	x _____	= _____
150 or more Attendees	\$225.00	x	_____	x _____	= _____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>					
Non-Profit or Resident	\$250.00			# of Days _____	x _____ = _____
Non-Resident	\$500.00			_____	x _____ = _____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each		x _____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each		x _____ +	\$50.00 =	_____
Barricades	\$5.00 each		x _____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each		x _____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each		x _____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill		_____		_____
Fencing - Snow	\$30.00 per 50 feet		_____		_____
<i>Requests for equipment are subject to availability.</i>					<b>Subtotal: \$</b> _____

Application and Permit Fees	Unit Fee	Applicable Fee
<b>Beach Reservation Permit</b>		
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>		
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>		
Application Fee	\$25.00	_____
Security Deposit		_____
Non-Profit or Resident		
49 Attendees or Less	\$50.00	_____
50-149 Attendees	\$100.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Non-Resident		
49 Attendees or Less	\$100.00	_____
50-149 Attendees	\$150.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Beach Reservation Fees - Per Day		
Non-Profit or Resident		# of Days
49 Attendees or Less	\$30.00	x _____ = _____
50-149 Attendees	\$55.00	x _____ = _____
150 or more Attendees	\$105.00	x _____ = _____
Non-Resident		
49 Attendees or Less	\$75.00	x _____ = _____
50-149 Attendees	\$125.00	x _____ = _____
150 or more Attendees	\$225.00	x _____ = _____
		<b>Subtotal: \$</b> _____
		<b>+ Subtotal from Page 4: \$</b> _____

**Total PAID with Application: \$ 0.00**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**



DATE: 

For Office Use Only

Date Filed with Clerk: 5/17/2016 Payment with Application: \$ 0.00 Receipt: \_\_\_\_\_

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: [Signature]

Additional services needed: NO STALLS required

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: \_\_\_\_\_

Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied

Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

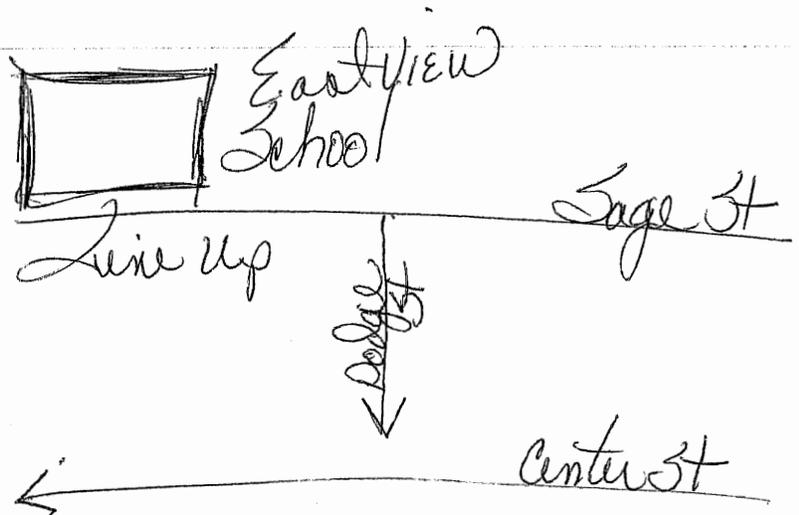
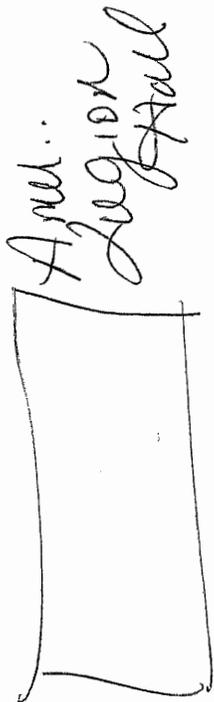
Reason withheld: \_\_\_\_\_



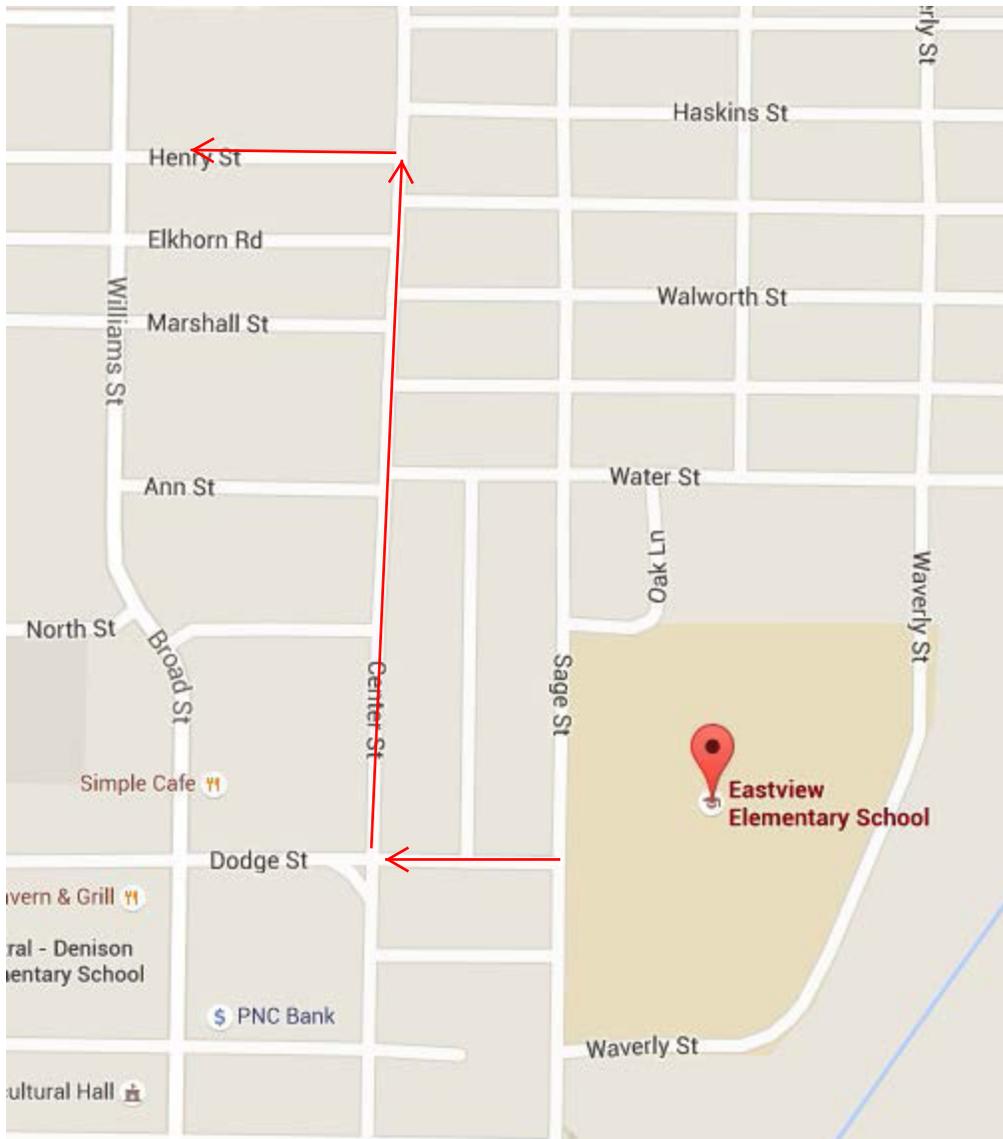
FRANK KRESEN AMERICAN LEGION  
AUXILIARY UNIT #24  
PO BOX 897  
LAKE GENEVA, WI 53147

Parade route

July 4<sup>th</sup>, 2016



Line up - Sage St -  
at School  
Up Dodge to Center  
Down Center to Henry St  
End @ Legion Hall



# CITY OF LAKE GENEVA EVENT PERMIT APPLICATION



Please fill in all blanks completely, as incomplete applications will be rejected.  
Applications must be submitted **AT LEAST 10 WEEKS** prior to the proposed event date(s).

## Section I - What type of Permit(s) will your event require?

- Parade Permit.** Required for any parade on public property.
  - Map or description of the requested route to be traveled.
- Public Assembly Permit.** Required for any public gathering on public property. No fee required.
- Street Use Permit.** Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:
  - Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
  - Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.
- Parking Stall Bag Request.** Required for reserving the use of any City parking stall in conjunction of with an event.
- Park Reservation Permit.** Required for reserving the use of a park facility or shelter.
  - Brunk Pavilion.** Requires rental of Flat Iron Park. Additional rental fees apply.
- Beach Reservation Permit.** Required for reserving the use of the beach.

## Section II - Applicant Information

1. Applicant Name: Regina Krepehan Date of Application: 5-11-16
2. Organization Name: \_\_\_\_\_
3. Organization Type:  For Profit  Non-Profit (501(c)\_\_\_\_) Tax ID: \_\_\_\_\_
4. Mailing Address: 821 Badger Lane
5. City, State, Zip: Lake Geneva, WI 53147
6. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Applicant's Drivers License #: \_\_\_\_\_ State license issued: WI
8. Are you applying as a resident of the City of Lake Geneva?  Yes  No  
*If yes, proof of residency must be attached.*

## Section III - Event Information

1. Title of Event: Autumn's Grad Party
2. Date(s) of Event: 6-18-16
3. Location(s) of Event: Cobb Park
4. Hours: 12:30pm 12:30pm 11:00pm  
Start Time End Time

5. Event Chair/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Day of Event Contact Name: Regina Krepelan Phone \_\_\_\_\_

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

8. Will you charge an admission fee?  Yes  No

9. Estimated Attendance Number: 35 to 45

10. Basis for Estimate: Family

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

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

12. Will there be any animals?  Yes  No

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

13. Detailed description of proposed event with map of exact location of the event and/or route.

14. Description of plan for handling refuse collection and after-event clean-up:  
Garbage bags taken in cars / Clean up anything we bring.

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

16. Will there be fireworks or pyrotechnics at your event?  Yes  No  
*If yes, please attach a fireworks display permit or application.*

17. Will your event include the sale of beer and/or wine?  Yes  No  
*If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.*

18. Will you or any other vendors be selling food or merchandise?  Yes  No  
*If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.*

**Section IV - Street Use**

Check if this section does not apply.

1. Description of the portion(s) of road(s) to be used:

*Road closures must include rental of barricades.*

2. Will any parking stalls be used or blocked during the event?     Yes     No

Date(s) of use: \_\_\_\_\_

Total Number of Stalls Request: \_\_\_\_\_

Stall Number(s) and Location: \_\_\_\_\_

Additional Information:

3. Description of signage to be used during event:

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

**Anticipated Services**

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

- Electricity            Explain: \_\_\_\_\_
- Water                    Explain: \_\_\_\_\_
- Traffic Control        Explain: \_\_\_\_\_
- Police Services        Explain: \_\_\_\_\_
- Fire/EMS Services    Explain: \_\_\_\_\_
- Other                    Explain: \_\_\_\_\_

**Section V- Fees**

Application and Permit Fees		Unit Fee			Applicable Fee
<b>Parade Permit</b>					
Application Fee		\$25.00			_____
<b>Street Use Permit</b>					
Application Fee		\$25.00			_____
Permit Fee - Events lasting 2 days or less		\$40.00			_____
Permit Fee - Events lasting more than 2 days		\$100.00			_____
<b>Parking Stall Bag Request</b>					
Administrative Fee		\$10.00			_____
Parking Stall Usage/Blockage Fee - Per Stall, Per Day			# of Stalls	# of Days	
March 1 - November 14	\$20.00	x	_____	x _____	= _____
November 15 - February 29	\$10.00	x	_____	x _____	= _____
<b>Park Reservation Permit</b>					
Application Fee		\$25.00			<u>25.00</u>
Security Deposit					
Non-Profit or Resident					
49 Attendees or Less	\$50.00				<u>50.00</u>
50-149 Attendees	\$100.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
Non-Resident					
49 Attendees or Less	\$100.00				_____
50-149 Attendees	\$150.00				_____
150 or more Attendees	<i>Determined by Park Board</i>				_____
<b>Park Reservation Fees - Per Location, Per Day</b>					
Non-Profit or Resident			# of Parks	# of Days	
49 Attendees or Less	\$30.00	x	<u>1</u>	x <u>1</u>	= <u>30.00</u>
50-149 Attendees	\$55.00	x	_____	x _____	= _____
150 or more Attendees	\$105.00	x	_____	x _____	= _____
Non-Resident					
49 Attendees or Less	\$75.00	x	_____	x _____	= _____
50-149 Attendees	\$125.00	x	_____	x _____	= _____
150 or more Attendees	\$225.00	x	_____	x _____	= _____
<b>Brunk Pavilion Rental Permit</b>					
<i>Must also include rental of Flat Iron Park to rent Pavilion</i>				# of Days	
Non-Profit or Resident	\$250.00	x		_____	= _____
Non-Resident	\$500.00	x		_____	= _____
<b>Additional Park Amenities</b>					
Equipment (with delivery)	Rental Fee		# Requested	Sec. Dep.	Applicable Fee
Benches	\$5.00 each	x	_____ +	\$50.00 =	_____
Picnic Tables	\$15.00 each	x	_____ +	\$50.00 =	_____
Barricades	\$5.00 each	x	_____ +	\$50.00 =	_____
Trash Receptacles	\$8.00 each	x	_____ +	\$50.00 =	_____
Dumpster Delivery	\$50.00 each	x	_____ +	\$0 =	_____
Dumpster Pick-up	\$50.00 plus additional landfill		_____		_____
Fencing - Snow	\$30.00 per 50 feet		_____		_____
<i>Requests for equipment are subject to availability.</i>					<b>Subtotal: \$</b> _____

Application and Permit Fees	Unit Fee	Applicable Fee
<b>Beach Reservation Permit</b>		
<i>Excludes Normal Beach Hours Memorial Day through Labor Day 9am-5pm</i>		
<i>Opening/Cleaning of Beach Bathrooms will be invoiced at an Hourly Rate</i>		
Application Fee	\$25.00	_____
Security Deposit		
Non-Profit or Resident		
49 Attendees or Less	\$50.00	_____
50-149 Attendees	\$100.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Non-Resident		
49 Attendees or Less	\$100.00	_____
50-149 Attendees	\$150.00	_____
150 or more Attendees	<i>Determined by Piers, Harbors &amp; Lakefront</i>	_____
Beach Reservation Fees - Per Day		
Non-Profit or Resident		# of Days
49 Attendees or Less	\$30.00	x _____ = _____
50-149 Attendees	\$55.00	x _____ = _____
150 or more Attendees	\$105.00	x _____ = _____
Non-Resident		
49 Attendees or Less	\$75.00	x _____ = _____
50-149 Attendees	\$125.00	x _____ = _____
150 or more Attendees	\$225.00	x _____ = _____
		Subtotal: \$ <u>105<sup>00</sup></u>
		+ Subtotal from Page 4: \$ _____

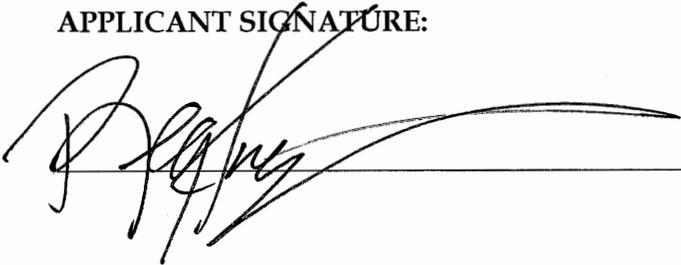
**Total PAID with Application: \$ 105<sup>00</sup>**

*Accepted by cash, credit card or checks (payable to the City of Lake Geneva)*

**Section VI - Signature of Applicant**

"The information provided in this application is true and correct to the best of my knowledge and belief. I understand that cancellation of any event, for any reason, shall result in the forfeiture of permit fees. I understand that application fees are not refunded in the event the application is not approved. I understand that in addition to the schedule of fees, if any additional City services are requested or determined to be impacted, an additional fee will be charged for those services. I agree to comply with all applicable state, federal and municipal regulations and ordinances."

**APPLICANT SIGNATURE:**



DATE: 5-11-16

For Office Use Only

Date Filed with Clerk: 5/11/16 Payment with Application: \$ 105.00 Receipt: C160511-40

Additional Fees Collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Departmental review (all that apply):

Police Chief:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Fire Chief:  Approved  Denied Signed: Brent Connelley  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Street Dept.:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Parking Dept.:  Approved  Denied Signed: [Signature]  
Additional services needed: no stalls requested

Additional fees or deposit: \_\_\_\_\_

Piers, Harbors & Lakefront:  Approved  Denied Signed: [Signature]  
Additional services needed: \_\_\_\_\_

Additional fees or deposit: \_\_\_\_\_

Committee/Council review (all that apply):

Park Board: Meeting Date(s): 6/1/2016  Approved  Denied  
Reasons/Conditions: [Signature]

Finance, License & Regulation: Meeting Date(s): \_\_\_\_\_  Approved  Denied  
Reasons/Conditions: \_\_\_\_\_

Council: Meeting Date(s): \_\_\_\_\_  Approved  Denied  
Reasons/Conditions: \_\_\_\_\_

Clerk's Office Completion:

Total Add'l fee/deposit to be collected: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit(s) issued:  Parade/PA  Street Use  Park Permit

Date of issue: \_\_\_\_\_ Deposit Returned: \$ \_\_\_\_\_ Deposit withheld: \$ \_\_\_\_\_

Reason withheld: \_\_\_\_\_

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 2016 ;  
ending June 30 2017

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

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

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

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

2.  Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Harbor Shares Hotel Mgmt Inc

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Pres. Samuel Weaver</u>	<u>2444 Rolling Ridge Ln Elgin</u>	
Vice President/Member	<u>V-P Kevin Ellett</u>	<u>889 S Hammerschmidt Lombard</u>	
Secretary/Member	<u>Sec George Walsh</u>	<u>225 Ashbury Cir Park Ridge</u>	
Treasurer/Member	<u>Treas Kevin O'Connell</u>	<u>3123 N Windsor Dr Burlington IL</u>	
Agent	<u>William Strangeway</u>	<u>5407 W Princeton Pines Franklin, WI</u>	
Directors/Managers	<u>Tammie Carlstonson</u>	<u>11057 Encore Dr Walworth WI</u>	

3. Trade Name Harbor Shares on Lake Geneva Business Phone Number 262-242-9181

4.  Address of Premises 300 Wrigley Dr Post Office & Zip Code Lake Geneva 53147

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 7/21/99 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No
9.  (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No

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

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

10.  Legal Description (omit if street address is given above): \_\_\_\_\_

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? \_\_\_\_\_

12.  Does the applicant understand they must get a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No

13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No

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

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

SUBSCRIBED AND SWORN TO BEFORE ME  
this 2nd day of May, 2016

Kelli Behrens  
(Clerk/Notary Public)

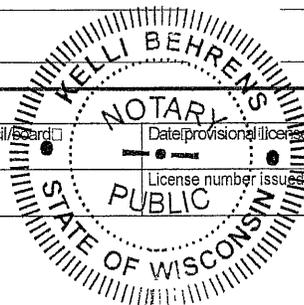
Tammie Carlstonson  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My commission expires 2-10-2018

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

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>5/2/2016</u>	Date reported to council/board <u>6/13/2016</u>
Date license granted	Date license issued
Date provisional license issued	
License number issued	
Signature of Clerk/Deputy Clerk	



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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Harbor Shores on Lake Geneva  
(trade name)

located at 300 Wrigley A

appoints William Strangeway  
(name of appointed agent)  
5407 W Princeton Pines Franklin WI 53132  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 30 yr

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

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

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

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

**ACCEPTANCE BY AGENT**

I, William Strangeway  
(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.

William E Strangeway 4/23/2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
5407 W Princeton Pines Franklin WI 53132 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

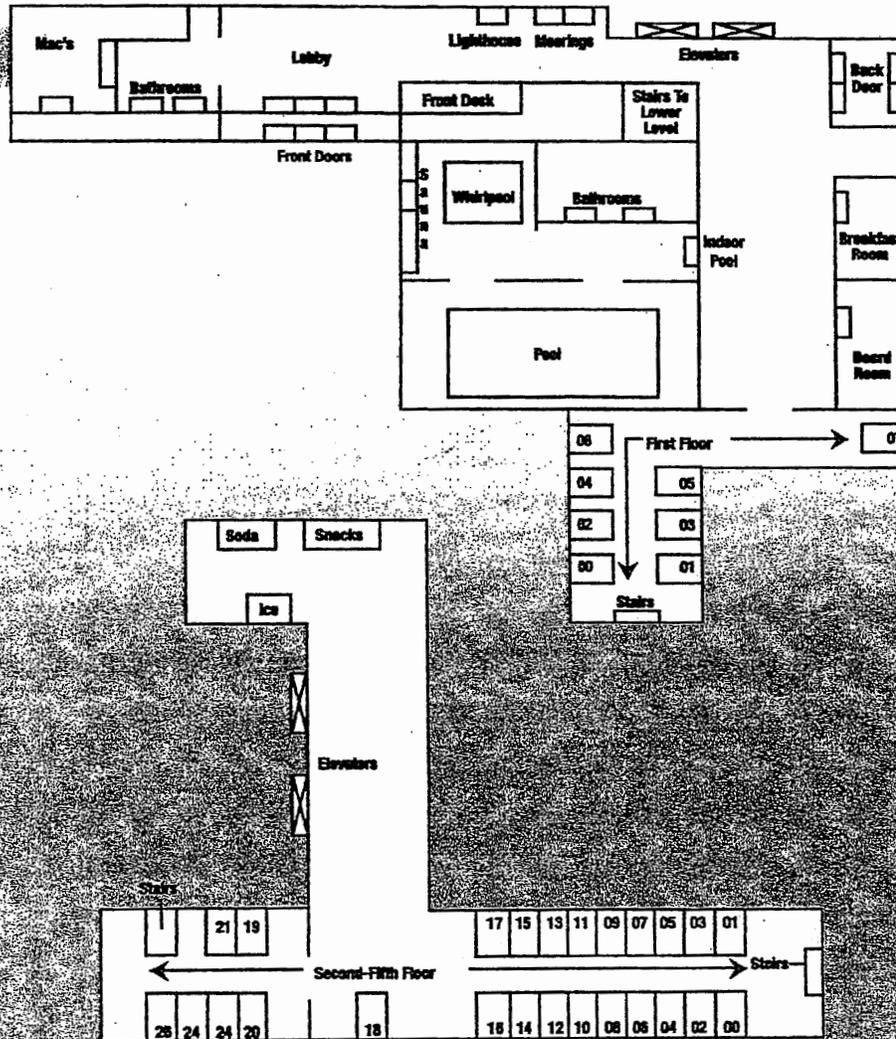
Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

# TV Channels

02.....	WBBM-CBS	30.....	ESPN	57.....	CARTOON NETWORK
03.....	TBS	31.....	FSN	58.....	DISNEY
04.....	WTMJ-NBC	32.....	TWS	59.....	AMC
05.....	WMAQ-NBC	33.....	TNT	60.....	TCM
06.....	WITI-FOX	34.....	USA	61.....	TV LAND
07.....	WIS-ABC	35.....	FX	62.....	HALLMARK
08.....	WDJT-CBS	36.....	LIFETIME NETWORK	63.....	JWTV
09.....	WGN	37.....	HOME & GARDEN	64.....	THE WEATHER CHANNEL
10.....	WMVS-PBS	38.....	TRAVEL CHANNEL	65.....	LMN
11.....	WTTW-PBS	39.....	HISTORY CHANNEL	66.....	DISCOVERY HEALTH
12.....	WISN-ABC	40.....	TLC	67.....	FOOD NETWORK
13.....	WFLD-FOX	41.....	DISCOVERY CHANNEL	68.....	VERSUS
15.....	WPXE-PAX	42.....	A&E	69.....	NGC
16.....	WMVT-PBS	43.....	ANIMAL PLANET	70.....	BRAVO
17.....	ABC FAMILY	44.....	CNN	71.....	STYLE
18.....	WVTV	45.....	CNN HEADLINE NEWS	72.....	E!
19.....	WJJA-IND	46.....	MSNBC	73.....	OXYGEN
20.....	EDUCATIONAL ACCESS	47.....	CNBC	74.....	WE
21.....	UNIVISION	48.....	FOX NEWS	75.....	HSN
22.....	CHRISTIAN	49.....	COURT TV	77.....	BRAVO
23.....	WVCY	50.....	VH-1	78.....	C-SPAN
24.....	WCGV-UPN	51.....	SPIKE TV	95.....	LEASED
25.....	LOCAL GOVERNMENT ACCESS	52.....	MTV	96.....	LOCAL ACCESS
26.....	QVC	53.....	GAC	99.....	TV GUIDE
27.....	TELEMUNDO	54.....	COMEDY CENTRAL		
28.....	GOLF	55.....	SCI-FI		
29.....	ESPN2	56.....	NICKELODEON		

\*Channels are subject to change.  
See channel 99 for an up-to-date guide.

# Property Layout

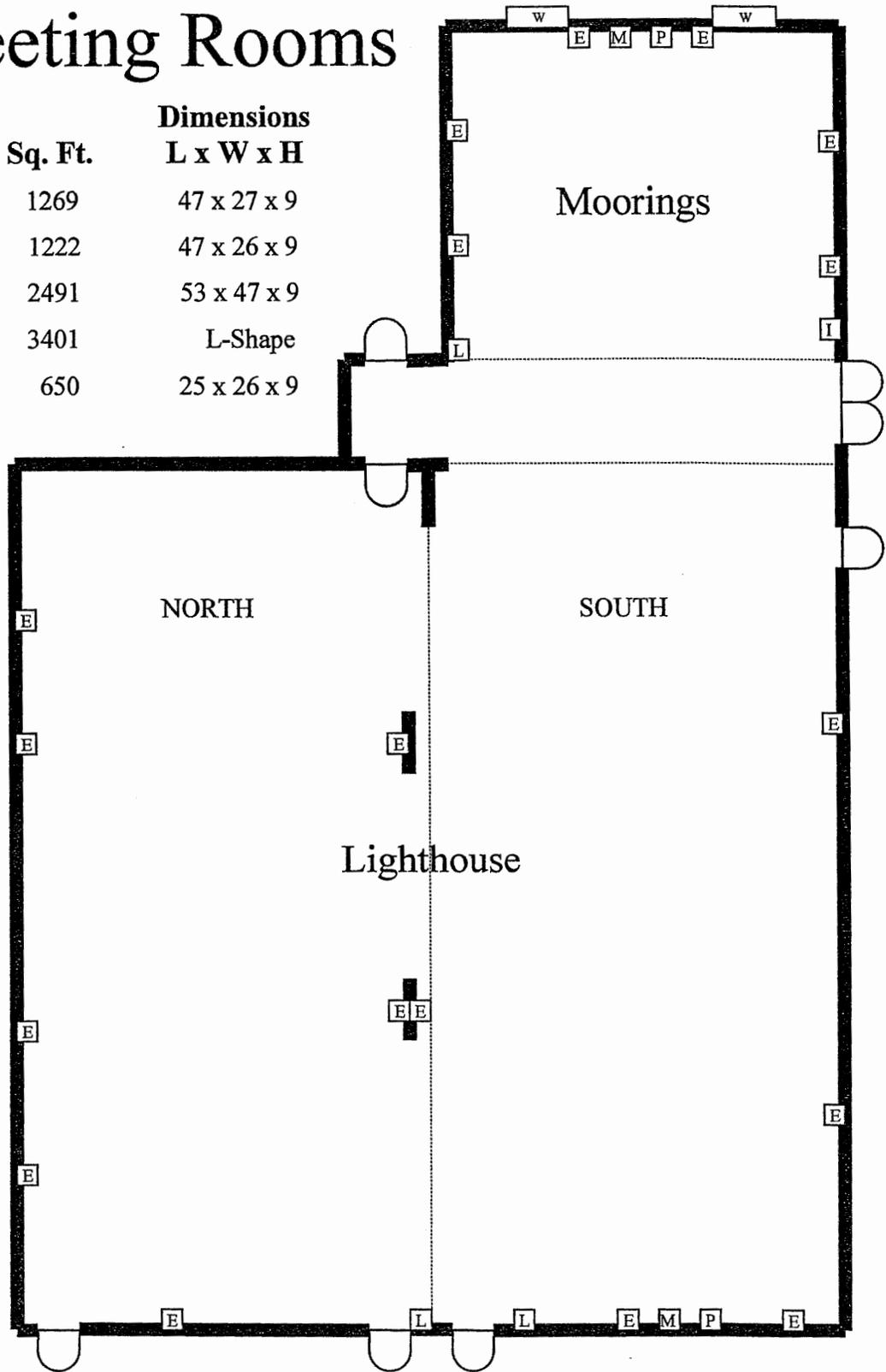


5 Floors  
Guest  
Room  
beyond



# Meeting Rooms

Room Name	Sq. Ft.	Dimensions L x W x H
Lighthouse North	1269	47 x 27 x 9
Lighthouse South	1222	47 x 26 x 9
Lighthouse N & S	2491	53 x 47 x 9
Lighthouse Ballroom	3401	L-Shape
Moorings	650	25 x 26 x 9



- E – Electrical Outlet
- I – Internet
- L – Light Switch
- M – Microphone
- P – Phone Jack
- W – Window

Meeting Room Capacities	Classroom	Theatre	Banquet	Conference	Cost
Lighthouse North or South	65ppl	125ppl	80ppl	65ppl	\$500.00
Lighthouse North & South	150ppl	200ppl	150ppl	150ppl	\$750.00
Lighthouse Ballroom	150ppl	250ppl	200ppl	150ppl	\$1000.00
Moorings	32ppl	50ppl	25ppl	32ppl	\$200.00

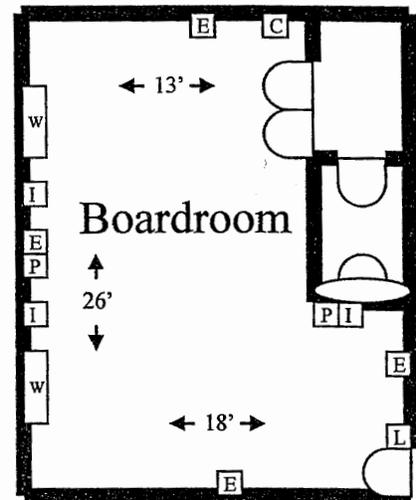
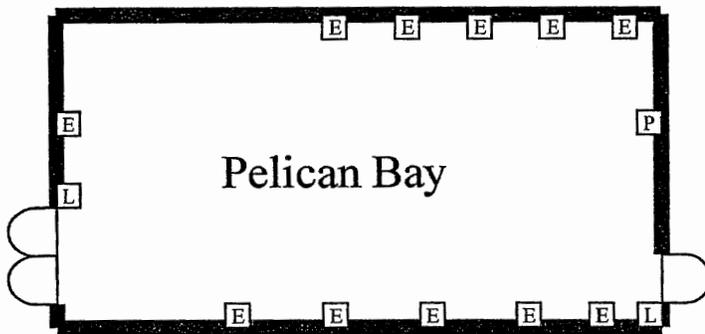
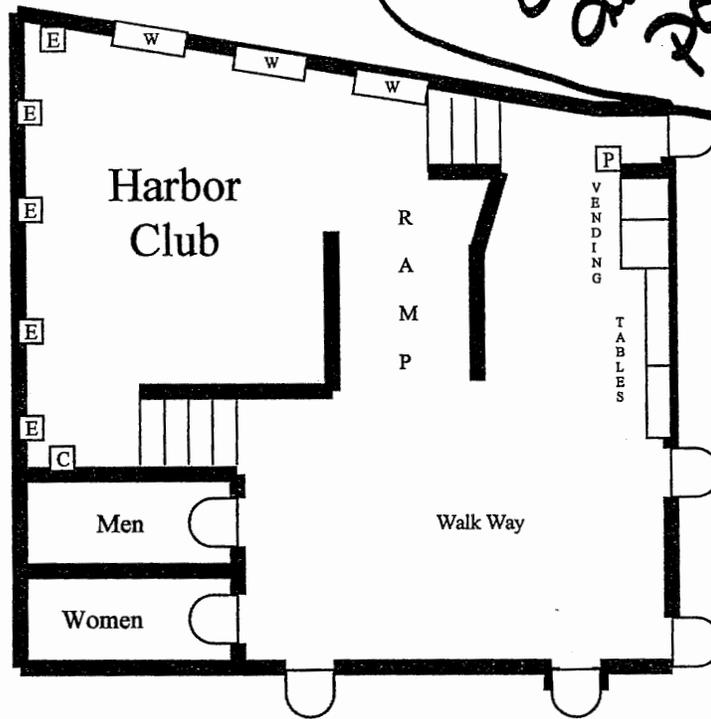


# Meeting Rooms

Room Name	Sq. Ft.	Dimensions L x W x H
Pelican Bay	860	43 x 20 x 9
Boardroom	403	L-Shape
Harbor Club	700	50 x 14 x 9

*Out door pool*

- E – Electrical Outlet
- I – Internet
- L – Light Switch
- M – Microphone
- P – Phone Jack
- W – Window
- C – Cable Hookup



Meeting Room Capacities	Classroom	Theatre	Banquet	Conference	Cost
Pelican Bay	40ppl	50ppl	48ppl	40ppl	\$350.00
Boardroom	20ppl	20ppl	20ppl	20ppl	\$150.00
Harbor Club	20ppl	40ppl	40ppl	20ppl	\$250.00

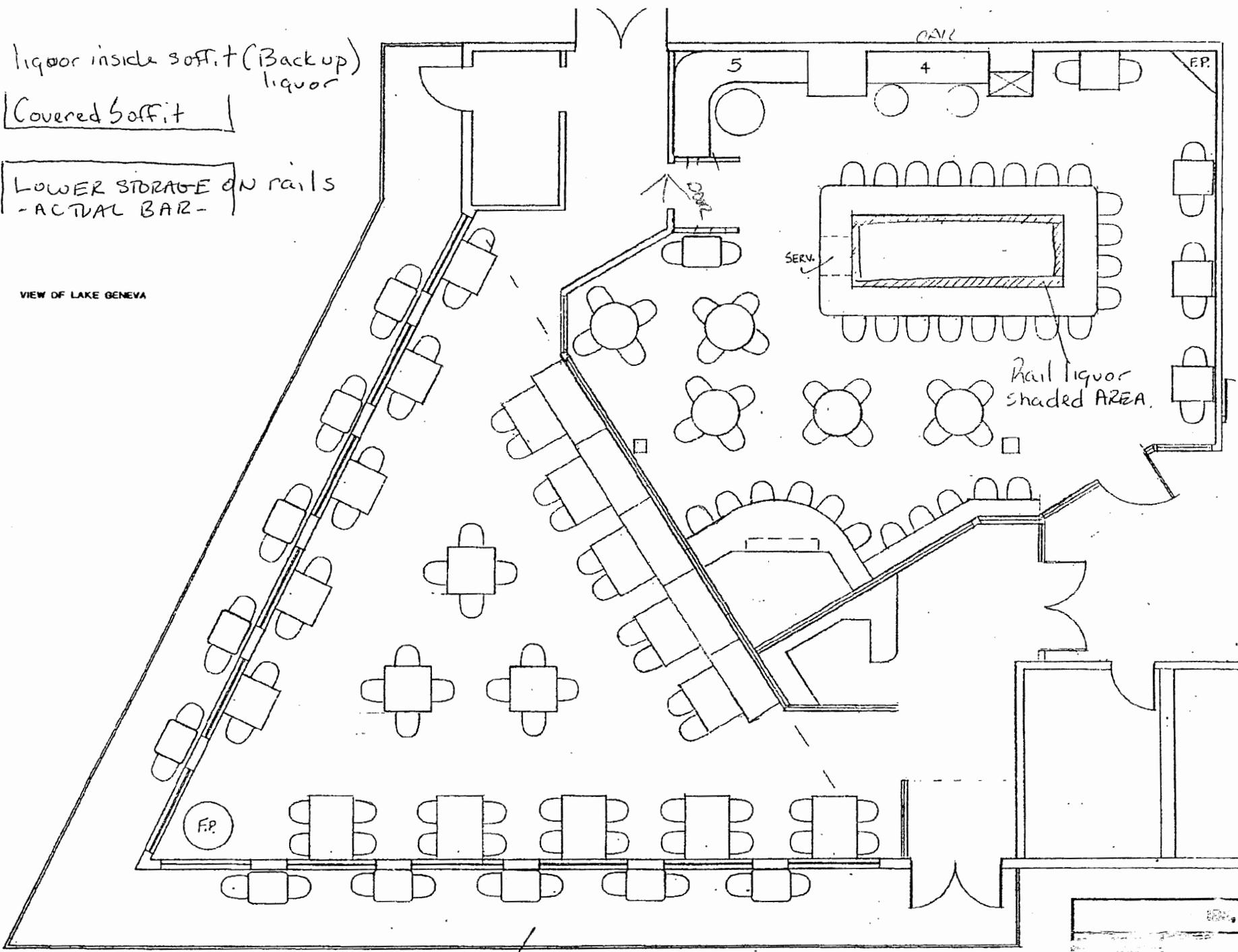
17 50 10 48 2  
17 50 10 48 2

liquor inside soffit (Backup) liquor

Covered Soffit

LOWER STORAGE ON rails  
- ACTUAL BAR -

VIEW OF LAKE GENEVA



OUTDOOR DECK SURROUND

62(D)  
70(B) = 152

NO.	
DATE	
BY	
REVISIONS	

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>160.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>625.00</u></b>

Complete A or B. All must complete C.

A. Individual or Partnership:

<b>Full Name(s) (Last, First and Middle Name)</b>	<b>Home Address</b>	<b>Post Office &amp; Zip Code</b>
▶ _____		

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

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

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

<b>Title</b>	<b>Name (Inc. Middle Name)</b>	<b>Home Address</b>	<b>Post Office &amp; Zip Code</b>
President/Member	<u>ALASTAIR MUNRO CUMMING</u>	<u>13423 McDONALD</u>	<u>LAKE GENEVA 53147</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>ALASTAIR M. CUMMING</u>		
Directors/Managers	<u>SOPRA</u>		

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, Basement Celler & Restaurant

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

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME** State of Wisconsin  
 this 16 day of May, 2016, **Notary Public**  
Sabrina M. Waswo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 (Clerk/Notary Public)

My commission expires 7-20-2019  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

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

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of GLENEAGLES 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 SOPRA

located at 724 W. MAIN ST. LAKE GENEVA, WI 53147.  
(trade name)

appoints MASTAIR M. CUMMING  
(name of appointed agent)  
W3423 McDONALD RD. LAKE GENEVA, WI 53147.  
(home address of appointed agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No 9 YEARS

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 9 YEARS

Place of residence last year LAKE GENEVA, WI.

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

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

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

I, MASTAIR M. CUMMING **ACCEPTANCE BY AGENT**, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 5/12/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
W3423 McDONALD RD. LAKE GENEVA, WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

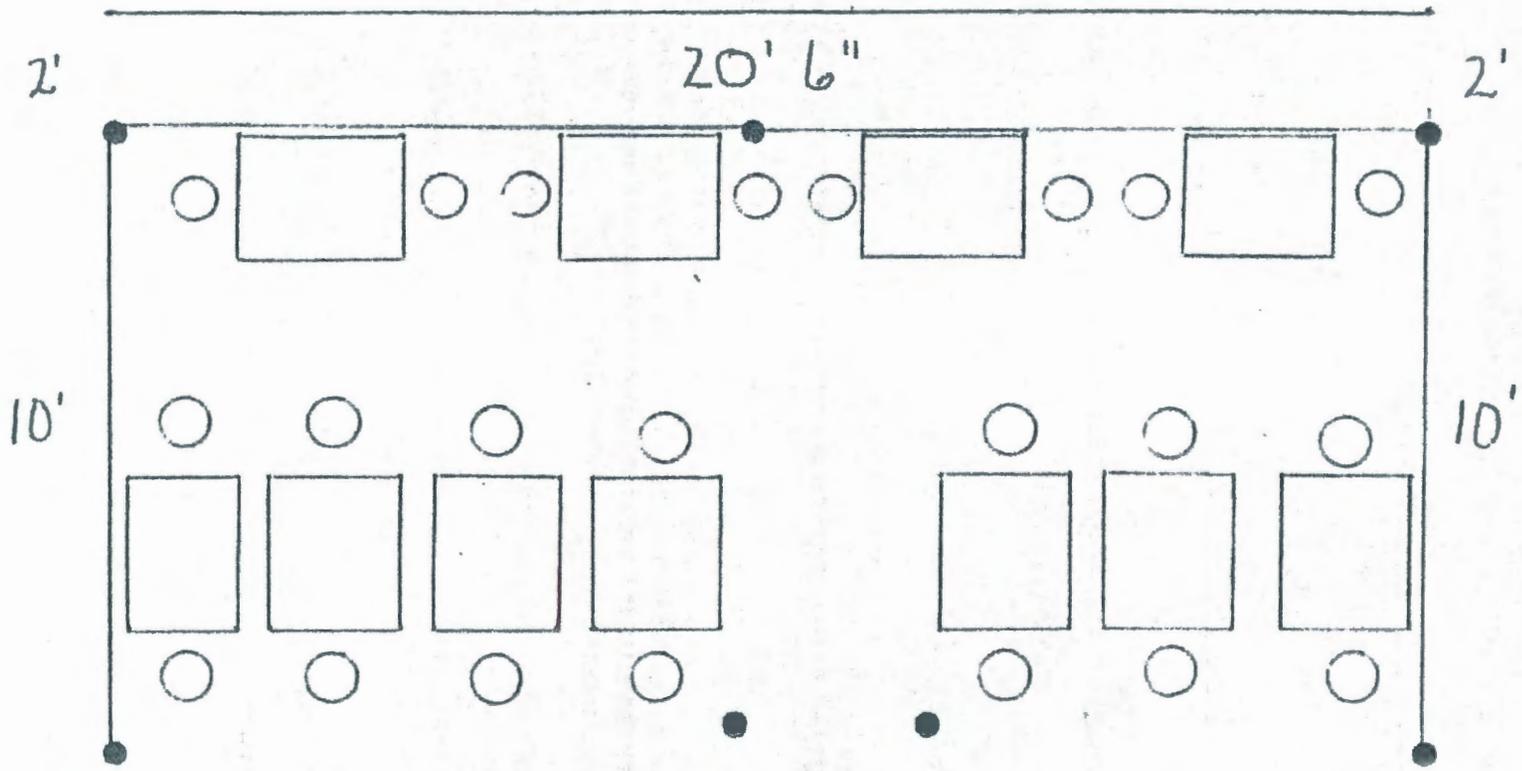
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 6-6-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



DBA SOPRA  
724 Main St.  
Lutke Geneva.

PATIO



6' 3" Sidewalk

6' 3" Sidewalk

DOOR

FRONT OF SOPRA RESTAURANT

Sopra

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 LGB Main St 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>Breg Bush</u>	<u>110-1 West St Lake Geneva WI</u>	<u>53147</u>
Vice President/Member	<u>Jake Bush</u>	<u>2215 S Cherokee St Denver CO</u>	<u>80223</u>
Secretary/Member	<u>Jessica Bush</u>	<u>1515 Dodge Street Lake Geneva WI</u>	<u>53147</u>
Treasurer/Member	<u>Grace Bush</u>	<u>2041 N Bissell St #2 Chicago, IL</u>	<u>60614</u>
Agent	<u>Jessica R. Bush</u>		
Directors/Managers	<u>Bella Jurgensen</u>		

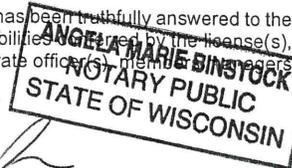
C. 1. Trade Name Change Sports Bar Business Phone Number 2622486008  
 2. Address of Premises 747 W Main St Lake Geneva WI 53147 Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Basmt 1960 sqft - ground floor 1960 sqft - 10ft
5. Legal description (omit if street address is given above): 500 sqft beer garden 115 ft x 40 ft to rear of bldg - see drawing
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 28th day of April, 20 16  
Angela Marie Binstock  
(Clerk/Notary Public)  
 My commission expires 3-10-20

Angela Marie Binstock  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Jess Bush  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
Grace Bush  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-3-2016</u>	Date reported to council/board <u>6-13-2016</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

The undersigned duly authorized officer(s)/members/managers of L & B Main Street  
(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

Champs Sports Bar & Grill  
(trade name)

located at 747 W. Main St. Lake Geneva WI 53147

appoints Jessica Bush  
(name of appointed agent)

1515 Dodge St Lake Geneva  
(home address of appointed agent)

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

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

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

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

Place of residence last year 1515 Dodge St.

For: L & B Main Street / Champs Sports Bar  
(name of corporation/organization/limited liability company)

X By: Jay Bush  
(signature of Officer/Member/Manager)

X And: Jessica Bush  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

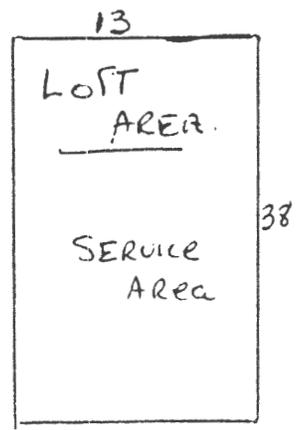
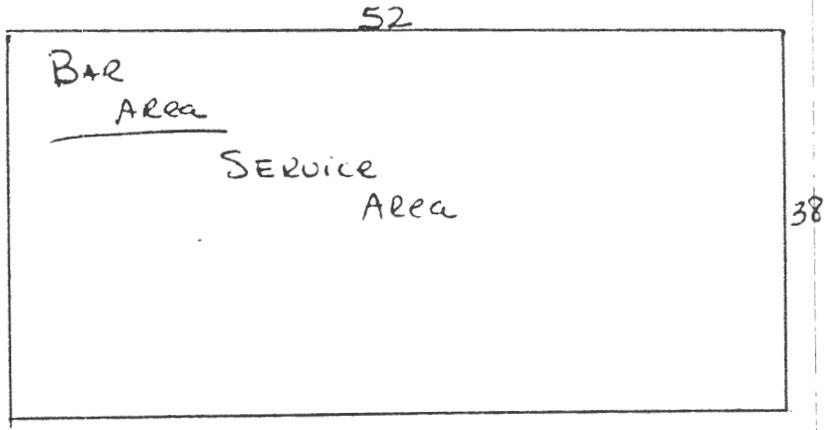
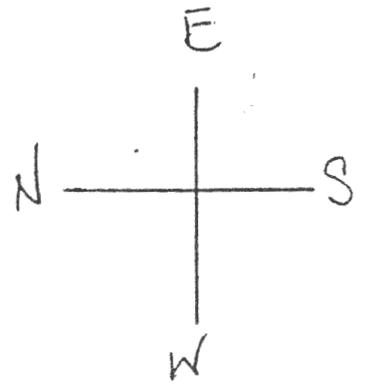
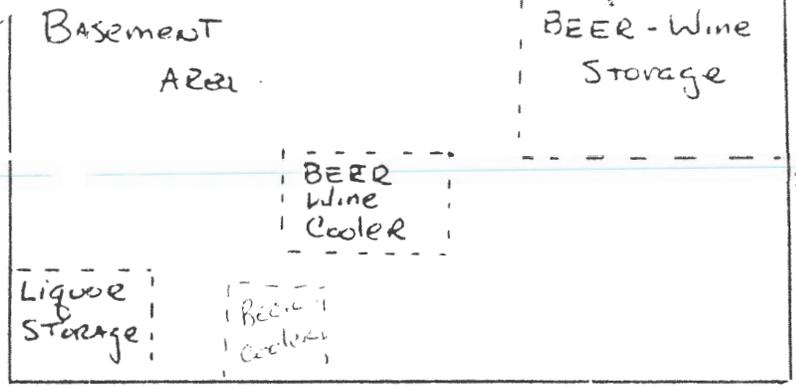
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

X Jessica Bush 4/28/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
1515 Dodge St. Lake Geneva WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

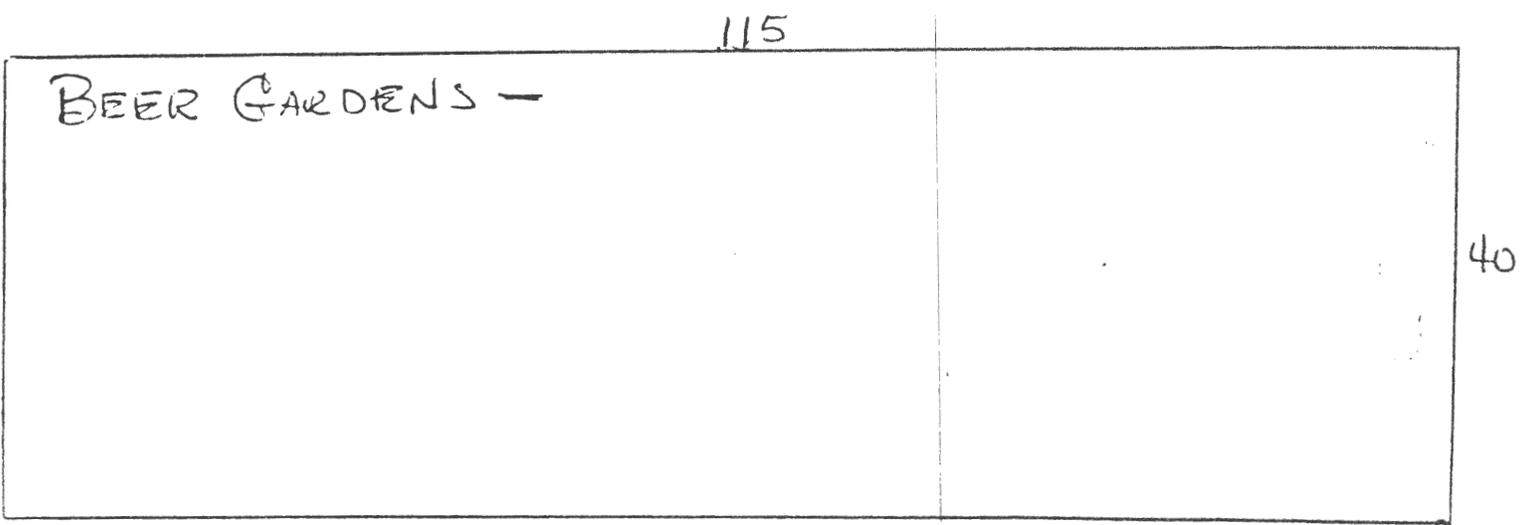
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

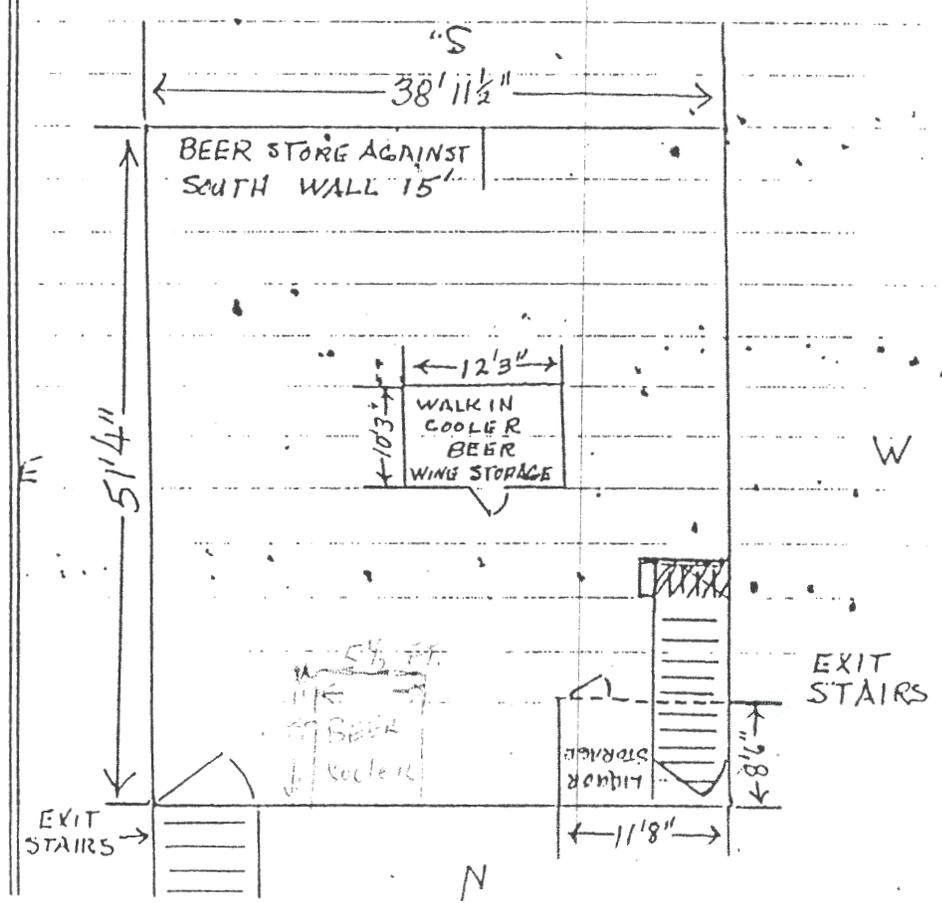
Approved on 6-9-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

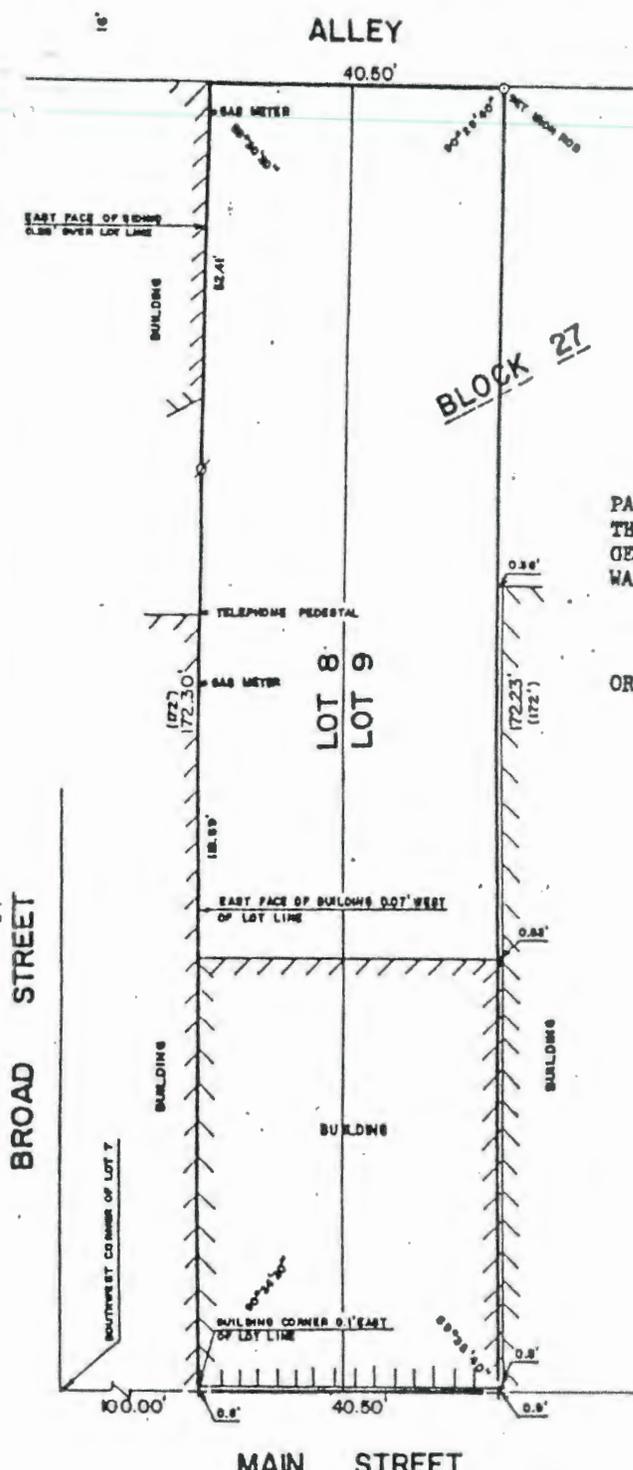


Champs Spts Bar  
 747 MAIN ST.  
 LAKE GEORGE Ws  
 53147



This chart is not drawn to scale. Shows the area where Alcoholic Beverages are stored, sold or serviced.





**BLOCK 27**

PLAT OF SURVEY OF  
 PART OF LOTS 8 AND 9, BLOCK 27 OF  
 THE ORIGINAL PLAT OF THE VILLAGE OF  
 GENEVA (NOW CITY OF LAKE GENEVA),  
 WALWORTH COUNTY, WISCONSIN.

ORDERED BY: CHARLES LOTH  
 747 WEST MAIN STREET  
 LAKE GENEVA, WISCONSIN

**BROAD STREET**

**MAIN STREET**



SCALE: 1"=20'

- o - IRON ROD FOUND
- + - CUT CROSS IN CONCRETE
- ( ) - RECORDED AS

I, ROBERT M. BAERENWALD, DO HEREBY CERTIFY THAT I  
 HAVE SURVEYED THE PROPERTY HEREON DESCRIBED ACCORDING  
 TO THE OFFICIAL RECORDS AND THAT THE PLAT HEREON IS A  
 CORRECT REPRESENTATION OF THE PROPERTY LINES TO THE  
 BEST OF MY KNOWLEDGE AND BELIEF.

*Robert M. Baerenwald*  
 ROBERT M. BAERENWALD  
 WISCONSIN REGISTERED LAND SURVEYOR, S-1508

*March 16, 1987*  
 DATE \_\_\_\_\_ JOB NO. 0956

NOTE: THIS IS NOT A CERTIFIED COPY UNLESS SEALED.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 DCR Restaurant Group, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 411 Interchange N. LG 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 R. Bittner</u>	<u>2116 Heather Dr. Lake Geneva, WI</u>	<u>53147</u>
Vice President/Member	<u>Rick R. Bittner</u>	<u>259 Sky Lane Lake Geneva, WI</u>	<u>53147</u>
Secretary/Member			
Treasurer/Member			
Agent	<u>Chad R. Bittner</u>	<u>2116 Heather Dr. Lake Geneva, WI</u>	<u>53147</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, 53147

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

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

5. Legal description (omit if street address is given above): Patio, outdoor customer waiting area.

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 11<sup>th</sup> day of May  
Donna M. Johnson (Clerk/Notary Public)  
 My commission expires 10-15-2018  
Chad R. Bittner (Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Rick R. Bittner (Office of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/11/2016</u>	Date reported to council/board <u>6/13/2016</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of DCR Restaurant Group, LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Next Door Pub & Pizzeria  
(trade name)

located at 411 Interchange N. Lake Geneva, WI 53147.

appoints Chad R. Bittner  
(name of appointed agent)

2116 Heather Dr. Lake Geneva, WI 53147.  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 19 yrs

Place of residence last year Lake Geneva, WI

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

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

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

**ACCEPTANCE BY AGENT**

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

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

[Signature] 5/11/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
2116 Heather Dr. Lake Geneva, WI 53147. Date of birth \_\_\_\_\_  
(home address of agent)

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

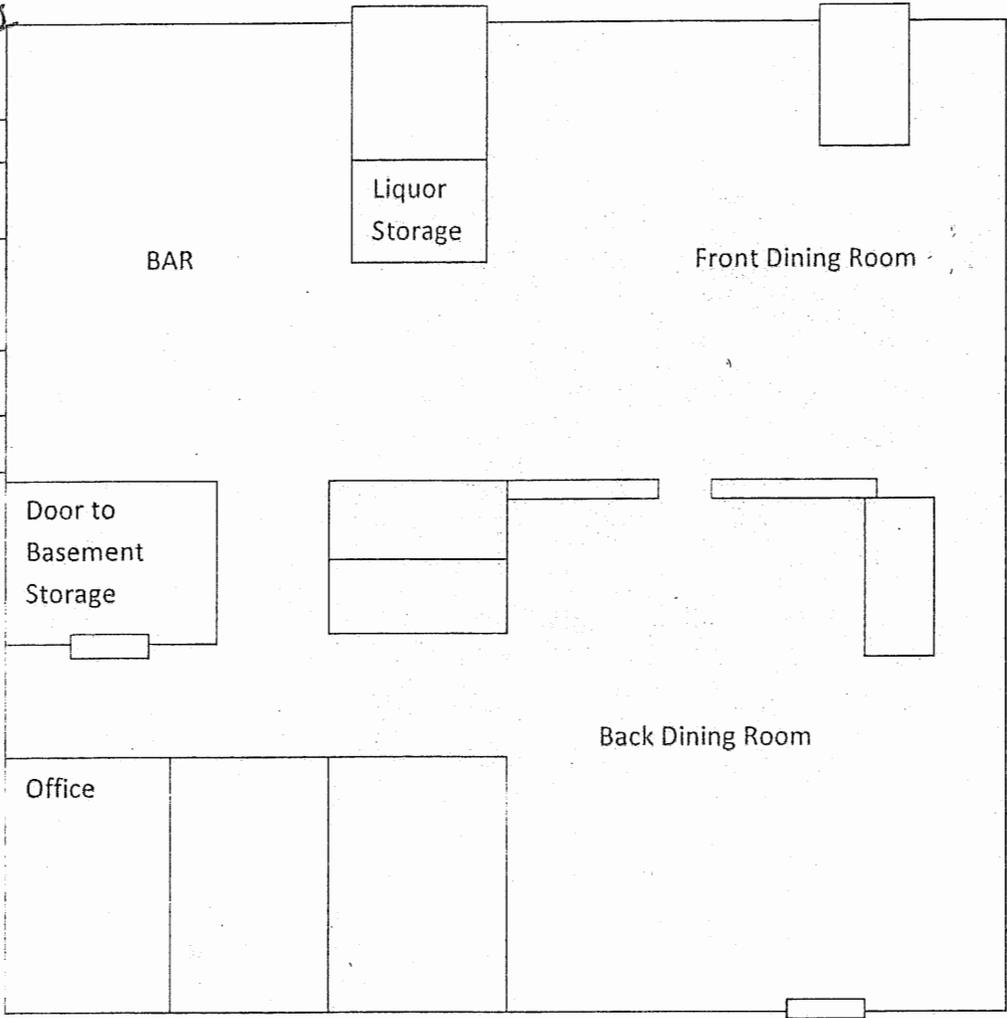
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Outdoor Customer  
Waiting Area

*Fencing*

Patio  
Patio



*FENCING*  
*FENCING*

*Band*

TEMPORARY USE FOR OUTDOOR EVENT - September 12, 2015  
30'DX66'W  
6- 8' tables  
4- 60" tables  
6- 42" tables  
100 chairs  
1- 30x30 tent  
1- 10x15 tent

DUMPSTER

BACK PARKING LOT

DUMPSTER

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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) Gregory Anagnos Home Address N 1567 Clover Rd. Post Office & Zip Code Lake Geneva 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) 501 Broad St PMB 104 Lake Geneva 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Gregory Anagnos</u>	<u>N 1567 Clover Rd</u>	<u>Lake Geneva, 53147</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Gregory Anagnos</u>		
Directors/Managers			

**C. 1. Trade Name** Medusa Grill & Bistro Business Phone Number 262-249-8644  
**2. Address of Premises** 501 Broad 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.) Restaurant - 2nd flrs & full basement

**5. Legal description (omit if street address is given above):** Restaurant

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 17 day of May State of Wisconsin  
Sabrina M. Waswo Notary Public  
(Clerk/Notary Public)  
 My commission expires 7-20-2019  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/17/2016</u>	Date reported to council/board <u>6-13-16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Medusa Grill & Bistro 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 Medusa Grill & Bistro LLC  
(trade name)

located at 501 Broad St

appoints Gregory Anagnos  
(name of appointed agent)

11567 Clover Rd. Lake Geneva, WI 53147  
(home address of appointed agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Current Agent for Medusa Grill & Bistro LLC ONLY

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? 54 yrs

Place of residence last year 11567 Clover Rd. Lake Geneva, WI 53147

For: Medusa Grill & Bistro LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, Gregory Anagnos, 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.

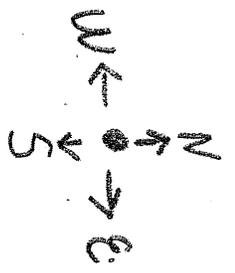
5-17-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

11567 Clover Rd Lake Geneva, WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

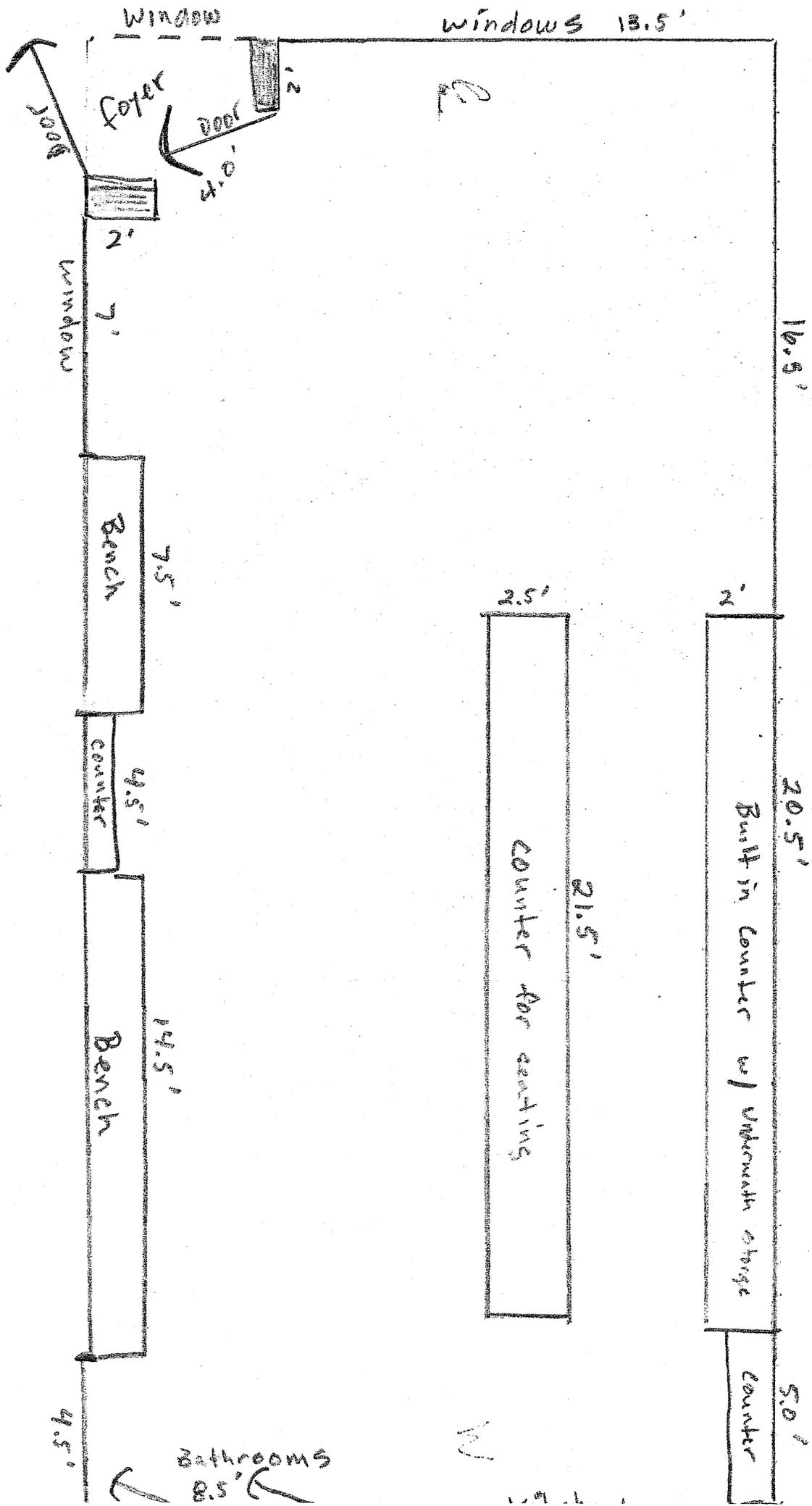
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

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

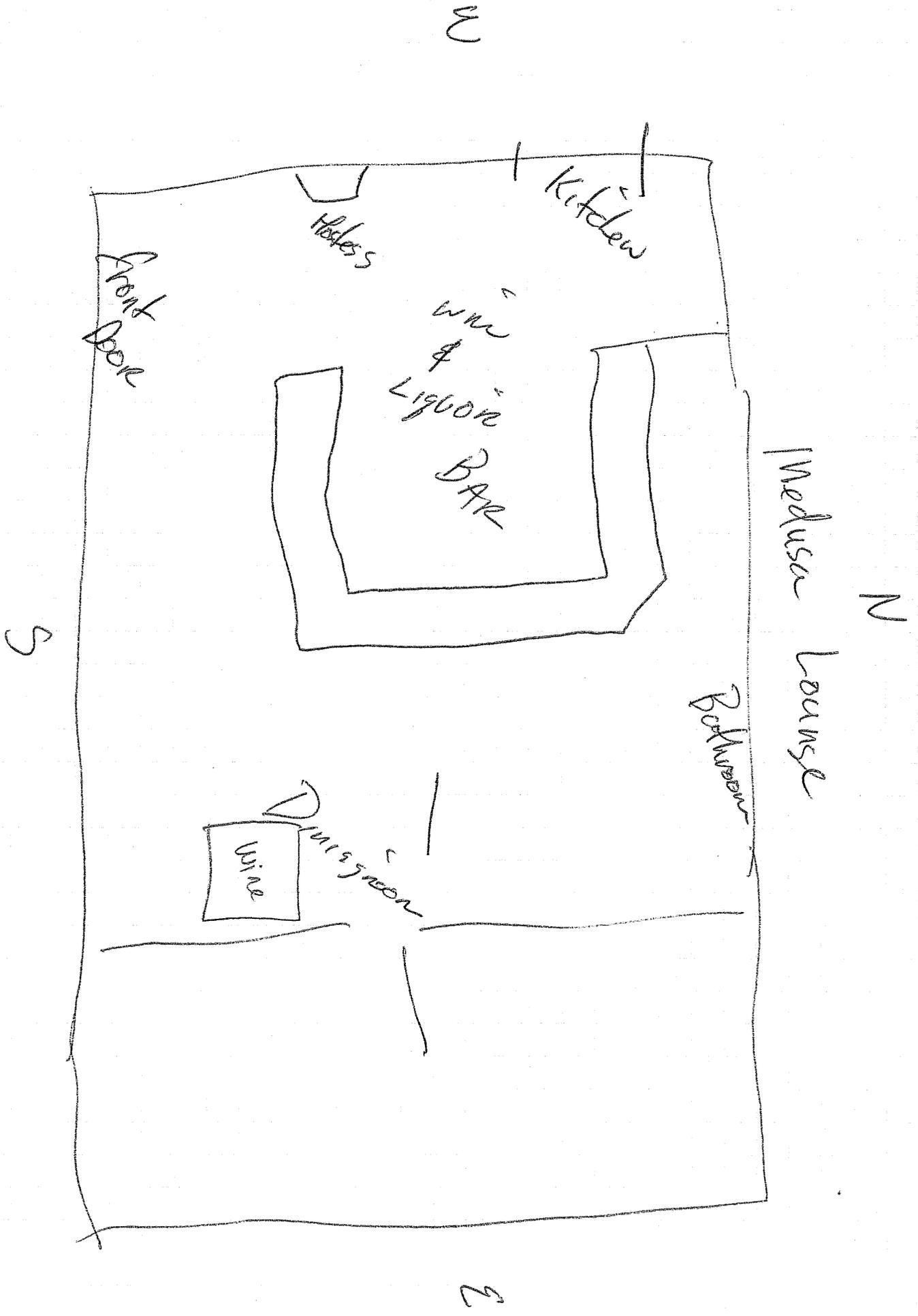
Approved on 5-27-16 by \_\_\_\_\_ Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



→ ← = 1ft to scale 5



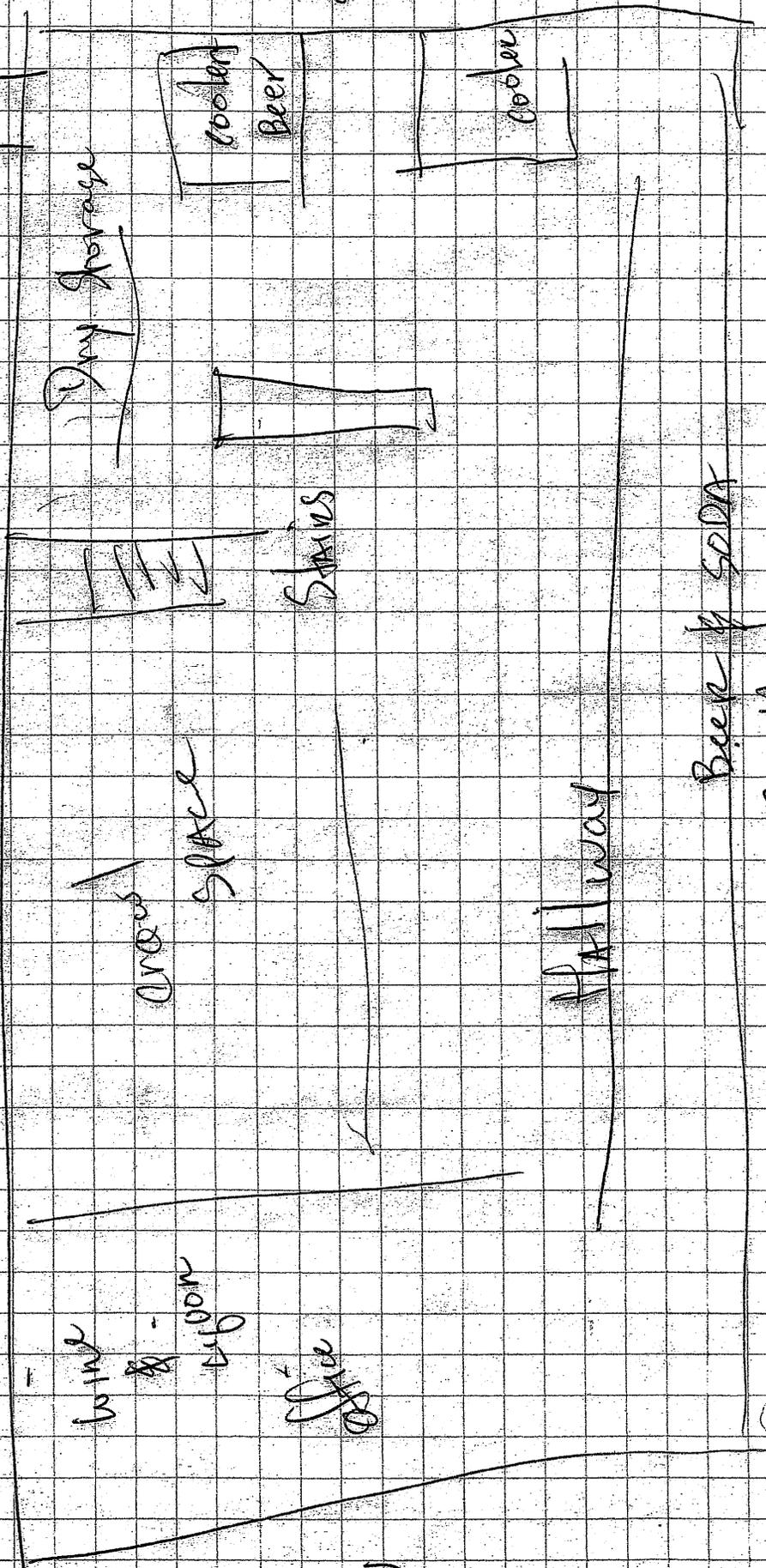
1 1 N



Basement

N

Basement door



wine & moon room

Dry Storage

cross space

Stairs

cooler  
Beer

cooler

Hallway

Beer & soda

South

W

E

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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) Charles B. Lorenz Home Address 1540 W. Main St. Post Office & Zip Code L.G. WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company 422 S. Wells St. LTD

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			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Charles B. Lorenz</u>		
Directors/Managers			

C. 1. Trade Name Celebration on Wells Business Phone Number 248-2555

2. Address of Premises 422 S. Wells St. Post Office & Zip Code L.G. 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) all throughout building @ 422 S. Wells St.

5. Legal description (omit if street address is given above): 422 S. Wells St.

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 13<sup>th</sup> day of May, 20 16  
Sabrina M. Waswo (Clerk/Notary, Public) State of Wisconsin (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 My commission expires 7/20/2019 Notary Public (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
Sabrina M. Waswo (Officer of Corporation/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-13-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

The undersigned duly authorized officer(s)/members/managers of 422 S. Wells St. LTD  
(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 Celebration on Wells St.  
(trade name)

located at 422 S. Wells St. L.G. 53147

appoints Charles Lorenzi  
(name of appointed agent)

1540 W. Main St. L.G. WI 53147  
(home address of appointed agent)

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

Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Bella Vista Suites - L.G. WI 53147

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? 25 years

Place of residence last year 1540 W. Main St. L.G. 53147

For: 422 S. Wells St LTD DBA Celebration on Wells St  
(name of corporation/organization/limited liability company)

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

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

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

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

[Signature] 5-13-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
1540 W. Main St. L.G. WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

COPY

PARKING

MAIN ENTRANCE

HANDICAP RAMP

CASHIER STAND

MAIN BAR LIQUOR STORAGE

PIANO BAR

STAIRS

FIRE ALARM

STAIRS

DINING AREAS

FIREFLACE

REST ROOMS

MAIN DINING RM.

KITCHEN

OFFICE STORAGE

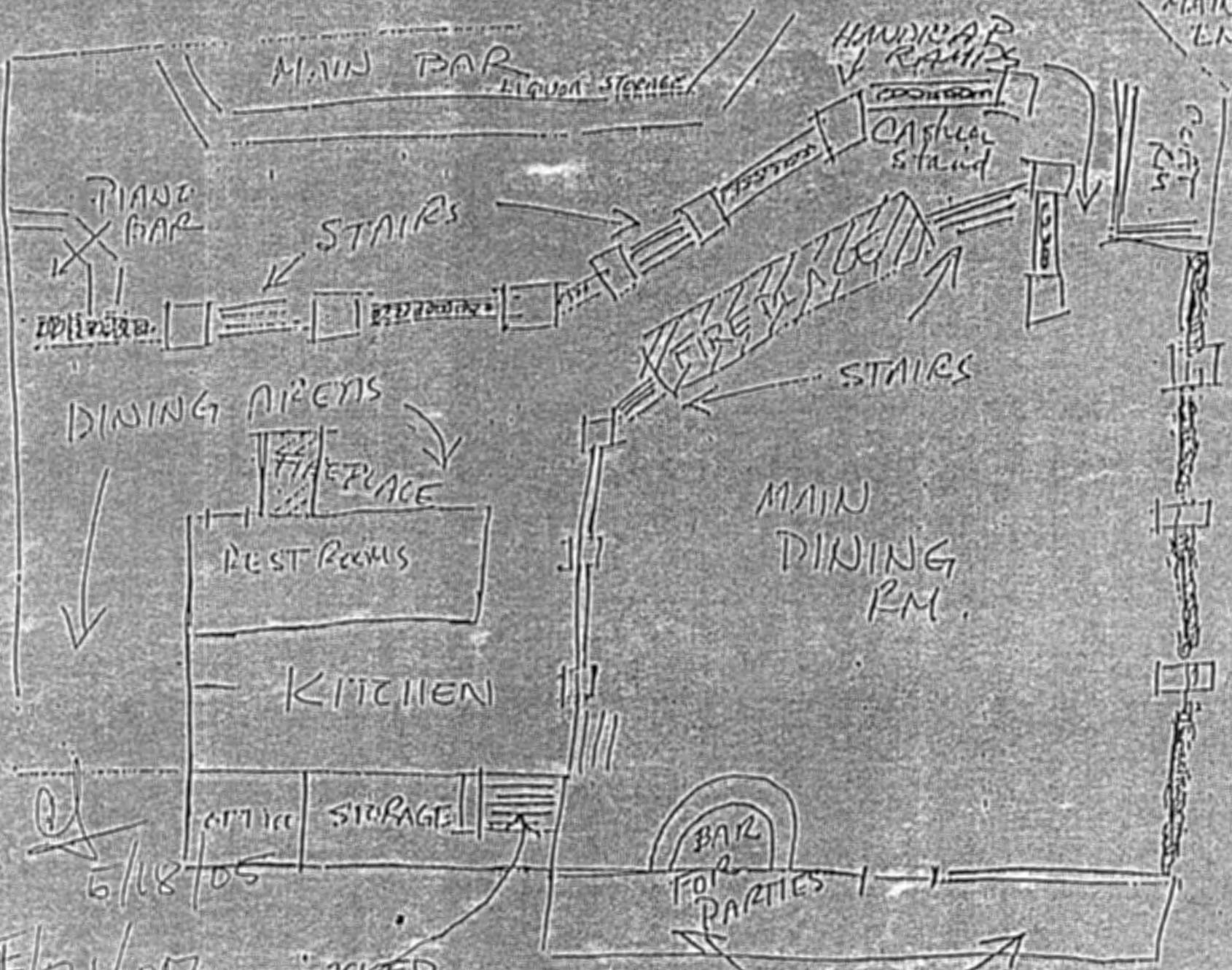
BAR FOR PARTIES

5/18/05

4/21/07

MIXED STORAGE BASEMENT

RESTROOM



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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  
CARAVETTE, David, Christopher 39W101 DEAN LN St Charles, IL 60175

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SAMSON Enterprises, LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Daniel Christopher Caravette</u>	<u>39W101 DEAN LN, St. Charles IL</u>	<u>60175</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Eugene Graher</u>	<u>P.O. Box 503 Poll Lake, WI</u>	<u>53157 / 11465 Clowrie Rd</u>
Directors/Managers	_____	_____	<u>Poll Lake, WI 5315</u>

C. 1. Trade Name Carvetti's Business Phone Number 262-248-9752

2. Address of Premises 642 W. Main St Lake Geneva WI Post Office & Zip Code 53147

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 3 day of May 2016 State of Wisconsin  
Sabrina M. Waswo Notary Public  
(Clerk/Notary Public)  
 My commission expires 7/20/2019  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 3, 2016</u>	Date reported to council/board <u>6/13/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as SAMSON Enterprises LLC DBA CARVETTI'S  
(trade name)

located at 642 W. MAIN ST. LAKE GENEVA, WI 53147

appoints Eugene Grabler  
(name of appointed agent)

N1465 Clover Rd, Pell Lake, WI 53157  
(home address of appointed agent)

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

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

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

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

Place of residence last year N1465 Clover Road Pell Lake WI 53157

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

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

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

**ACCEPTANCE BY AGENT**

I, Eugene J. Grabler, 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.

Eugene J. Grabler 5/4/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

N1465 Clover Rd, Pell Lake WI 53157 Date of birth \_\_\_\_\_  
(home address of agent)

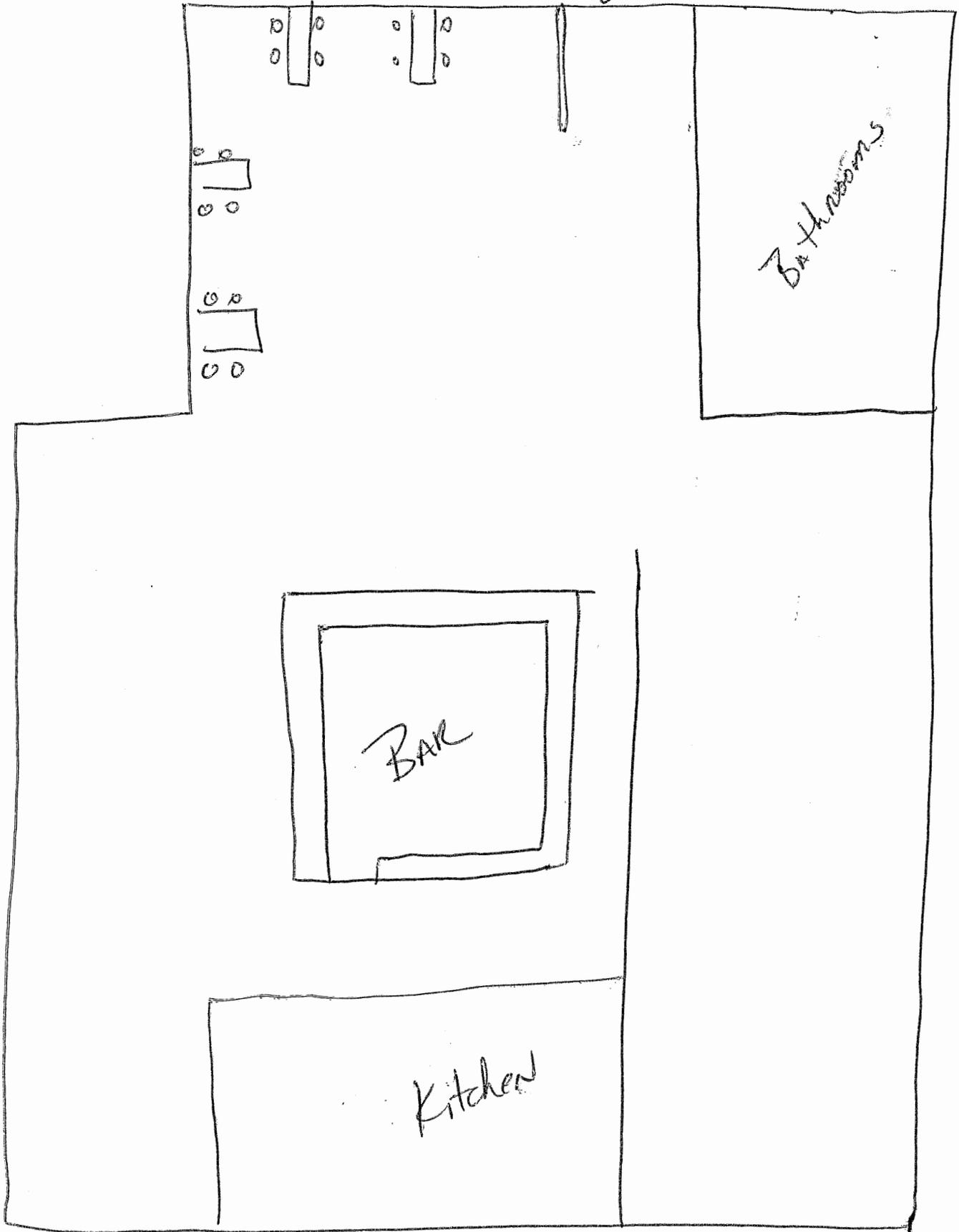
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

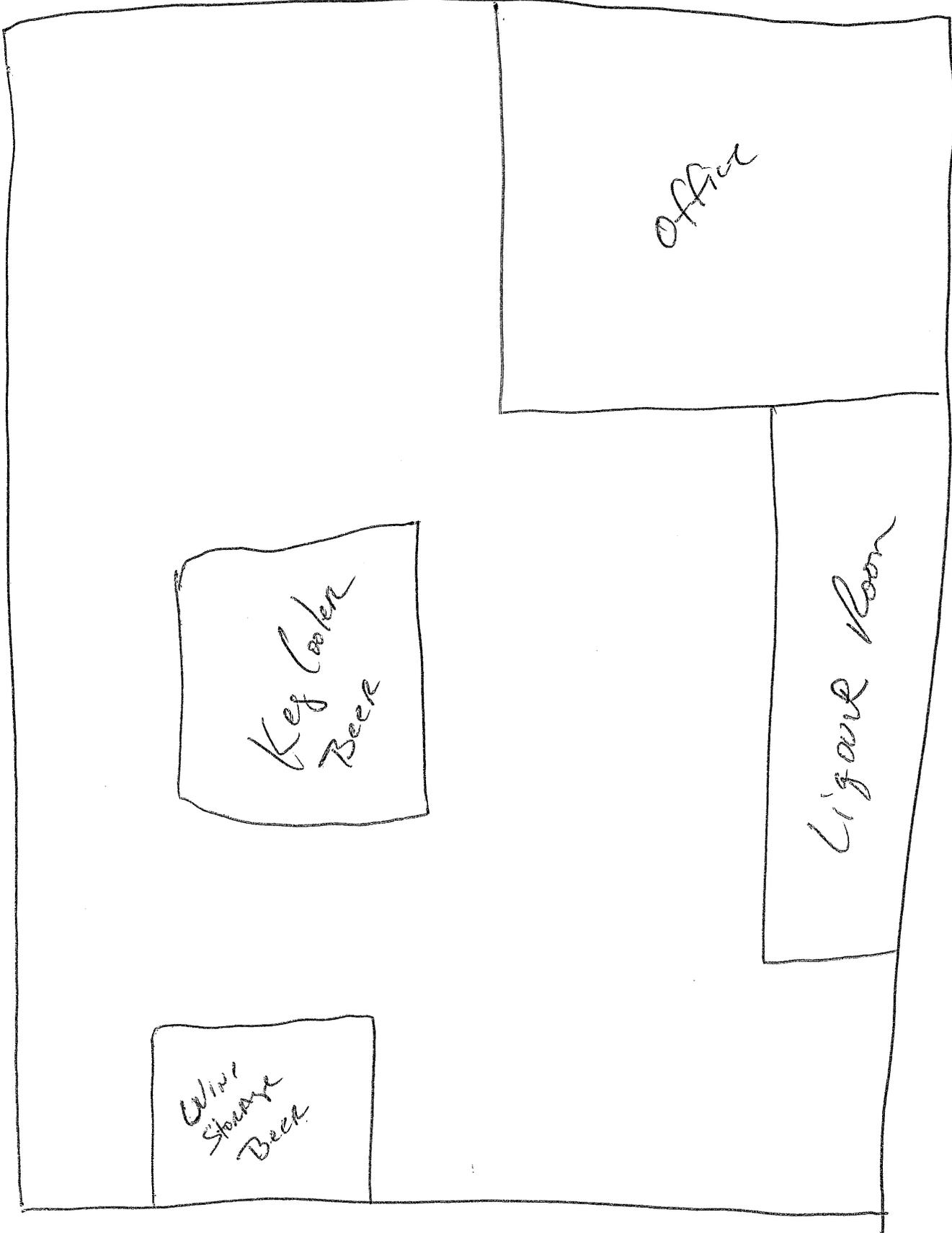
Approved on 6-9-16 by \_\_\_\_\_ Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Inside Restaurant  
CARVETTI'S

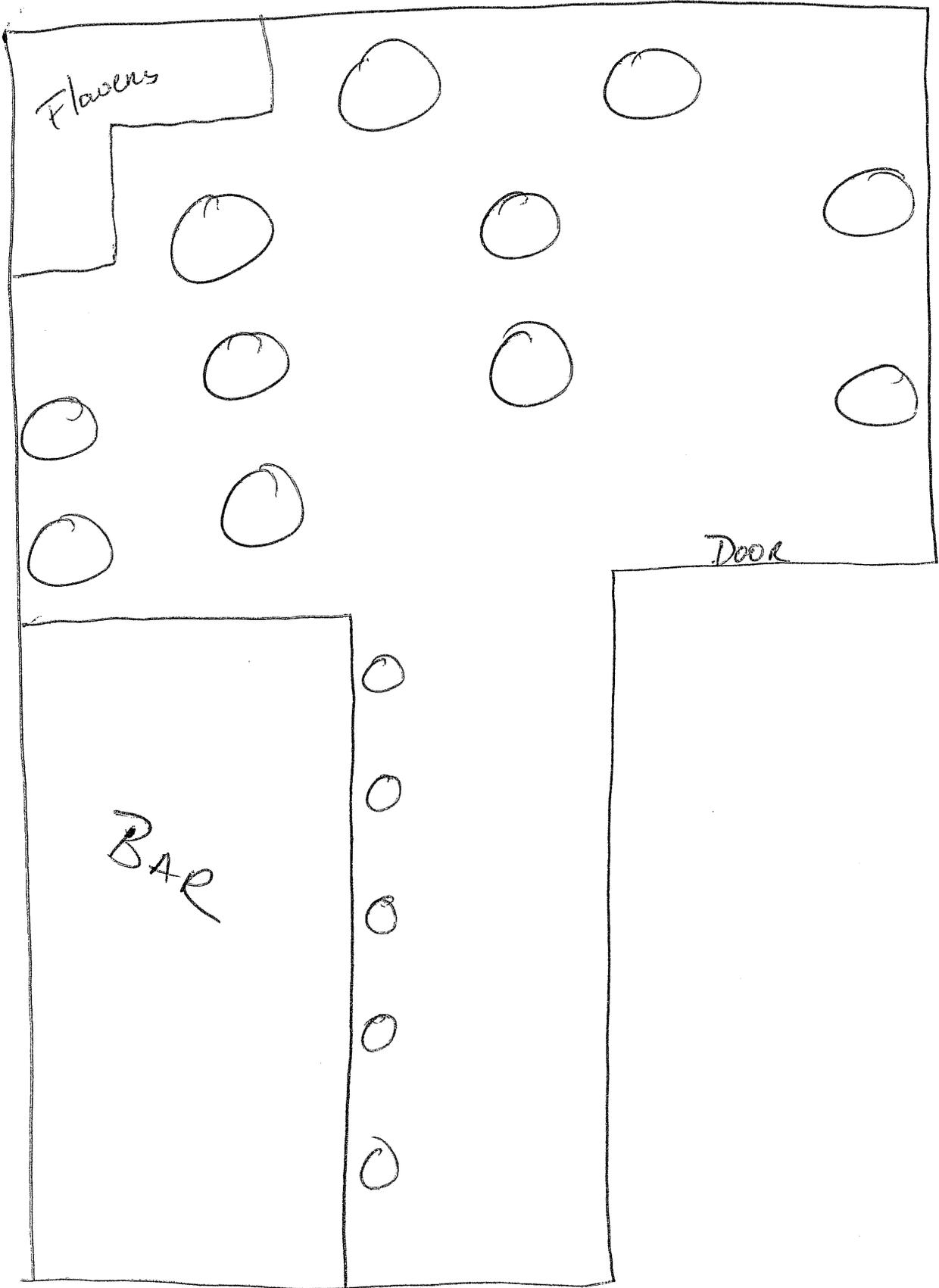
Entrance



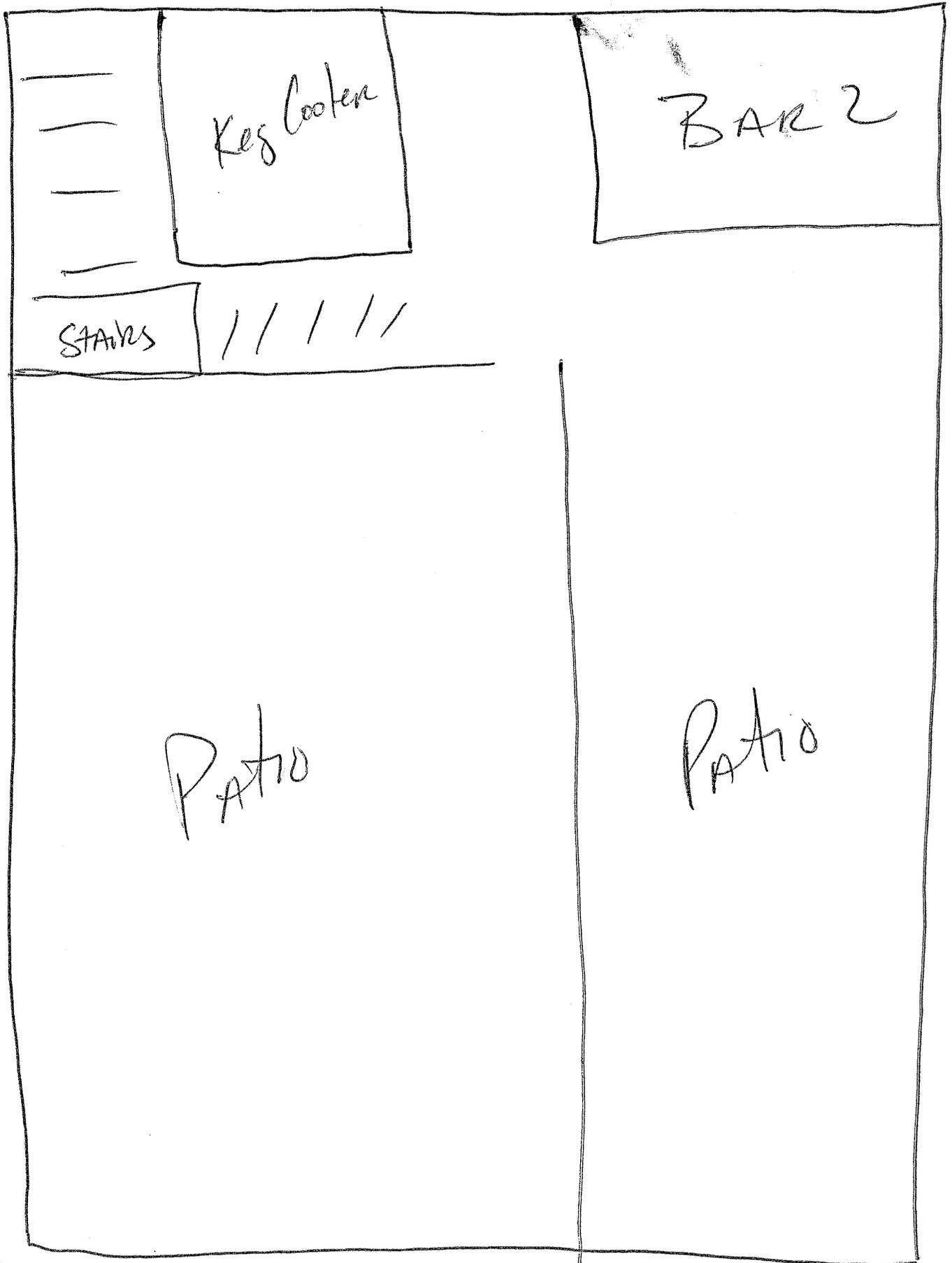
Basement Carvettis



Upper Patio Carveths



Lower Patio Carveth's



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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) Thomas Anthony Romano Home Address 3851 N Southport Ave Chicago, IL 60613 Post Office & Zip Code \_\_\_\_\_

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company** LS Hospitality Group LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) \_\_\_\_\_

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member \_\_\_\_\_  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent James Georgakis 529 Madison St Lake Geneva, WI 53147  
 Directors/Managers \_\_\_\_\_

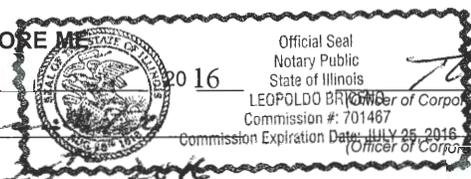
**C. 1. Trade Name** ROSCON TAVERN and Grill Business Phone Number 262-248-2332  
**2. Address of Premises** 430 Broad St Post Office & Zip Code 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Kitchen, Bar, Outdoor Seating Area, 1st fl storage, 2nd 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 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 2nd day of May 2016  
 \_\_\_\_\_  
 (Clerk/Notary Public)  
 My commission expires July  
 \_\_\_\_\_  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/5/16</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:	
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>25.00</u>	
<b>TOTAL FEE</b>	\$	<u>625.00</u>	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of LG Hospitality (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 Tuscan Tavern and Grill (trade name)

located at 430 Broad St Lake Geneva, WI 53147

appoints James Georgalas (name of appointed agent)

509 Madison St Lake Geneva, WI 53147 (home address of appointed agent)

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

[ ] Yes [X] 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? [X] Yes [ ] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 03 yrs

Place of residence last year ~~La Grange~~ Same

For: (name of corporation/organization/limited liability company) By: LG Hospitality DBA Tuscan Tavern and Grill (signature of Officer/Member/Manager) And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

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

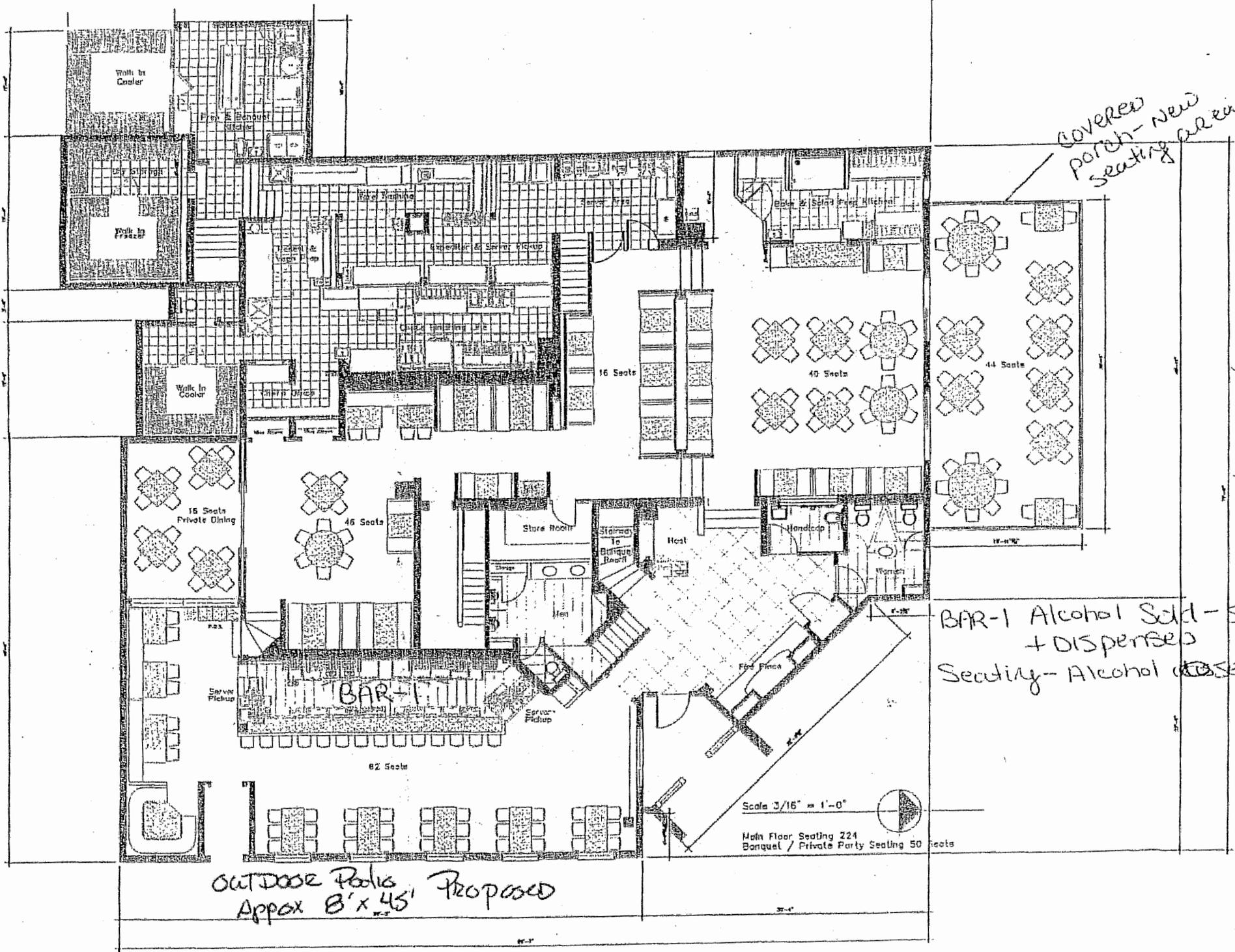
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

(signature of agent) (date) Agent's age Date of birth 529 Madison St Lake Geneva, WI 53147 (home address of agent)

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

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

Approved on 5-13-16 by [Signature] Title Police Chief (town chair, village president, police chief)



Covered porch - new seating area

UScom

BAR-1 Alcohol Sold - store + dispensed  
Seating - Alcohol ~~to~~ served

Scale 3/16" = 1'-0"  
Main Floor Seating 224  
Banquet / Private Party Seating 50 seats

OUTDOOR POOLs Proposed  
Approx 8' x 45'

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>160</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>25.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>625.00</u></b>

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

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Tomas, Elizabeth Alfreda Home Address 1142 Cypress Pt Post Office & Zip Code Twin Lakes WI 53181

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) 1142 Cypress Pt. T.L. WI 53181  
 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>Elizabeth Alfreda Tomas</u>	<u>1142 Cypress Pt.</u>	<u>Twin Lakes WI 53181</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Elizabeth Tomas</u>		
Directors/Managers			

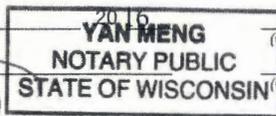
C. 1. Trade Name The Bottle Shop Business Phone Number 262 3618 9463  
 2. Address of Premises 617 W. Main St. LG WI 5 Post Office & Zip Code LG 53147

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 11<sup>th</sup> day of May 2016  
[Signature] (Clerk/Notary Public)  
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 My commission expires 12/15/2019  
[Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/11/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Mercedes or Bust, L.L.C.  
(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 Bottle Shop  
(trade name)

located at 617 w. Main St, Lake Geneva, WI 53147

appoints Elizabeth Tumas  
(name of appointed agent)

1142 Cypress Point Twin Lakes, WI 53181  
(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 20 yrs.  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

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

For: Elizabeth Tumas  
(name of corporation/organization/limited liability company)

By: Elizabeth Tumas  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Elizabeth Tumas, 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.

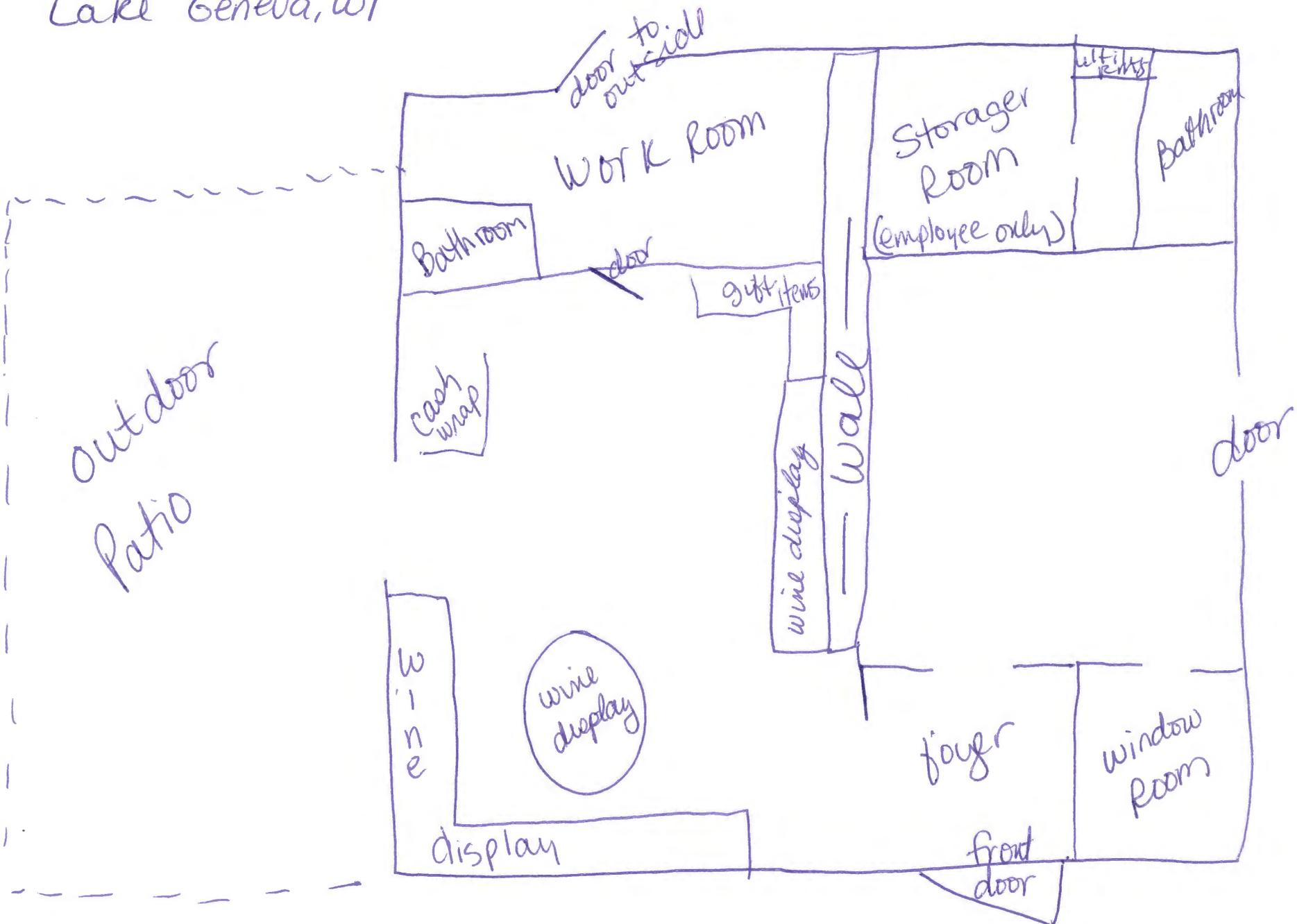
Elizabeth Tumas May 11, 2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
1142 Cypress Pt, Twin Lakes, WI Date of birth \_\_\_\_\_  
(home address of agent) 53181

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

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

Approved on 6-6-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

The Bottle Shop  
617 W. Main St.  
Lake Geneva, WI



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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

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

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

President/Member KEVIN S. LEDERER, 7203 STONEWOOD CT. MIDDLETON, WI 53562  
 Vice President/Member KATHALYN LEDERER, 7203 STONEWOOD CT. MIDDLETON, WI 53562  
 Secretary/Member FELIX B. RICHBELS, 4565 HACKBERRY CT. MIDDLETON, WI 53562  
 Treasurer/Member KRISTIN L. RICHBELS, 4565 HACKBERRY CT. MIDDLETON, WI 53562  
 Agent ELIZABETH DION, 524 ORCHARD ST. BURLINGTON, WI 53105  
 Directors/Managers SUSAN BETGEN, 51756 STEVENS CT. WISCONSIN DELLS, WI 53965

C. 1. Trade Name SPRECHERS RESTAURANT & PUB Business Phone Number (262) 248-7047  
 2. Address of Premises 111 CENTER STREET Post Office & Zip Code 53147

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

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

5. Legal description (omit if street address is given above): MAP ROOM, OUTDOOR PATIO, SPRINT STORE 10/8/2016

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 12<sup>th</sup> day of May, 2016

Virginia M. Bartelt  
(Clerk/Notary Public)

My commission expires 3 permanent

Kevin Lederer PRINCIPAL  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Kathryn Lederer  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/12/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

**VIRGINIA M. BARTELT**  
 Notary Public  
 State of Wisconsin

**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 CAPITOL GENEVA, 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 SPRECHER'S RESTAURANT & PUB - CAPITOL GENEVA, LLC  
(trade name)

located at 111 CENTER STREET, LAKE GENEVA, WISCONSIN

appoints ELIZABETH DION  
(name of appointed agent)  
524 ORCHARD ST. BURLINGTON 53105  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 34 YEARS

Place of residence last year 524 ORCHARD ST., BURLINGTON 53105

For: CAPITOL GENEVA, LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

*[Signature]* 5/12/16  
(signature of agent) (date)  
\_\_\_\_\_  
(home address of agent)

Agent's age \_\_\_\_\_  
Date of birth \_\_\_\_\_

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

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

Approved on 6-6-16 by *[Signature]* Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

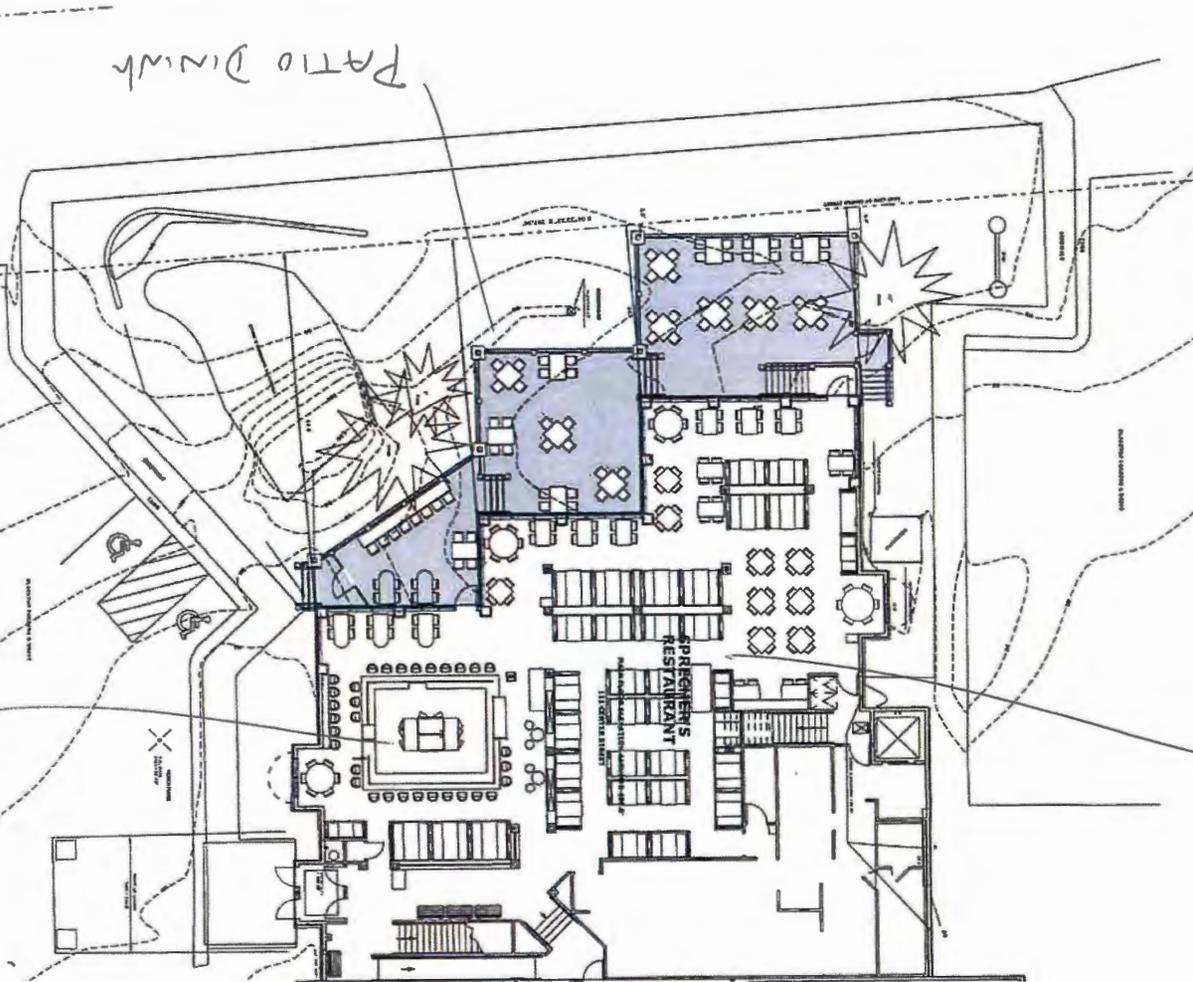
SITE PLAN  
SCALE: 1/8" = 1'-0"



PATIO DINING

BAR

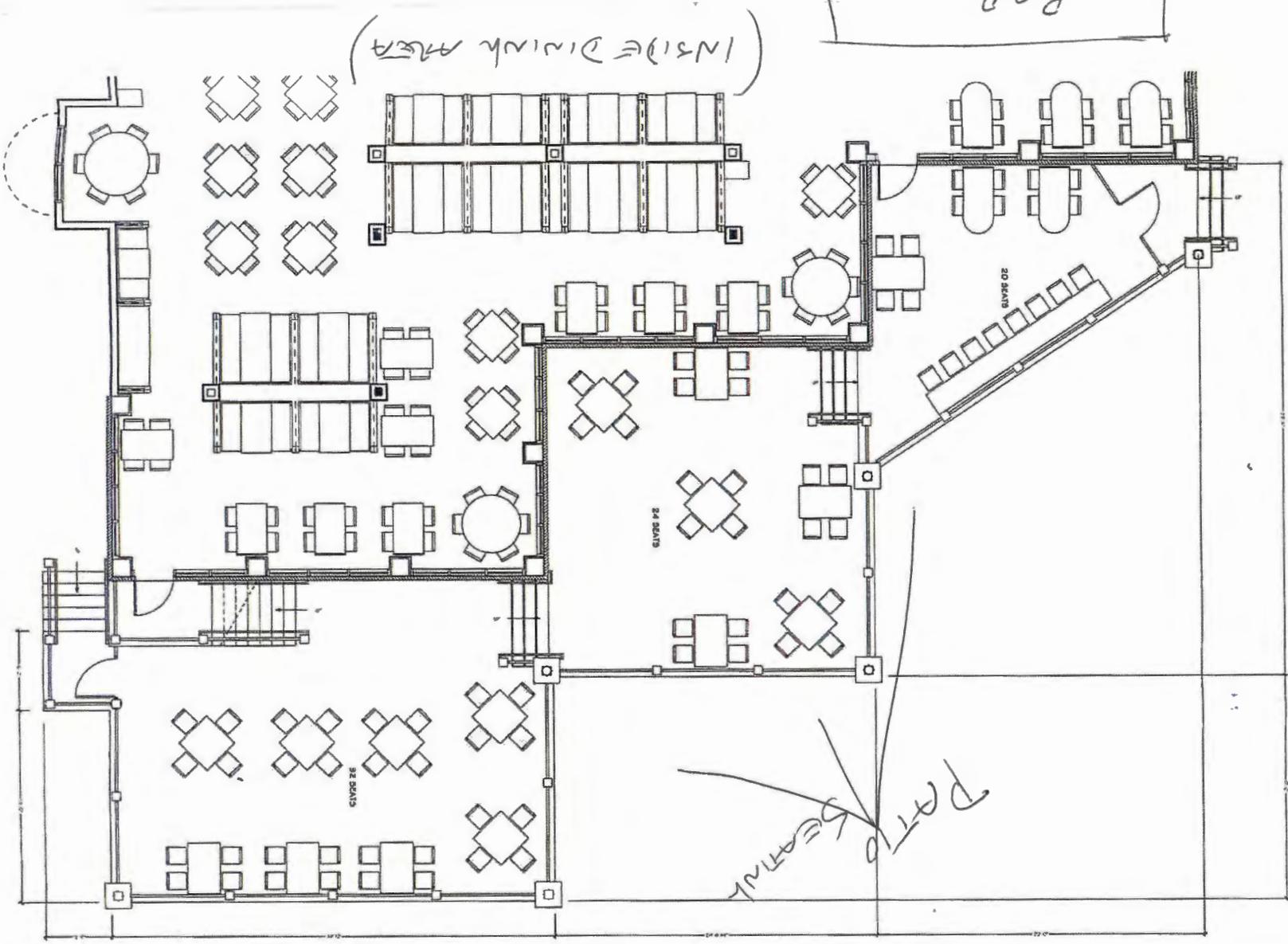
INSIDE DINING



★ LOCKED COVER &  
STORAGE ROOM IN  
LOWER LEVEL.  
★ "HAP ROOM" ALSO IN  
LOWER LEVEL

PRELIMINARY PLANS NOT FOR CONSTRUCTION

	<b>SPRECHER'S RESTAURANT &amp; PUB</b> REMODEL	<b>Architectural Design Consultants, Inc.</b> 30 Wisconsin Dells Parkway • P.O. Box 580 Lake Delton, WI 53940 Phone: (608) 254-6181 Fax: (608) 254-2139 <small>The document contains confidential or proprietary information of Architectural Design Consultants, Inc. Neither the document nor the information herein is to be reproduced, distributed, copied or otherwise stored in whole or in part except as specifically authorized by Architectural Design Consultants, Inc.</small>
	LAKE GENEVA WISCONSIN  SITE PLAN	



FLOOR PLAN  
 SCALE 1/8" = 1'-0"

PRELIMINARY PLANS NOT FOR CONSTRUCTION

	<b>SPRECHER'S RESTAURANT &amp; PUB          REMODEL</b>	<b>ADCI Architectural Design Consultants, Inc.</b> 30 Wisconsin Dells Parkway • P.O. Box 580 Lake Delton, WI 53940 Phone: (608) 254-6181 Fax: (608) 254-2139 <small>This document contains confidential or proprietary information of Architectural Design Consultants, Inc. Neither this document nor the information herein is to be reproduced, distributed, used or disclosed either in whole or in part except as specifically authorized by Architectural Design Consultants, Inc.</small>
	ARCHITECT: JAKE GENEVA WISCONSIN	
SHEET NUMBER: A1.0	<b>FLOOR PLAN</b>	

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2016 ending: 6/30/2017  
(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. 2 (if required by ordinance)

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number: <u>21</u>	
Federal Employer Identificatic Number (FEIN):	
LICENSE REQUEST	
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 checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625.00</u>

A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) FRANKLIN D. GUSKE, SR. Home Address POB 46 W 797 MYRTLE RD Post Office & Zip Code PELL LAKE, WI 53157

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SANDAL INC. DBA - LAKE GENEVA LANES  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 192 E 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>FRANKLIN D. GUSKE, SR</u>	<u>POB 46</u>	<u>PELL LAKE, WI 53157</u>
Vice President/Member	<u>FRANKLIN D. GUSKE, JR., PAUL S. GUSKE, JARQUELYNA URBAN, MICHAEL J.</u>		
Secretary/Member	<u>ANNA C. GUSKE</u>	<u>POB 46</u>	<u>PELL LAKE, WI 53157</u>
Treasurer/Member	<u>ANNA C. GUSKE</u>	<u>POB 46</u>	<u>PELL LAKE, WI 53157</u>
Agent	<u>FRANKLIN D. GUSKE, SR</u>	<u>POB 46</u>	<u>PELL LAKE, WI 53157</u>
Directors/Managers	<u>SEE ATTACHED</u>		

C. 1. Trade Name LAKE GENEVA LANES Business Phone Number 262-248-4805  
 2. Address of Premises 192 E MAIN ST, POB 366 Post Office & Zip Code 53147 - 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, 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. LOUNGE COOLERS
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 licensee? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 12 day of May, 2016  
Sabrina M. Waswo Notary Public (Clerk/Notary Public)  
Franklin D. Guske Sr (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Sabrina M. Waswo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires 7-20-2019  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-12-2016</u>	Date reported to council/board <u>6-13-16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Sandal Inc. DBA LAKE GENEVA LANES  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Lake Geneva Lanes  
(trade name)

located at 192 E Main St. Lake Geneva WI 53147

appoints FRANKLIN D. GUSKE SR  
(name of appointed agent)

W 797 MYRTLE RD PELL LAKE, WI 53157  
(home address of appointed agent)

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

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

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

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

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

For: Franklin D Guske Sr  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, FRANKLIN D. GUSKE, hereby accept this appointment as agent for the  
(print/type agent's name)

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

Franklin D Guske Sr 5/12/2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
W 797 MYRTLE RD PELL LAKE WIS Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-27-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

16 Bowling Lanes

Locker Room

Cleaning Closet

Liquor Store Room

Men's Restroom

Women's Restroom

Pro Shop

Game Room

1st Floor Lounge

Bar

Counter

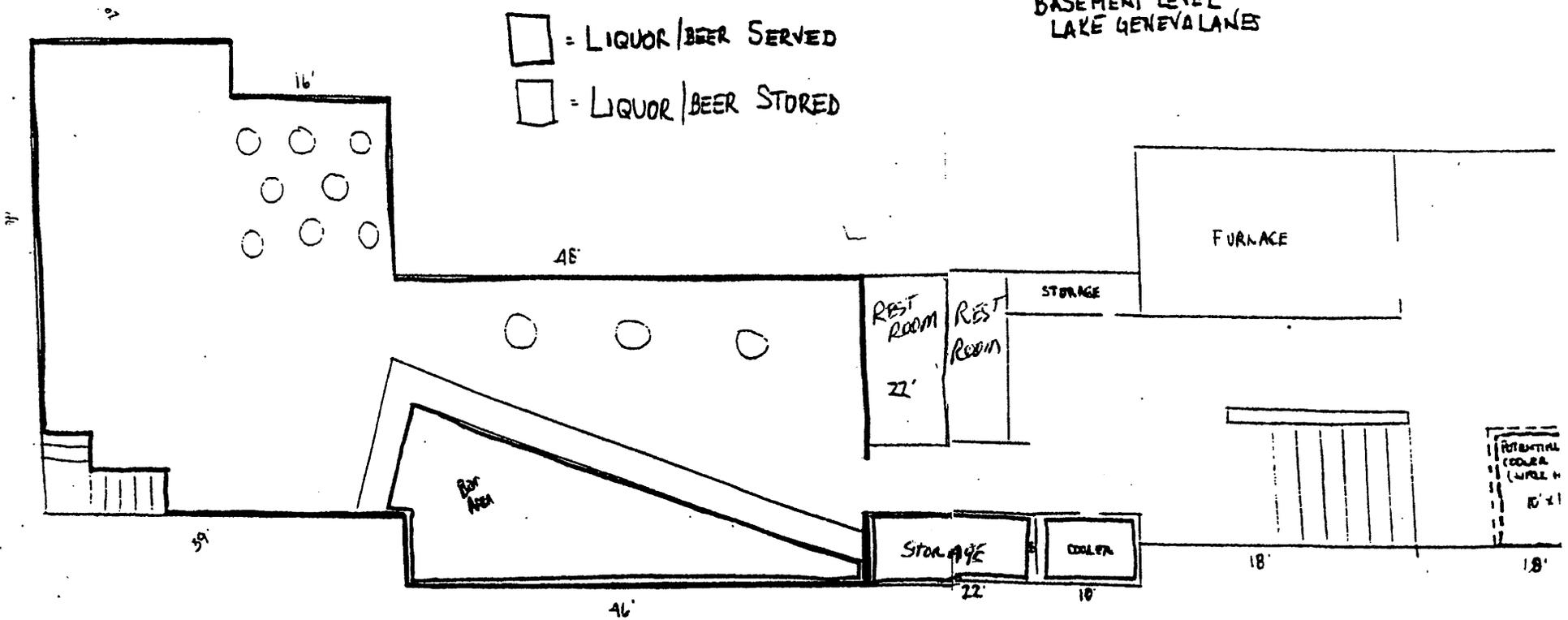
Kitchen

Office

BASEMENT LEVEL  
LAKE GENEVA LANES

☐ = LIQUOR / BEER SERVED

☐ = LIQUOR / BEER STORED



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 SWATEK SALES CORP / SS 2 INC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 393 W. EDWARDS BLVD. LAKE GENEVA, WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>LYKE H. SWATEK</u>	<u>4873 BERNDT RD. BURLINGTON, WI</u>	<u>53105</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>LYKE H. SWATEK</u>		

C. 1. Trade Name THE RED GERANIUM RESTAURANT Business Phone Number 262-248-3637  
 2. Address of Premises 393 W. EDWARDS BLVD. Post Office & Zip Code LAKE GENEVA, WI 53147

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 07 day of July, 20 16  
Paul A. Clark  
(Clerk/Notary Public)  
 My commission expires 01/27/18

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/1/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

**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 SWATEK SALES CORP / SSZ 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  
RED GERANIUM RESTAURANT  
(trade name)

located at 393 EDWARDS BLVD. LAKE GENEVA, WI 53147

appoints LYLE H. SWATEK  
(name of appointed agent)  
2873 BERNOT RD. BURLINGTON, WI 53105  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 88 years

Place of residence last year 2873 BERNOT RD. BURLINGTON, WI 53105

For: SWATEK SALES CORP / SSZ INC.  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, LYLE H. SWATEK  
(print/type agent's name), hereby accept this appointment as agent for the

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

[Signature] 5-11-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

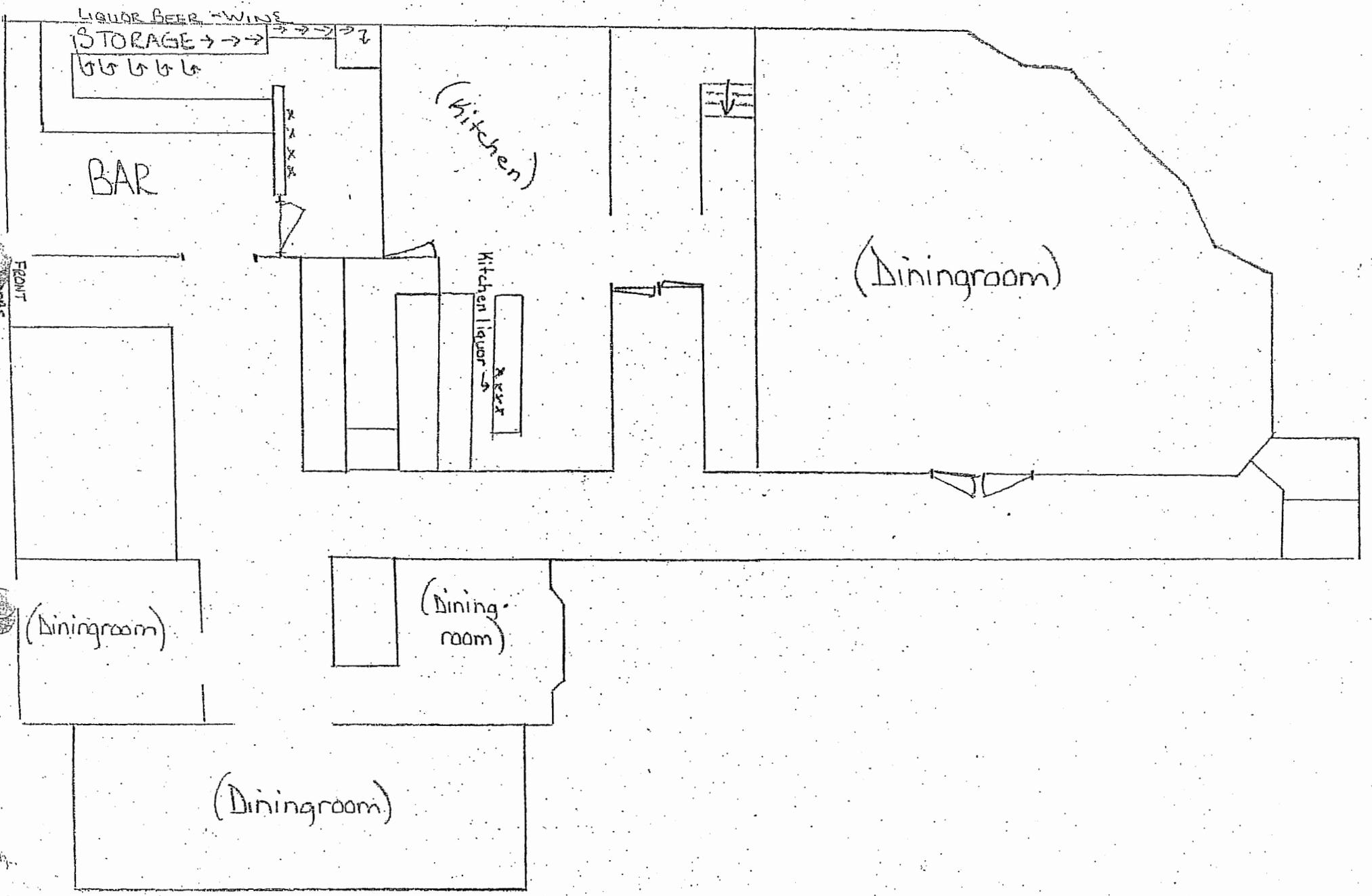
2873 BERNOT RD. BURLINGTON, WI 53105 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

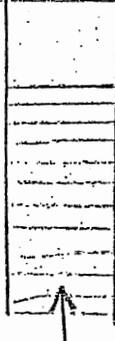
# Red Geranium Main Level (1st Floor)



# 11ed Geranium Basement

Cooler for Bottled Beer  
\* Beer \* Wine  
Kegs (back up)

← Locked

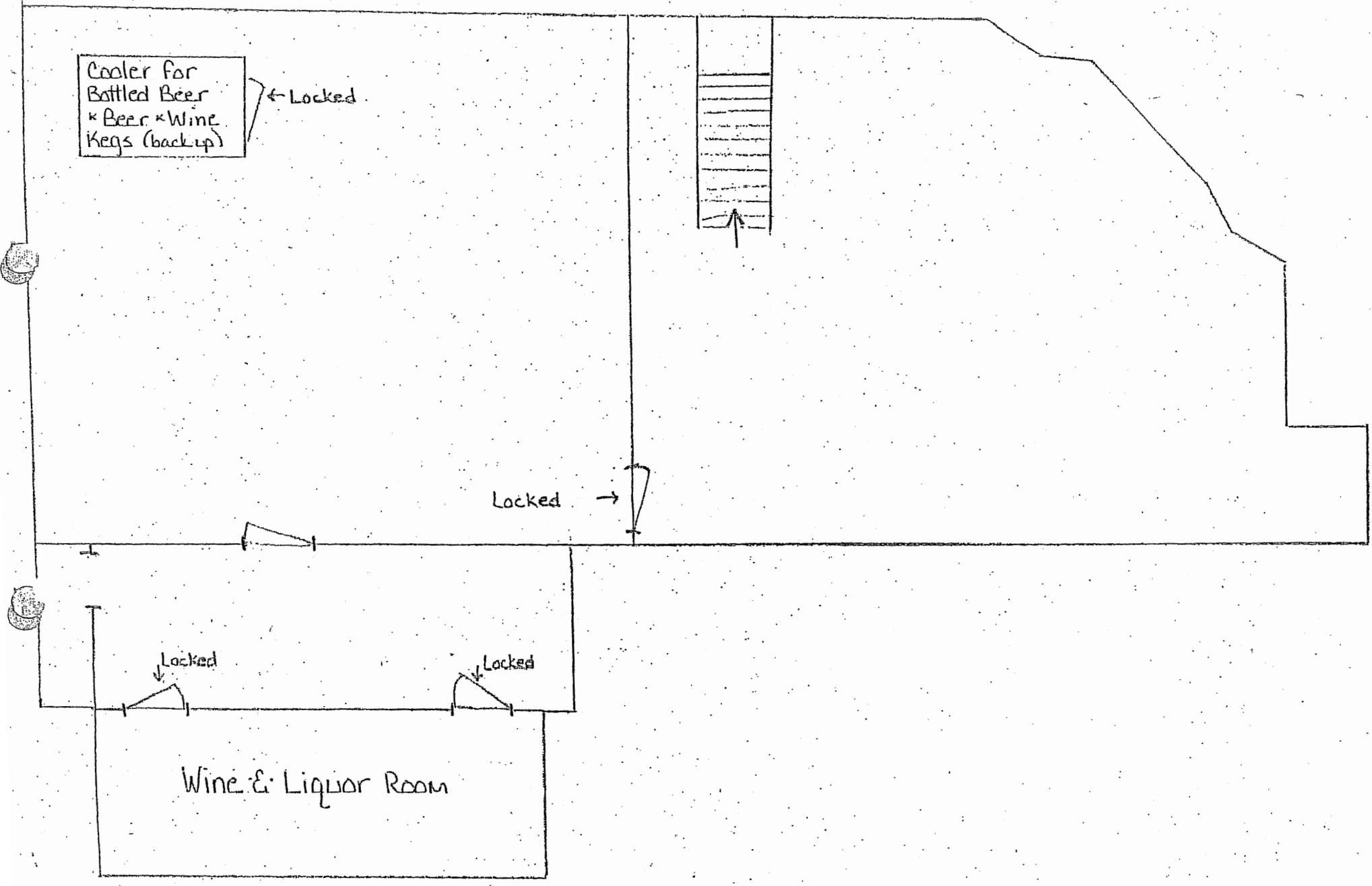


Locked →

Locked ↓

Locked ↓

Wine & Liquor Room



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(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 ▶ Harry's Cafe & Place, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 808 Main St. Lake Geneva  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code  
 President/Member JAMES CHIRONIS 1103 PARK ROW, LAKE GENEVA, WI 53147  
 Vice President/Member HARRY CHIRONIS 1723 MILLER RD, LAKE GENEVA, WI 53147  
 Secretary/Member HARRY CHIRONIS 1723 MILLER RD, LAKE GENEVA, WI 53147  
 Treasurer/Member JAMES CHIRONIS 1103 PARK ROW, LAKE GENEVA, WI 53147  
 Agent ▶ JAMES CHIRONIS 1103 PARK ROW, LAKE GENEVA, WI 53147  
 Directors/Managers

C. 1. Trade Name ▶ HARRY'S CAFE Business Phone Number 262 248 3494  
 2. Address of Premises ▶ 808 MAIN STREET, 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.) ONE STORY BRICK BUILDING @ 808 MAIN
- 5. Legal description (omit if street address is given above): restaurant, bar, basement, office, sidewalk kitchen
- 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
- 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
- 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
- 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
- 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
- 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 10th day of May, 2016  
 [Signature: Kristin L. Schaeffer] (Clerk/Notary Public)  
 [Signature: James Chironis] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 [Signature: James Chironis] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires 11/24/20 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/10/16</u>	Date reported to council/board <u>6/13/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

**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 Harry's Cafe & Place  
(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 Harry's Cafe  
(trade name)

located at 808 Main Street, Lake Geneva, WI 53147

appoints James Chironis  
(name of appointed agent)

1103 Park Row, Lake Geneva, WI 53147  
(home address of appointed agent)

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

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

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

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

Place of residence last year Lake Geneva, WI 53147

For: Harry's Cafe & Place  
(name of corporation/organization/limited liability company)

By: Harry Chironis  
(signature of Officer/Member/Manager)

And: James Chironis  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, James Chironis, 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.

James Chironis 5-4-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

\_\_\_\_\_  
(home address of agent)

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

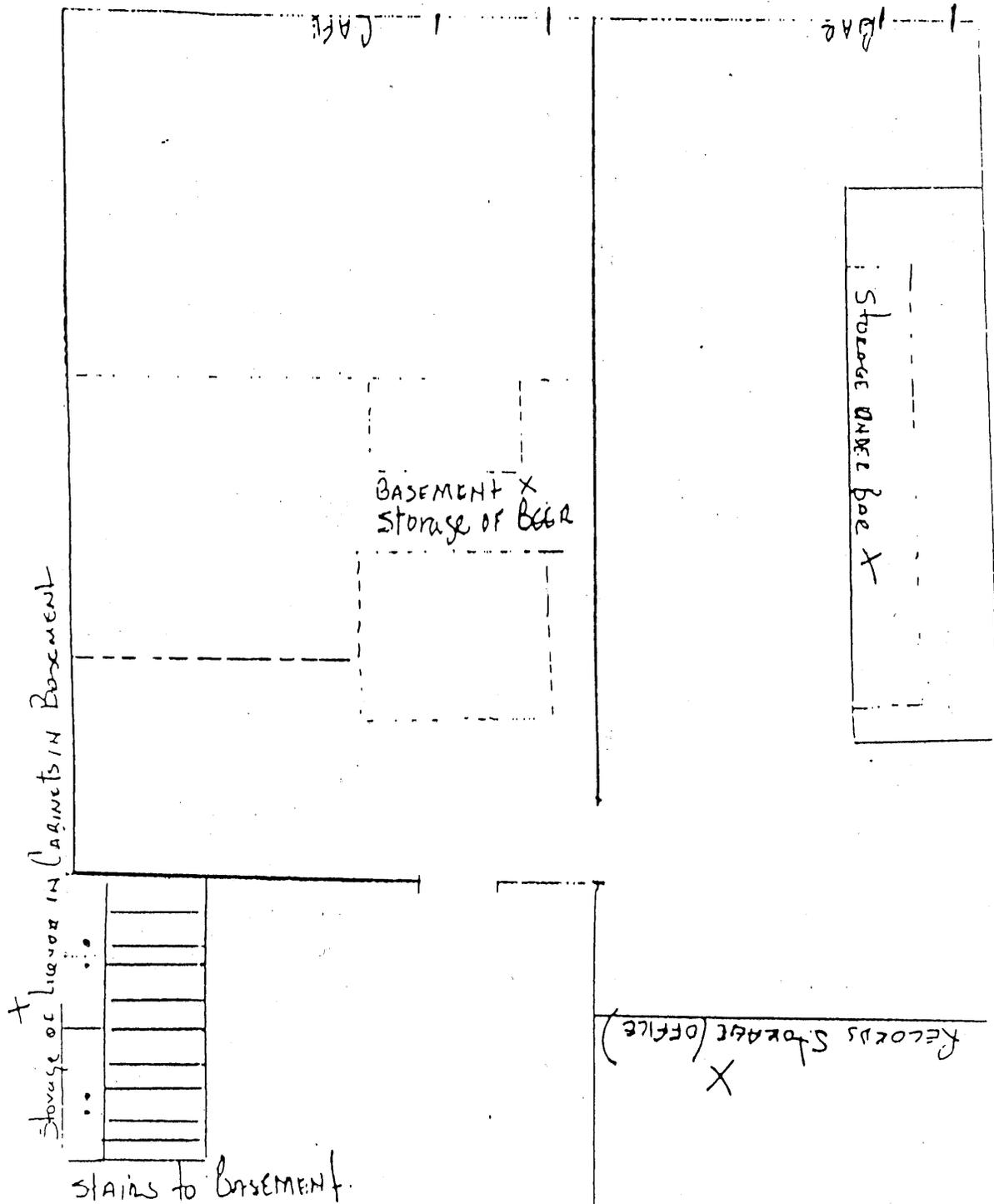
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

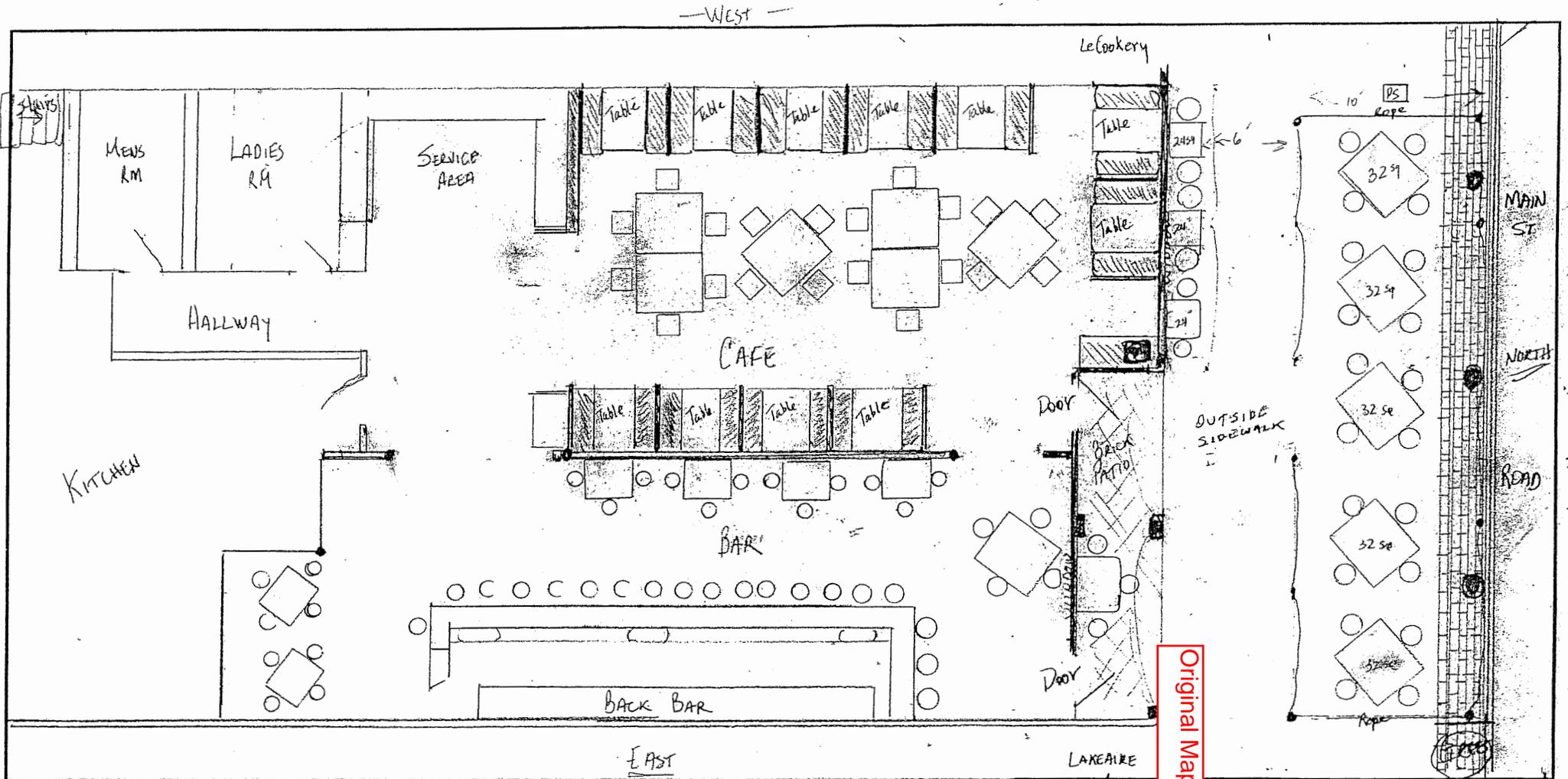
Approved on 6-6-16 by \_\_\_\_\_ Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Approximate  
Scale

# HARRY'S CAFE & PLACE, INC.

FRONT OF BUILDING





Original Map showing Sidewalk Cafe

HARRY'S		fe & Place	
SCALE:		DESIGNED BY	DRAWN BY
DATE:			
808 M		St.	
		DRAWING NUMBER	

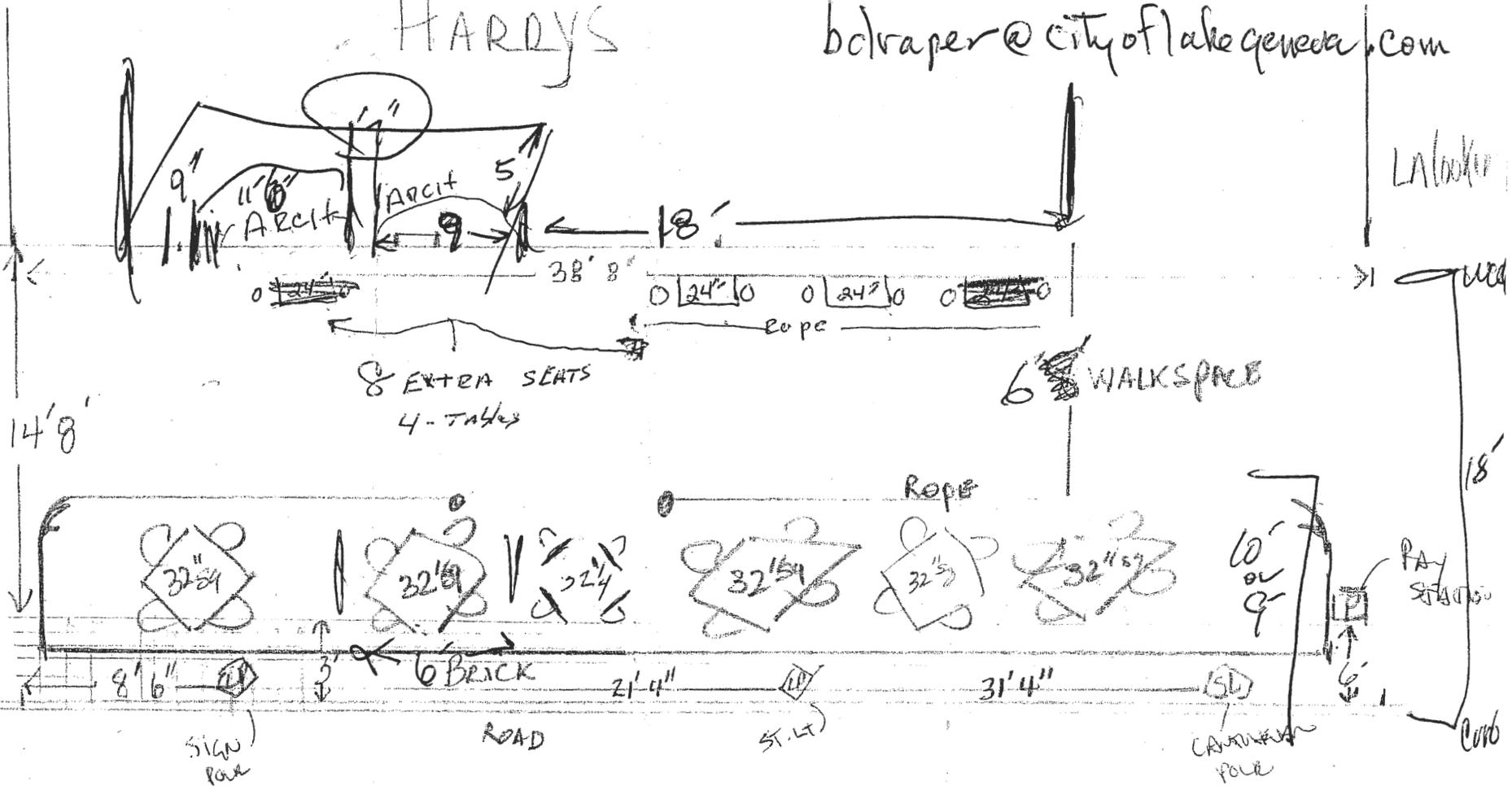
LAKE AIRE

HARDY'S

bolvaper@cityoflakegeneva.com

LA (looker)

18 FT  
FROM CURB  
TO building



Note. a bench and small Flower box would have to be moved  
 Each table will have umbrellas.

Amended Sidewalk Cafe Map -  
 Approved by Police Chief

Amended  
 Added 4 chairs  
 + 1 table  
 6/2/16

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

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	W3441 MCDONALD RD, LAKE GENEVA, WI	53147
Vice President/Member			
Secretary/Member	LINDA CHIRONIS	W3441 MCDONALD RD, LAKE GENEVA, WI	53147
Treasurer/Member	LINDA CHIRONIS	W3441 MCDONALD RD, LAKE GENEVA, WI	53147
Agent	LINDA CHIRONIS	W3441 MCDONALD RD, LAKE GENEVA, WI	53147
Directors/Managers	LINDA CHIRONIS, RANDI TOMPKINS		

C. 1. Trade Name HOGS & KISSES Business Phone Number 262-248-7447

2. Address of Premises 149 BROAD STREET, 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 STREET

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of May 2016  
Sabrina M. Waswo Notary Public  
 My commission expires 7/20/2019  
Linda Chironis Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Sabrina M. Waswo (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/2/2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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>625.00</u>

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of LAKE GENEVA County of WALWORTH  
 City

The undersigned duly authorized officer(s)/members/managers of HOGS & KISSES, 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 HOGS & KISSES  
(trade name)

located at 149 BROAD ST, LAKE GENEVA, WI 53147

appoints LINDA CHIRONIS  
(name of appointed agent)  
W3441 MCDONALD ROAD, LAKE GENEVA, WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 33 YEARS

Place of residence last year W3441 MCDONALD ROAD, LAKE GENEVA, WI 53147

For: HOGS & KISSES, INC  
(name of corporation/organization/limited liability company)  
 By: Linda Chironis, President Hogs & Kisses  
(signature of Officer/Member/Manager)  
 And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

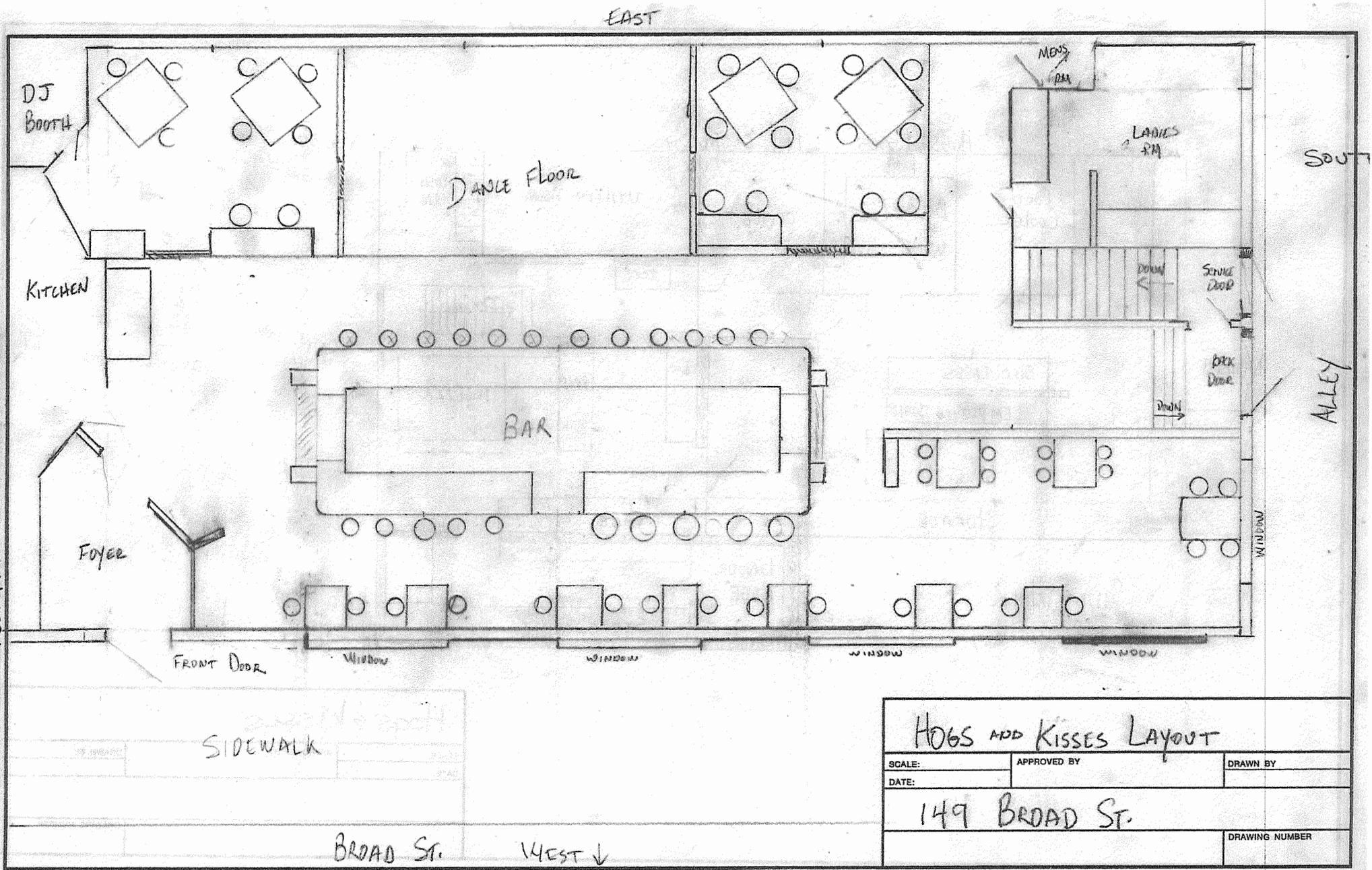
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Linda Chironis 5/1/2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
W3441 MCDONALD ROAD, LAKE GENEVA, WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

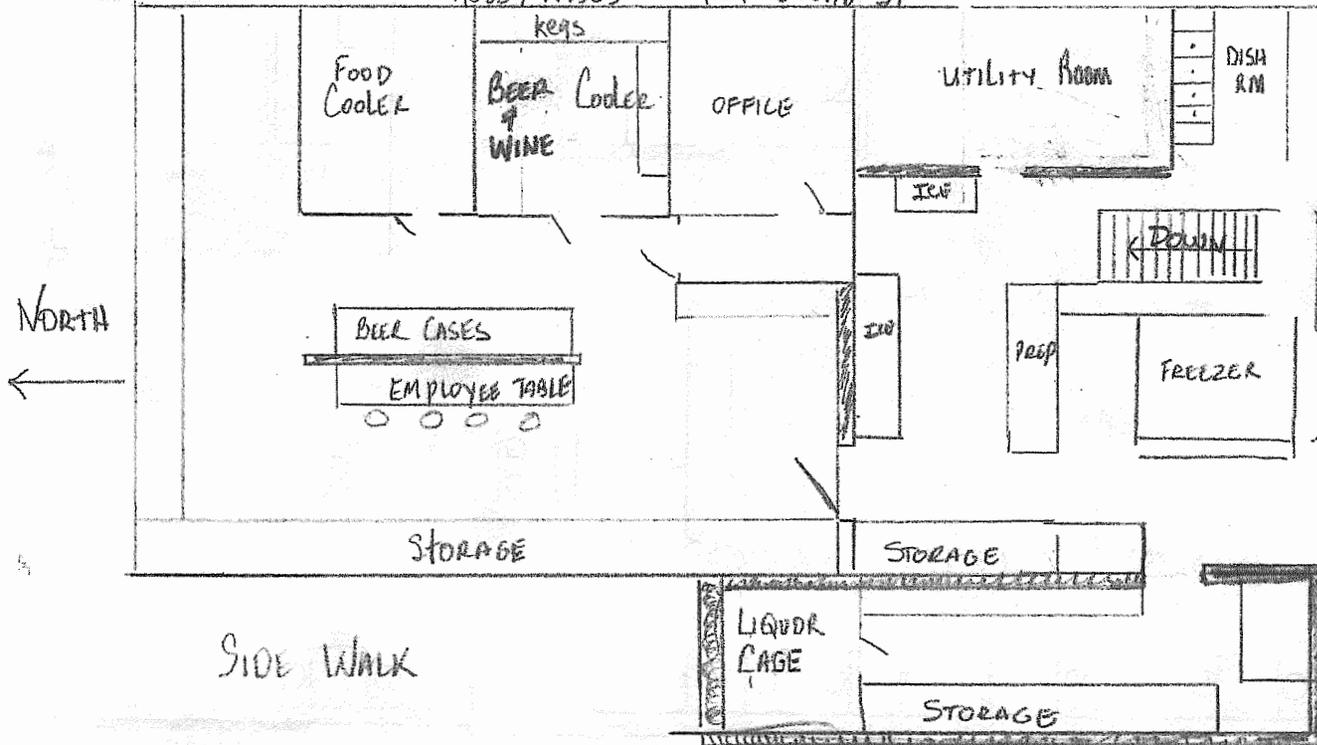
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 6-9-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



Basement on back of page

Hogs & Kisses 129 Broad St



Hogs & Kisses

SCALE:	APPROVED BY	DRAWN BY
DATE:		
		DRAWING NUMBER

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 ▶ JACKSON WINE LLC dba STUDIO WINERY

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>KATHLEEN ANN JACKSON</u>	<u>401 SHERIDAN SPRINGS RD LK GENOVA</u>	<u>53147</u>
Vice President/Member	<u>DOUGLAS ALBERT JACKSON</u>	<u>"</u>	<u>"</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>KATHLEEN A. JACKSON</u>		
Directors/Managers			

C. 1. Trade Name ▶ STUDIO WINERY Business Phone Number 262 348 9100

2. Address of Premises ▶ 401 SHERIDAN SPRINGS RD Post Office & Zip Code ▶ LAKE GENOVA 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.) LOWER LEVEL OF 401 SHERIDAN SPRINGS RD INCLUDING TASTING ROOM

5. Legal description (omit if street address is given above): SPRINGS RD INCLUDING TASTING ROOM

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 18 day of May, 2016

Sabrina M. Waswo Notary Public (Clerk/Notary Public) My commission expires 7-20-2019

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/18/2016</u>	Date reported to council/board <u>6/13/2016</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

The undersigned duly authorized officer(s)/members/managers of JACKSON WINE 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 STUDIO WINEERY  
(trade name)

located at 401 SHERIDAN SPRINGS ROAD

appoints KATHLEEN A. JACKSON  
(name of appointed agent)

401 SHERIDAN SPRINGS ROAD, LAKE GENEVA, WI  
(home address of appointed agent)

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

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

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? 54 yrs

Place of residence last year SAME AS ABOVE

For: JACKSON WINE LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

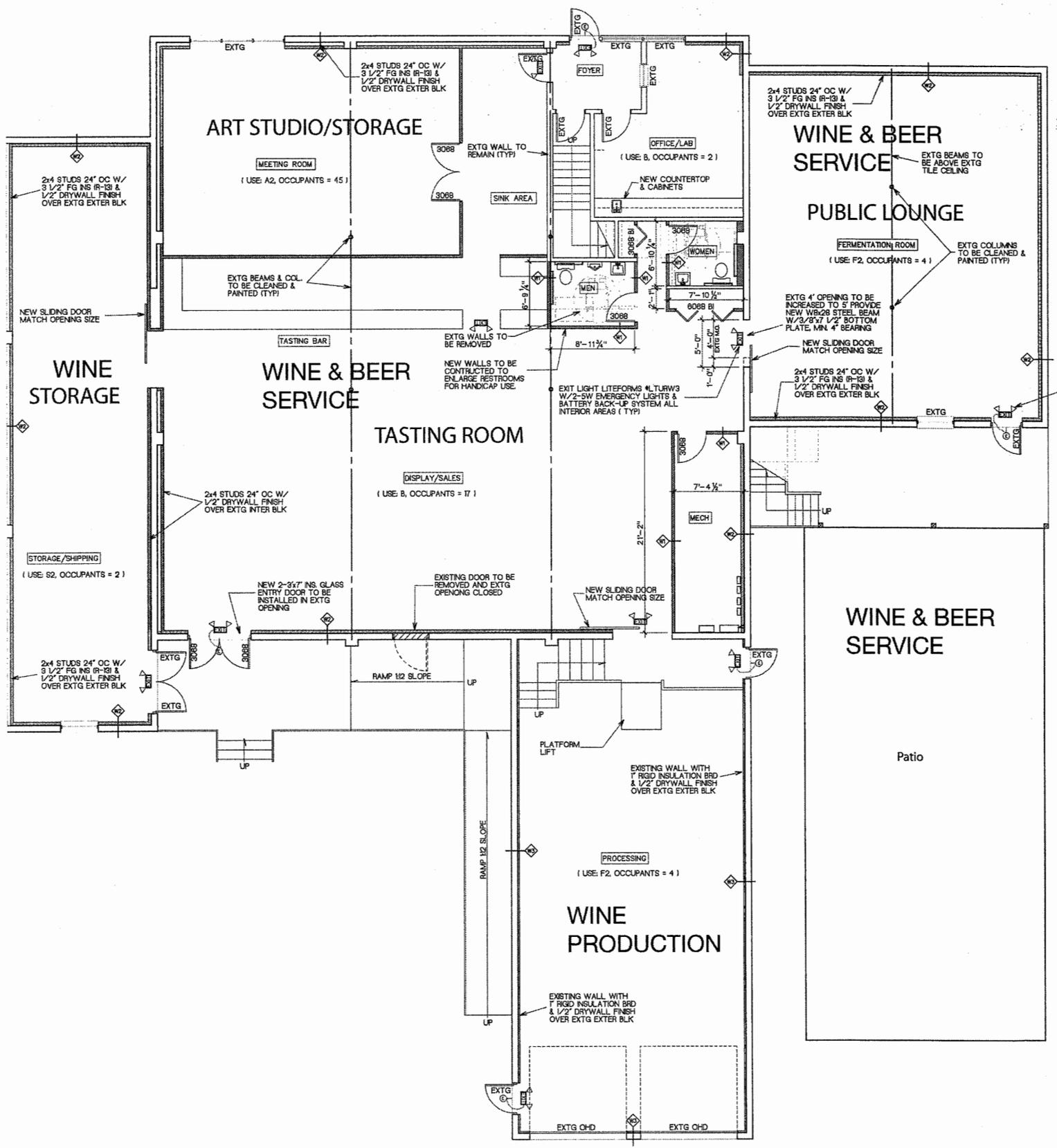
[Signature] 5-18-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

401 Sheridan Springs Rd, Lake Geneva Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 6-6-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



**ART STUDIO/STORAGE**

MEETING ROOM  
(USE: A2, OCCUPANTS = 45)

2x4 STUDS 24" OC W/  
3 1/2" FG INS (R-13) &  
1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

2x4 STUDS 24" OC W/  
3 1/2" FG INS (R-13) &  
1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

**WINE & BEER SERVICE**

**PUBLIC LOUNGE**

FERMENTATION ROOM  
(USE: F2, OCCUPANTS = 4)

2x4 STUDS 24" OC W/  
3 1/2" FG INS (R-13) &  
1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

EXTG BEAMS TO  
BE ABOVE EXTG  
TILE CEILING

EXTG COLLUMS  
TO BE CLEANED &  
PAINTED (TYP)

EXTG 4" OPENING TO BE  
INCREASED TO 5" PROVIDE  
NEW W/2x8 STEEL BEAM  
W/3/8"x7 1/2" BOTTOM  
PLATE, MIN. 4" BEARING

NEW SLIDING DOOR  
MATCH OPENING SIZE

2x4 STUDS 24" OC W/  
3 1/2" FG INS (R-13) &  
1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

**WINE & BEER SERVICE**

**TASTING ROOM**

DISPLAY/SALES  
(USE: B, OCCUPANTS = 17)

2x4 STUDS 24" OC W/  
1/2" DRYWALL FINISH  
OVER EXTG INTER BLK

STORAGE/SHIPPING  
(USE: S2, OCCUPANTS = 2)

NEW 2'-9 1/2" INS GLASS  
ENTRY DOOR TO BE  
INSTALLED IN EXTG  
OPENING

EXISTING DOOR TO BE  
REMOVED AND EXTG  
OPENING CLOSED

NEW SLIDING DOOR  
MATCH OPENING SIZE

**WINE & BEER SERVICE**

Patio

**WINE PRODUCTION**

PROCESSING  
(USE: F2, OCCUPANTS = 4)

EXISTING WALL WITH  
1" RIGID INSULATION BRD  
& 1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

RAMP 1/2 SLOPE

RAMP 1/2 SLOPE

EXISTING WALL WITH  
1" RIGID INSULATION BRD  
& 1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

EXISTING WALL WITH  
1" RIGID INSULATION BRD  
& 1/2" DRYWALL FINISH  
OVER EXTG EXTER BLK

PLATFORM  
LIFT

EXTG CHD

EXTG CHD

EXIT LIGHT LITEFORMS 4 TURW3  
W/2-SW EMERGENCY LIGHTS &  
BATTERY BACK-UP SYSTEM ALL  
INTERIOR AREAS (TYP)

NEW WALLS TO BE  
CONTRACTED TO  
ENLARGE RESTROOMS  
FOR HANDICAP USE.

EXTG WALLS TO  
BE REMOVED

EXTG WALL TO  
REMAIN (TYP)

OFFICE/LAB  
(USE: B, OCCUPANTS = 2)

NEW COUNTERTOP  
& CABINETS

SINK AREA

WOMEN

MEN

7'-10 1/2"

8'-9"

8'-11 1/2"

7'-4 1/2"

21'-2"

MECH

EXTG CHD

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 MEADIAN CORSO ASSOC.  
 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 Charles Lorenzi 1940 W. MAIN ST. Lake Geneva WI 53147  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name Bella Vista South Business Phone Number 262-248-2100  
 2. Address of Premises 335 Waukegan Dr. Post Office & Zip Code L.G. - 53147

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 13 day of May, 20 16  
Sabrina M. Neswo  
(Clerk/Notary Public)  
 My commission expires 7/20/2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/23/16</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:	
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	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500.00
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

**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 MERIDIAN Condo Assoc.  
(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 Bella Vista Suites on the shores of Lake Geneva  
(trade name)

located at 335 W. Weyler Dr

appoints Charles Lorenz  
(name of appointed agent)

1540 W. Main St. L.G. WI 53147  
(home address of appointed agent)

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

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

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? 25 year

Place of residence last year 1540 W. MAIN ST. L.G. WI 53147

For: MERIDIAN Condo Assoc. DBA Bella Vista Suites  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

[Signature] 5-13-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
1540 W. Main St. L.G. WI 53147 Date of birth, \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

# BELLA VISTA SUITES HOTEL

WRIGHTLEY DR

OUTSIDE  
PATIO

LOWER  
LOBBY

RESTROOMS

STORAGE

- SERVING AREAS
- BAR AREA
  - LOWER LOBBY AREA
  - OUTSIDE PATIO

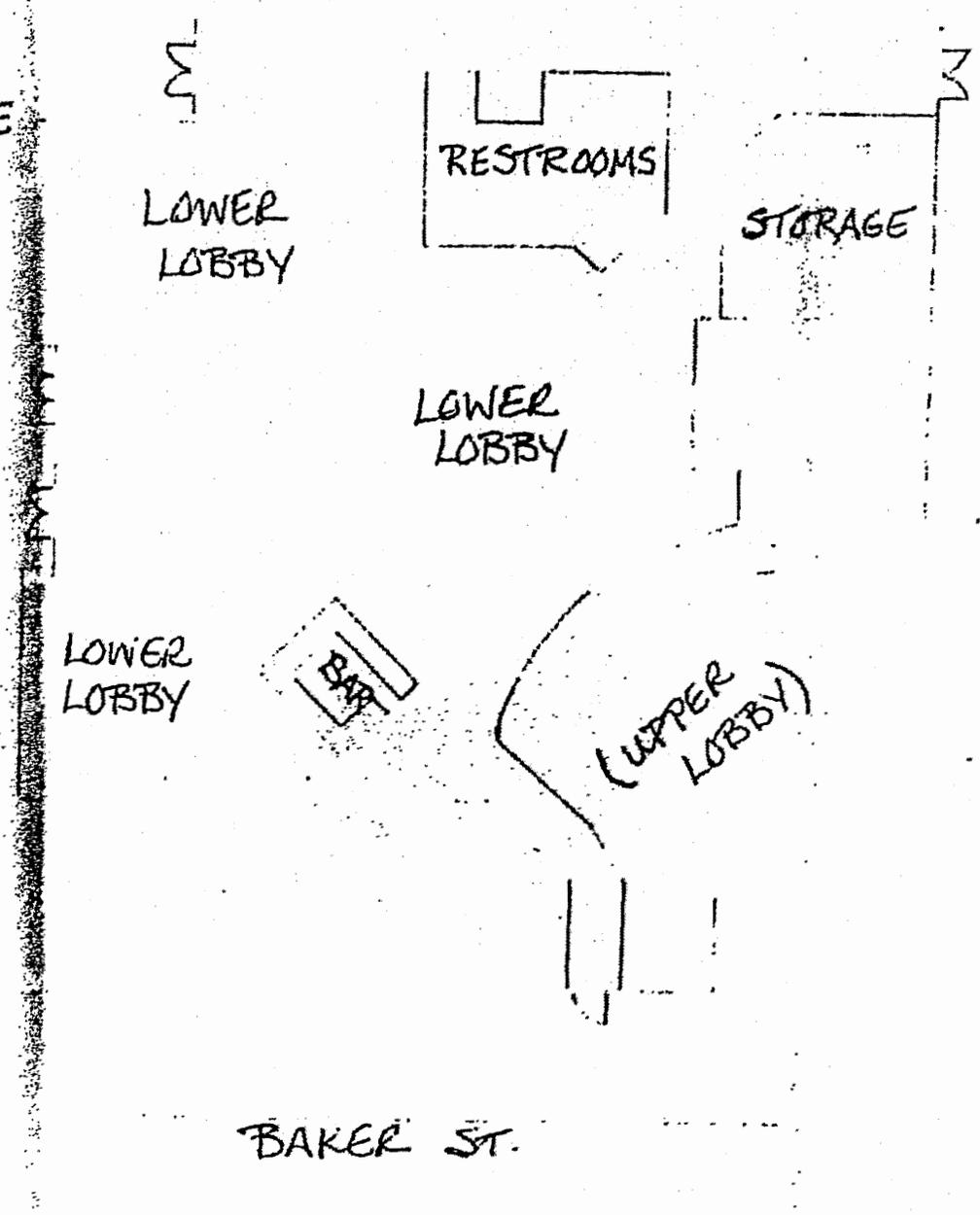
LOWER  
LOBBY

LOWER  
LOBBY

BAR

(UPPER  
LOBBY)

BAKER ST.



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 The Restaurant Tempura House LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 306 Center 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>Pai Tsung Wang</u>	<u>6654 Lake Side Rd. Lake Geneva, WI 53147</u>	
Vice President/Member	<u>Mei Bao Wang</u>	<u>- Same as above -</u>	
Secretary/Member			
Treasurer/Member			
Agent	<u>Pai Tsung Wang</u>	<u>6654 Lake Side Rd. Lake Geneva, WI 53147</u>	
Directors/Managers			

C.1. Trade Name The Restaurant Tempura House LLC Business Phone Number 262-249-8822  
 2. Address of Premises 306 Center Street, Lake Geneva Post Office & Zip Code \_\_\_\_\_

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

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

SUBSCRIBED AND SWORN TO BEFORE ME  
 this 11 day of May, 2016  
Loraine M. Wolso  
(Clerk/Notary Public)  
 My commission expires 7/20/2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/11/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input 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 checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	<b>\$ <u>625.00</u></b>

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 [X] City

The undersigned duly authorized officer(s)/members/managers of THE RESTAURANT TEMPURA HOUSE LLC (registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as THE RESTAURANT TEMPURA HOUSE LLC (trade name)

located at 306 CENTER ST. LAKE GENEVA, WI 53147

appoints Pai Tsung Wang (name of appointed agent) 6654 Lakeside Rd. Lake Geneva, WI 53147 (home address of appointed agent)

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

[ ] Yes [X] 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 [X] No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? Since 1979, 36 years

Place of residence last year 6654 Lakeside Rd. Lake Geneva, WI 53147

For: The Restaurant Tempura House LLC (name of corporation/organization/limited liability company)

By: Mei Bao Wang (signature of Officer/Member/Manager)

And: Pai Tsung Wang (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Pai Tsung Wang (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 of agent) (date) Agent's age Date of birth 6654 Lakeside Rd. Lake Geneva, WI 53147 (home address of agent)

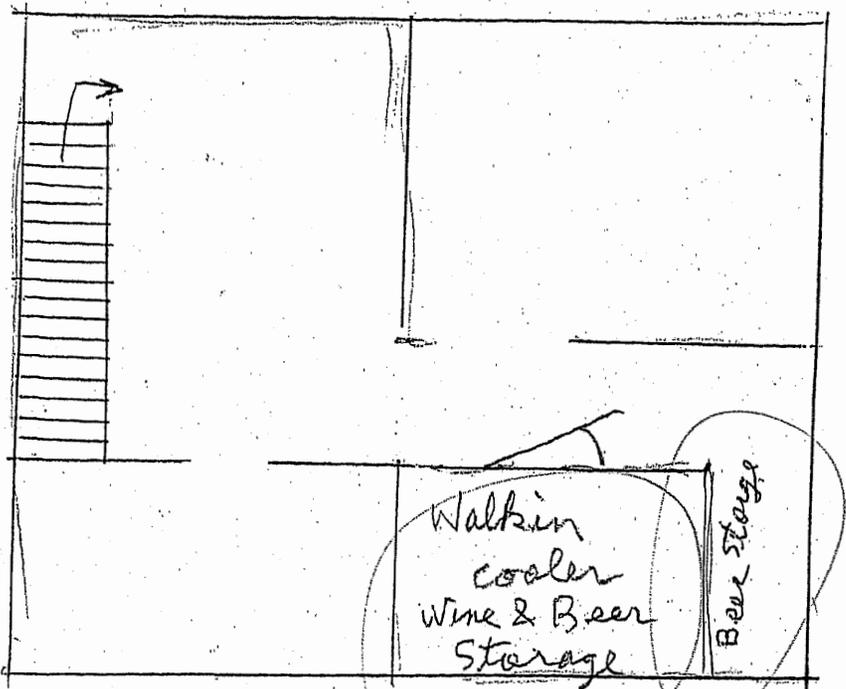
APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

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

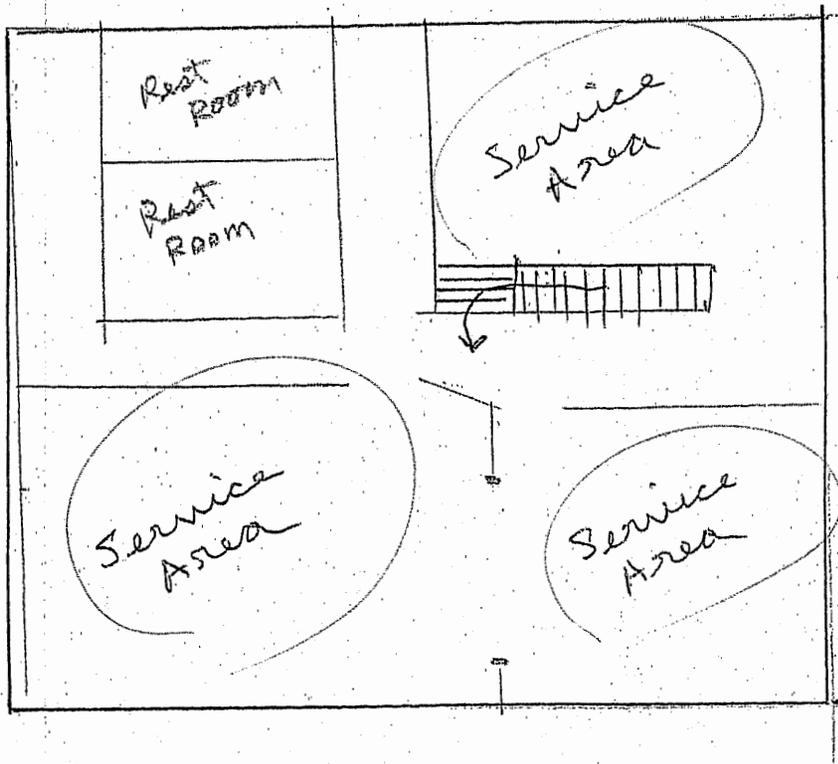
Approved on 5-20-16 by (signature of proper local official) Title Police Chief (town chair, village president, police chief)



Basement  
Storage



2nd FL -  
Service Area



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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

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>25.00</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) Home Address Post Office & Zip Code  
YOLANDA ZAWALTA NEGA 1728 STATE RD 11 BURLINGTON WI 53105

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company MARTIN S OLYMPIC RESTAURANT 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	<u>YOLANDA ZAWALTA NEGA</u>	<u>1728 STATE RD 11</u>	<u>BURLINGTON WI 53105</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>YOLANDA ZAWALTA</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name OLYMPIC RESTAURANT Business Phone Number 262 248 6341

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, brewers 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.) Storage in ONE STORE BUILDING w/ BASEMENT

5. Legal description (omit if street address is given above): RESTAURANT Back cooler by kitchen door & dining 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. DIFFERENT L.C.C.  Yes  No

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 18 day of May, 2016

Sabrina M. Waswo  
(Clerk/Notary Public)

State of Wisconsin  
 Notary Public  
 Sabrina M. Waswo

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

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

My commission expires 7-20-2019  
(Additional Partner(s)/Member/Manager of Limited Liability Company If Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-18-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Martins Olympic Restaurant LLC  
(trade name)

located at 748 W Main St, Lake Geneva, WI 53147

appoints Yolanda Zavaleta Vega  
(name of appointed agent)

w 1728 State Rd 11 Burlington, WI 53105  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 27 years

Place of residence last year Same as above

For: Martins Olympic Restaurant LLC  
(name of corporation/organization/limited liability company)

By: Yolanda Zavaleta  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

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

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

Yolanda Zavaleta 5-18-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

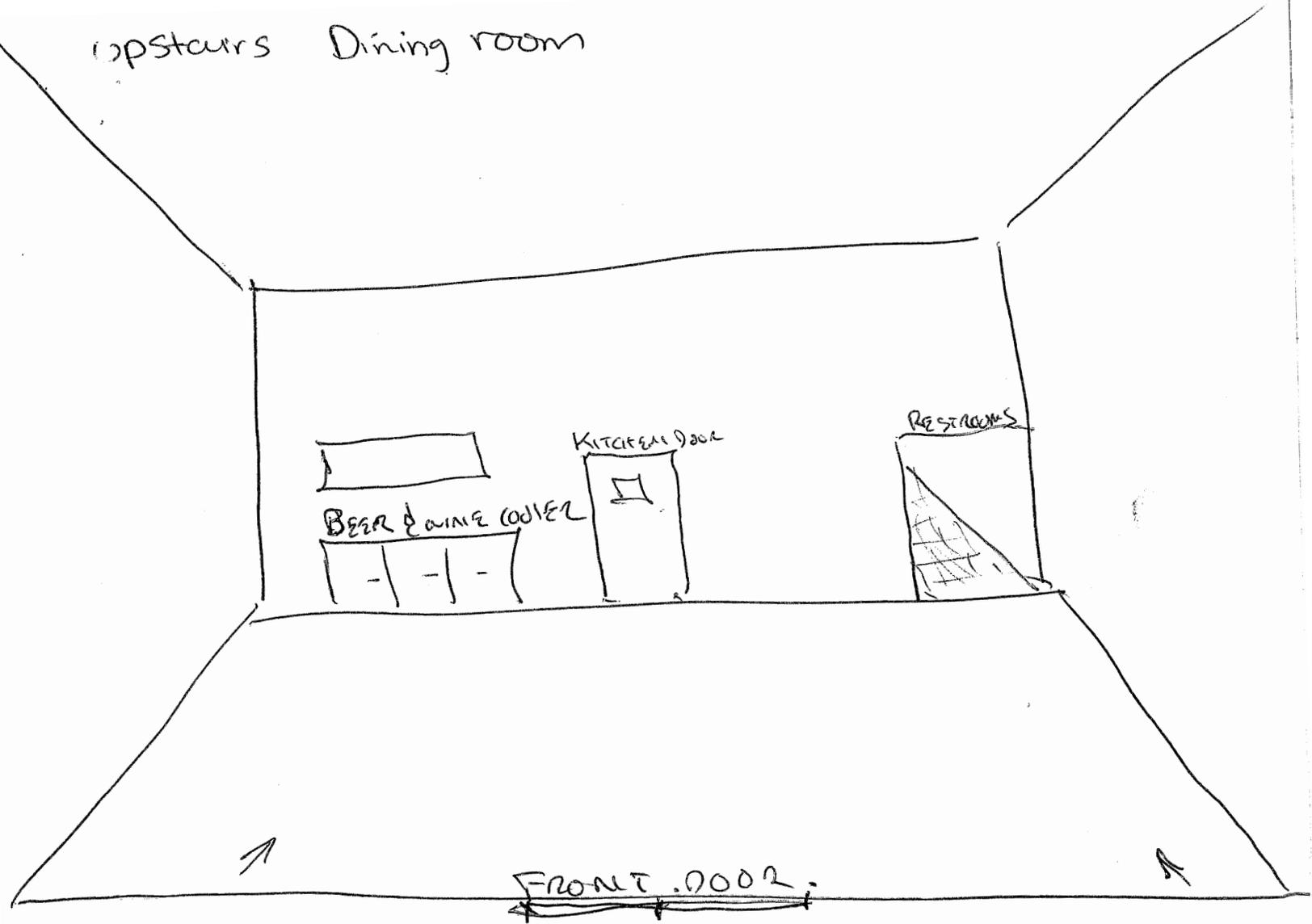
w 1728 State Rd 11 Burlington WI 53105 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

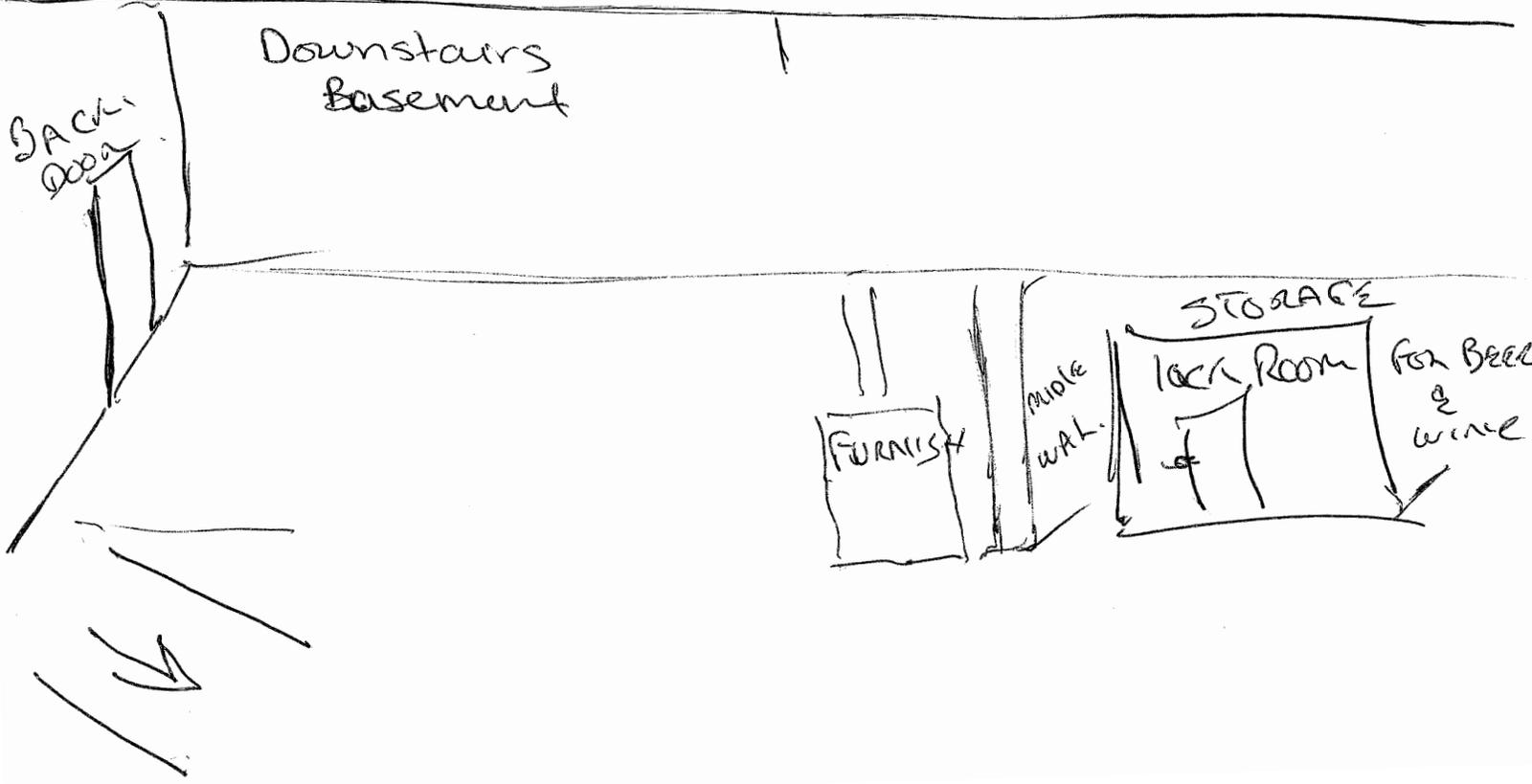
Approved on 5-18-16 by \_\_\_\_\_ Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Upstairs Dining room



Downstairs Basement

BACK DOOR



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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.:		FEIN Number:	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$	106.~	
<input checked="" type="checkbox"/> Class C wine	\$	500.00	
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	25.00	
<b>TOTAL FEE</b>	<b>\$</b>	<b>225.~</b>	

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

A. Individual or Partnership:  
**Full Name(s) (Last, First and Middle Name)** Hartz, Thomas Andrew **Home Address** 1051 Lake Geneva Blvd. **Post Office & Zip Code** Lake Geneva, WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Simple Cafe, LLC  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 1051 Lake Geneva Blvd. Lake Geneva, WI 53147  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Thomas Andrew Hartz</u>		
Vice President/Member	<u>Lori L. Hartz</u>		
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Thomas Andrew 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. - Basement, dining rm, kitchen, patio
5. Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

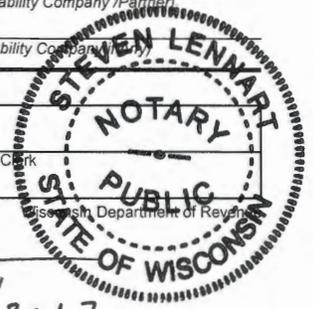
**SUBSCRIBED AND SWORN TO BEFORE ME**

this 12 day of May, 2016  
Sabrina M. Waswo Notary Public  
(Clerk/Notary Public)  
 My commission expires 7-20-2019  
Thomas Andrew Hartz Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Lori L. Hartz Corporation/Member/Manager of Limited Liability Company /Partner

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5/12/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

May 1st, 2016  
expires 10/03/2017



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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Simple Cafe  
(trade name)

located at 525 Broad St.

appoints Thomas A. Hartz  
(name of appointed agent)

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

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 years

Place of residence last year 1051 Lake Geneva Blvd, Lake Geneva, WI 53147

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

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

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

**ACCEPTANCE BY AGENT**

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

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

[Signature] 5.12.16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

1051 Lake Geneva Blvd, Lake Geneva Date of birth \_\_\_\_\_  
(home address of agent)

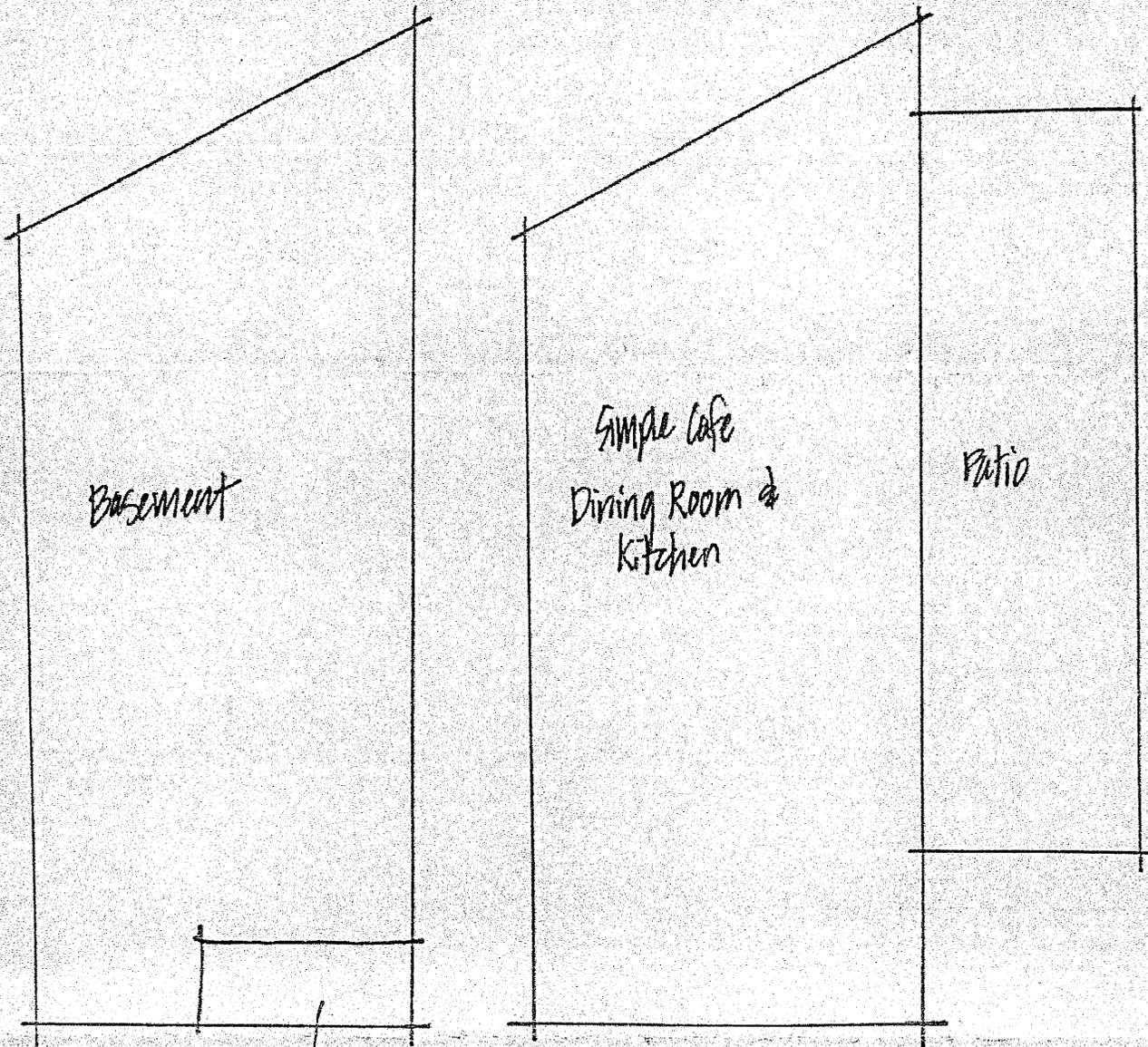
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 6.6.16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Simple Restaurant - 5755 FROM STREET

Liquor Storage and Serving Locations



Beers and Wine stored in locked cabinet.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 PH HOSPITALITY GROUP LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 2120 DENAULKEE RD, STE 200

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: WAUKESHA 53188

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

President/Member MARK DILLON 34737 ELM ST ELKHORN WI 53001

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

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

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

Agent BUTCH NOCEK

Directors/Managers MARK DILLON

C.1. Trade Name PIZZA HUT Business Phone Number 202-248-9221

2. Address of Premises 801 WILLIAM 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 RESTAURANT: BEER & WINE SELLING

5. Legal description (omit if street address is given above): DINING ROOM; STORED AT SERVER STATION & COOLER IN

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?  Yes  No

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 27th day of APRIL, 2016

Mark Dillon  
(Signature)

My commission expires 4/26/16

PH HOSPITALITY GROUP LLC  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with _____	Date reported to council/board _____	Date license granted _____
License number issued <u>51116</u>	Date license issued _____	Signature of Clerk / Deputy Clerk _____

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input checked="" type="checkbox"/> Class C wine	\$ 100.00
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 225.00</b>

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

Submit to municipal clerk.

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

Town

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as PIZZA HUT  
(trade name)

located at 801 WILLIAMS ST LAKE GENEVA

appoints BUTCH NOCEK  
(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? \_\_\_\_\_

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

For: PH HOSPITALITY GROUP LLC  
(name of corporation/organization/limited liability company)

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

And: MARK DILLON  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

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

[Signature] 5/20/16 Agent's age 44  
(signature of agent) (date)

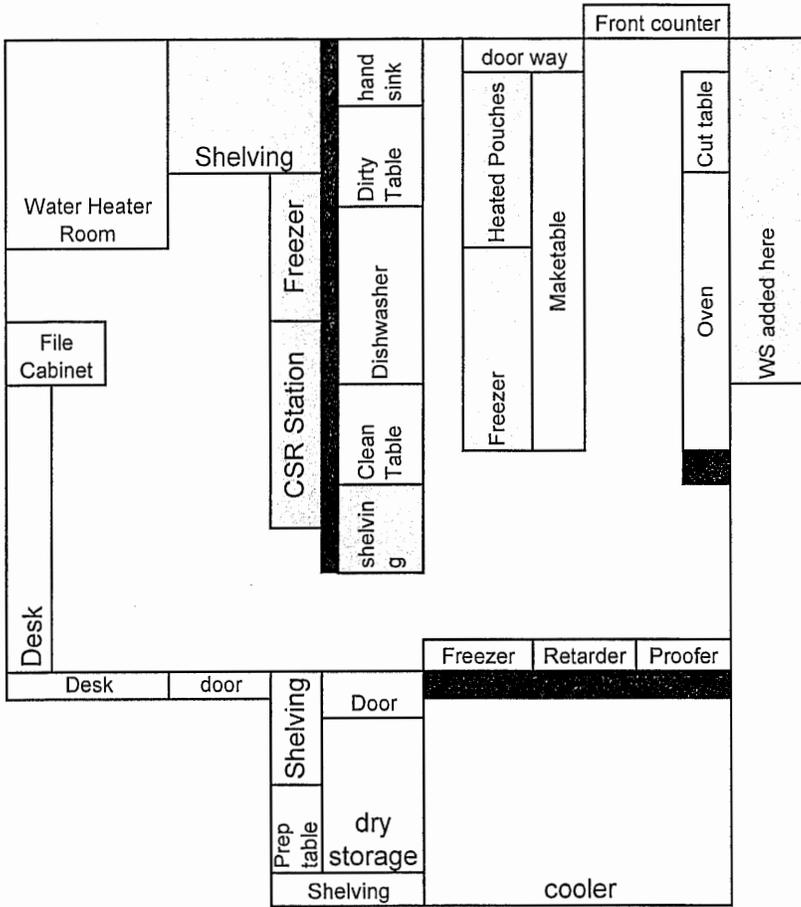
W4070 SOUTH SHORE DR LAKE GENEVA Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5/20/16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Plans are not to scale



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 Happy Restaurant  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 526 Well 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>Yong Zhong Liang</u>	<u>1118 Well St Apt 2 Lake Geneva WI 53147</u>	<u>WI 53147</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Min Ting Zhong</u>	<u>1118 Well St Apt 2 Lake Geneva WI 53147</u>	<u>WI 53147</u>

C. 1. Trade Name Happy Restaurant / Happy Cafe Business Phone Number 262 248 8181  
 2. Address of Premises 526 Well St Lake Geneva Post Office & Zip Code 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.) Refrigerator cooling and storage not back dining
- Legal description (omit if street address is given above): \_\_\_\_\_
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side  Yes  No
- b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain.  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 17 day of May 2016,  
Sabrina M. Waswo State of Wisconsin (Clerk/Notary Public)  
Sabrina M. Waswo Notary Public (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 My commission expires 7-20-2019 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-17-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

The undersigned duly authorized officer(s)/members/managers of Min Ting Zhong  
(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

HAPPY CAFE (RESTAURANT)  
(trade name)

located at 526-528 WELLS STREET LAKE GENEVA WI 53147

appoints HAPPY CAFE  
(name of appointed agent)

118 WELL ST AP2 LAKE GENEVA WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 1999

Place of residence last year 118 WELL ST AP2 LAKE GENEVA WI 53147

For: HAPPY CAFE (RESTAURANT)  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, Min Ting Zhong, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 5-8-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

118 WELL ST LAKE GENEVA WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

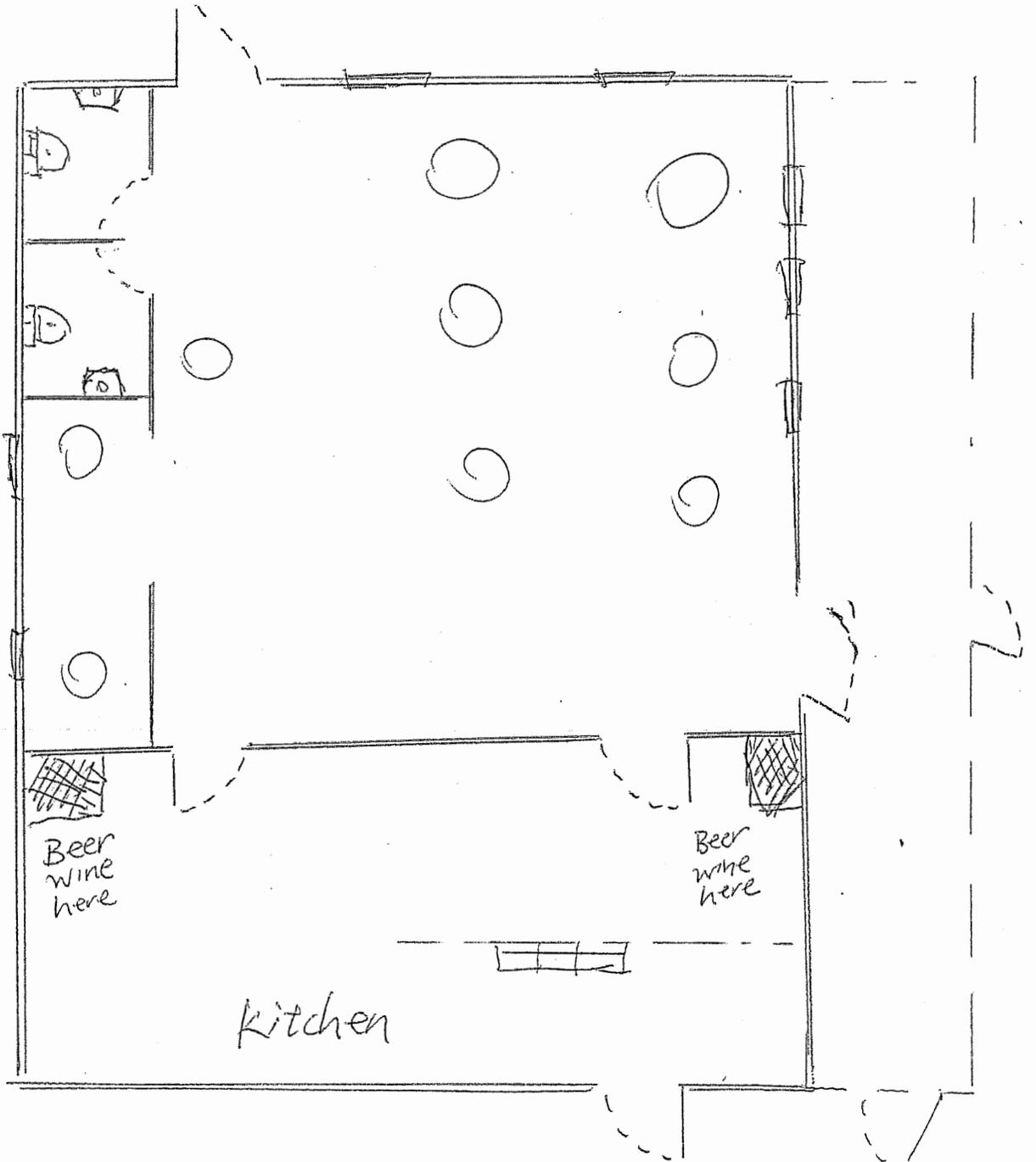
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 5-19-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

# HAPPY Cafe

526/528 Well St. Lake Geneva. WI 53147  
(262) 248-8181



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 ▶ K+B Restaurant Group 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>Kathleen Elizabeth Walker</u>	<u>279 Quail Dr.</u>	<u>Genoa City, WI 53128</u>
Vice President/Member	<u>Benjamin Wesley Wooten</u>	<u>279 Quail Dr.</u>	<u>Genoa City, WI 53128</u>
Secretary/Member	<u>David Walker</u>	<u>800 Eagles Nest Dr.</u>	<u>Hewitt, TX 76043</u>
Treasurer/Member	<u>NONE</u>		
Agent	<u>Benjamin Wesley Wooten</u>	<u>279 Quail Dr.</u>	<u>Genoa City, WI 53128</u>
Directors/Managers	<u>NONE</u>		

C. 1. Trade Name ▶ The Original Chicago Pizza Company Business Phone Number 262-248-8544

2. Address of Premises ▶ 155 Center St. Post Office & Zip Code ▶ Lake Geneva, WI 53147

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

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

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

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 16 day of May, 2016

Sabrina M. Waswo State of Wisconsin  
(Clerk/Notary Public)  
 Notary Public

My commission expires 7-20-2019  
Sabrina M. Waswo

Kathleen Walker  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Benjamin Wooten  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/12/2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of K+B Restaurant Group, LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

The Original Chicago Pizza Company  
(trade name)

located at 150 Center St.

appoints Benjamin Wesley Wooten  
(name of appointed agent)

279 Quail Dr. Genoa City, WI 53128  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2.5 years

Place of residence last year 279 Quail Dr. Genoa City, WI 53128

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

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

And: Benjamin Wooten  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Benjamin Wesley Wooten, 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.

Benjamin Wooten 5/10/126 Agent's age       
(signature of agent) (date)

279 Quail Dr. Genoa City, WI 53128 Date of birth       
(home address of agent)

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

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

Approved on 5-20-12 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Prep Room

Food Cooler

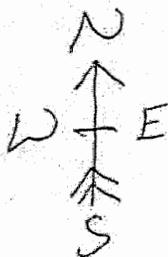
Alcohol Cooler

Office

Basement - Storage

Soda Machine  
Dispensing Unit

Freezer



Freezer

Ice Machine

Freezer

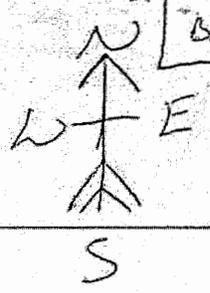
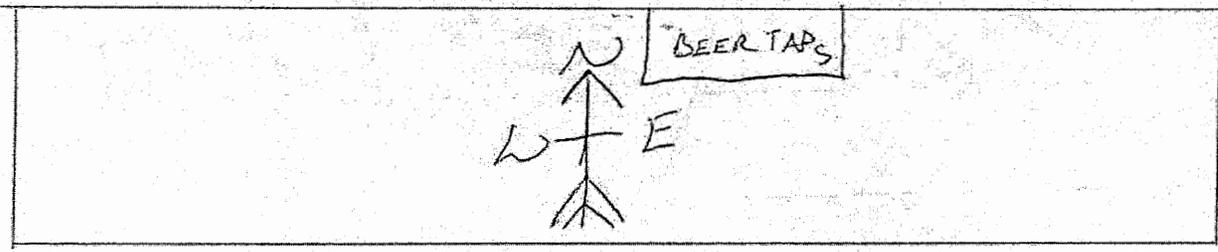
Dry Storage

Stairs  
From  
Main Floor

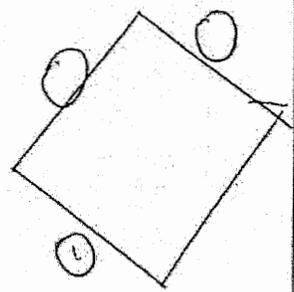
Alcohol cooler

Wine Cabinet

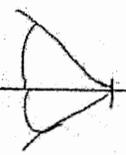
Mens Rest Room  
Womens Rest Room



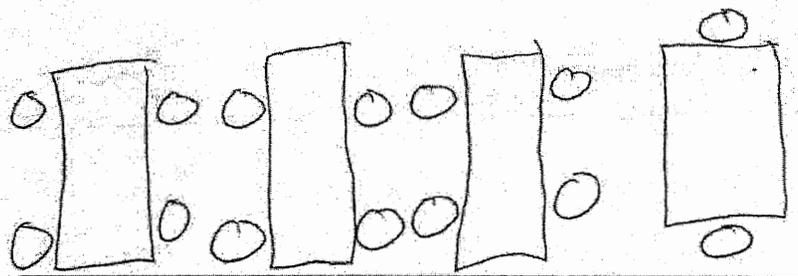
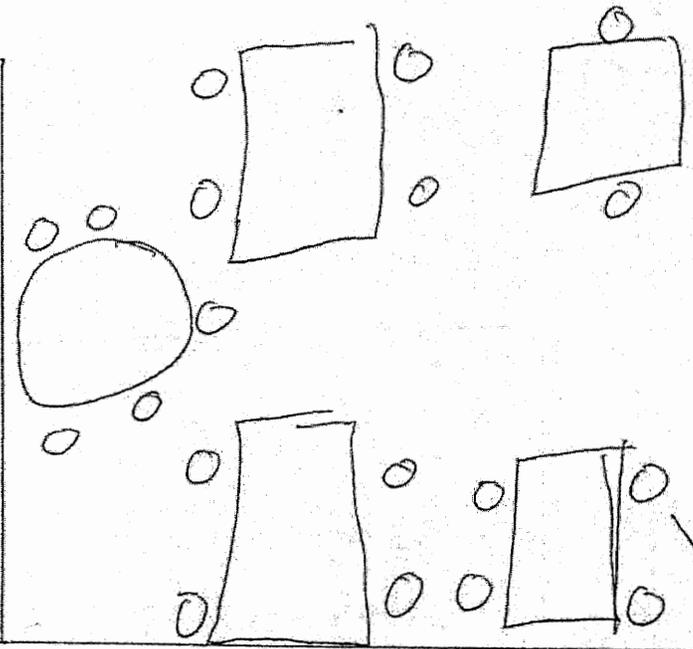
BEER TAPS



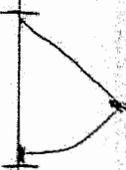
Back Door



Kitchen



Stairs to basement



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/2016 ending: 6/30/2017  
(MM DD YYYY) (MM DD YYYY)

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

County of Walworth Aldermanic Dist. No. \_\_\_\_\_ (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>100.00</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>

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  
~~SETYAU, EMMA 7276 N IROQUOIS AVE GLENVIEW WI 53217~~  
BI

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ BREWERY BEVERAGE 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>SETYAU, EMMA</u>	<u>7276 N IROQUOIS AVE GLENVIEW WI 53217</u>	
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>EMMA SETYAU</u>		
Directors/Managers			

C. 1. Trade Name ▶ GREAT EGGS Business Phone Number 262-819-4077  
 2. Address of Premises ▶ 300 CORK STREET Post Office & Zip Code ▶ LAKE GENEAU 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, KITCHEN, OUTSIDE SEATING

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

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

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

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

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

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

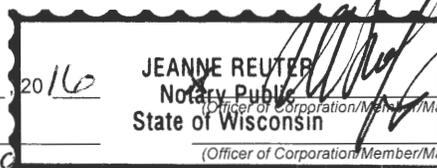
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 18<sup>th</sup> day of APRIL 2016  
Jane Kautz  
(Clerk/Notary Public)  
 My commission expires 9.28.2018



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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/19/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

To the governing body of:  Town  Village  City of LAKE GENEA County of WALWORTH

The undersigned duly authorized officer(s)/members/managers of BREAKFAST BUNGALOW 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 GREAT EGG  
(trade name)

located at 220 COOK STREET LAKE GENEA WI 53147

appoints EMMA SETYU  
(name of appointed agent)  
7246 N IROQUOIS AVE GLENDALE WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 18 YEARS

Place of residence last year 7246 N IROQUOIS AVE GLENDALE WI 53147

For: BREAKFAST BUNGALOW LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

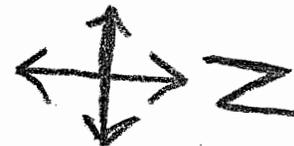
[Signature] 4-14-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
7246 N IROQUOIS AVE GLENDALE WI 53147 Date of Birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-13-16 by [Signature] Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)

# GARAGE AND DRIVEWAY

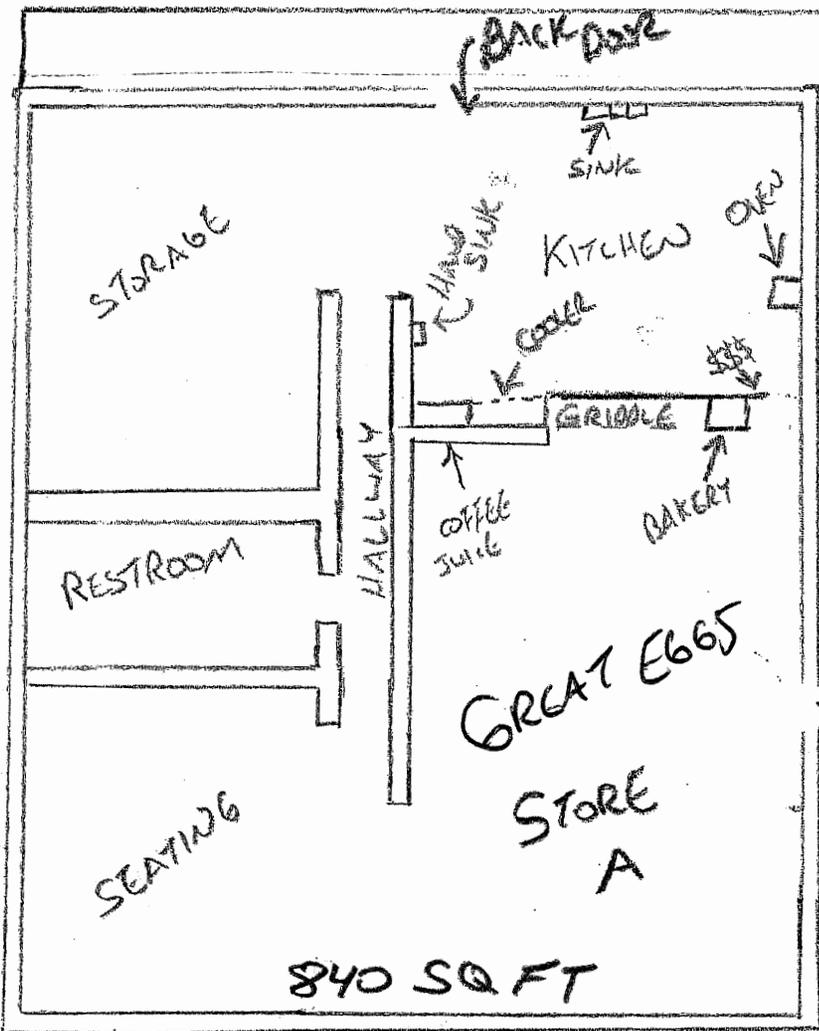


REAR OUTSIDE DOOR

BACK DOOR

HALLWAY

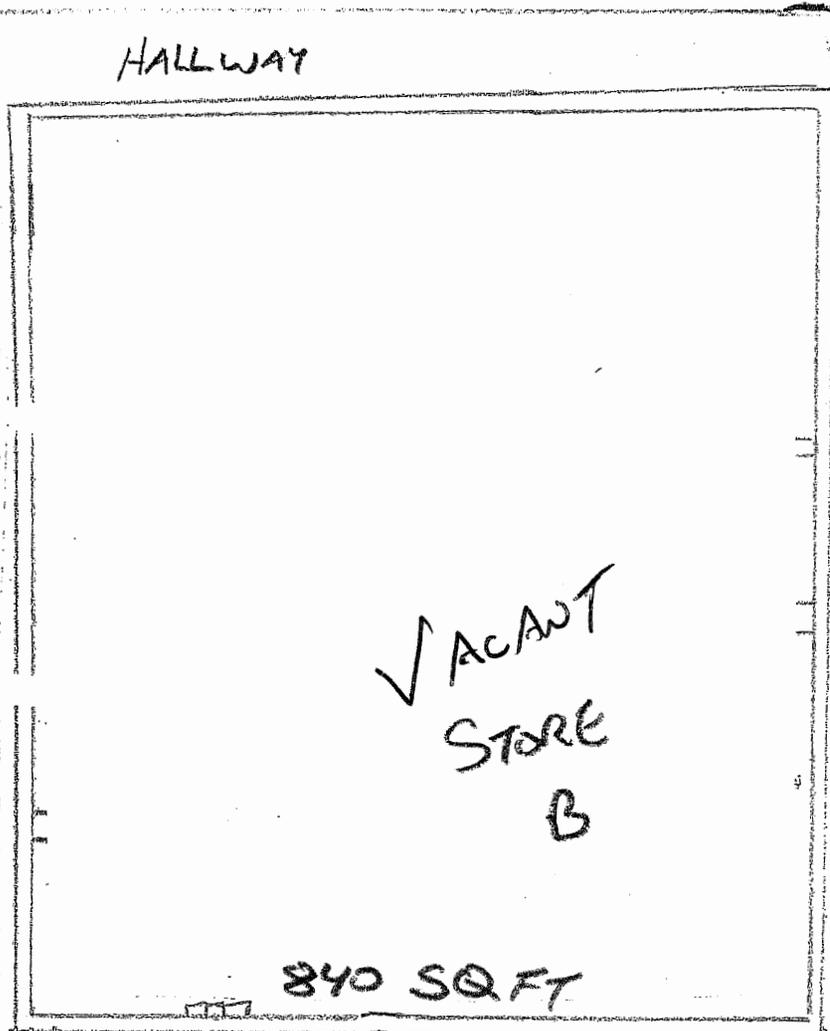
OUTDOOR SEATING ALONG BUILDING



STAIRS TO UPPER

ENTER DOOR

840 SQ FT



840 SQ FT

FIRST FLOOR  
OUTDOOR SEATING ALONG BUILDING

MAIN ENTRANCE  
FIRST FLOOR  
OUTDOOR SEATING ALONG BUILDING

COOK STREET

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 BEACHSIDE HOSPITALITY, 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 THOMAS W. TRILLA 4612 BURMAN DR., CRYSTAL LAKE, IL 60014  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent NANCY L. TRILLA 414 WAUBUN, FONTANA, WI 53125  
 Directors/Managers \_\_\_\_\_

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

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 110 Sq. Ft. Dining Room, 2 Restaurants, Hitchhike Station
5. Legal description (omit if street address is given above): SPECIAL SIDEWALK TABLES
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

### SUBSCRIBED AND SWORN TO BEFORE ME

this 2 day of May, 2016  
Gina Trilla  
(Clerk/Notary Public)  
 My commission expires 2/23/20



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

### TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/16/2016</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:
<b>LICENSE REQUESTED</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100.00</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	\$ 25.00
<b>TOTAL FEE</b>	\$ <u>225.00</u>

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of \_\_\_\_\_  
(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  
BARRIQUE WINE & BREW BAR  
(trade name)

located at 835 WRIGLEY DR., LAKE GENEVA, WI 53147

appoints NANCY L. TRILLA  
(name of appointed agent)

424 WAUBUN, FONTANA, WI 53125  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 21 yrs.

Place of residence last year 424 WAUBUN, FONTANA, WI 53125

For: BEACHSIDE HOSPITALITY, INC.  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, NANCY L. TRILLA, 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.

Nancy L Trilla 5-3-10 Agent's age \_\_\_\_\_  
(signature of agent) (date)

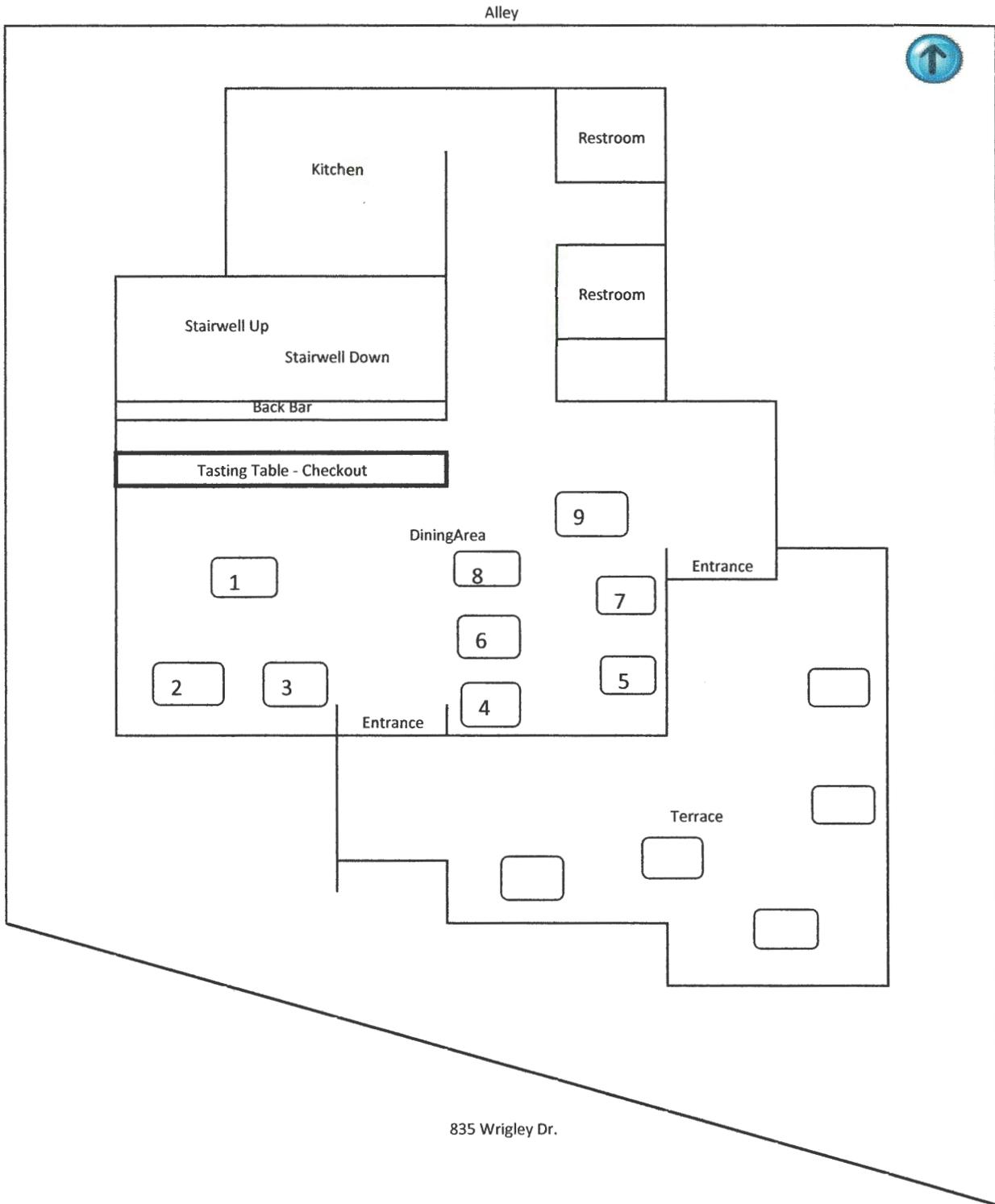
424 WAUBUN, FONTANA, WI 53125 Date of birth \_\_\_\_\_  
(home address of agent)

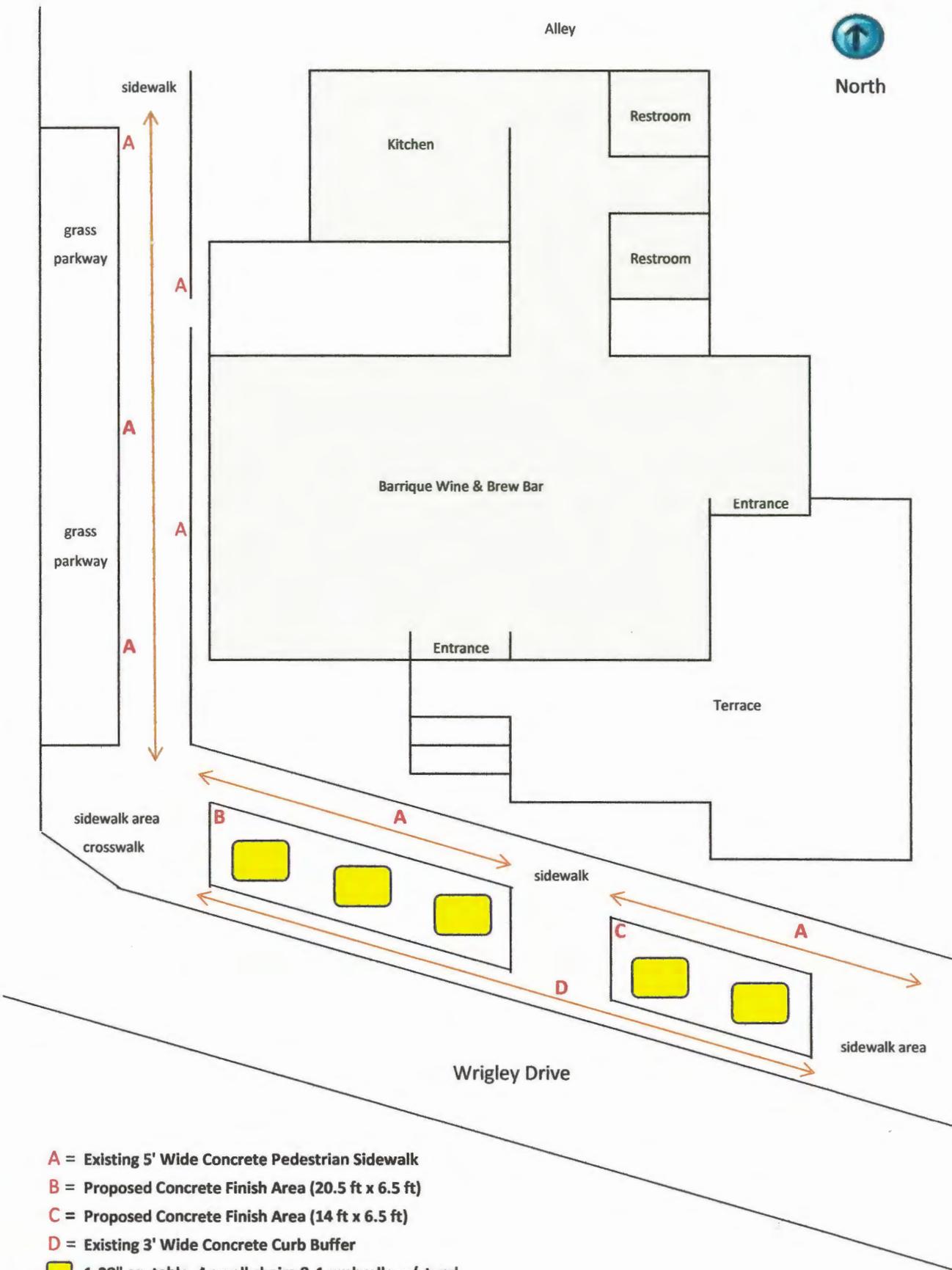
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 6-6-10 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

# Site Map





**A** = Existing 5' Wide Concrete Pedestrian Sidewalk

**B** = Proposed Concrete Finish Area (20.5 ft x 6.5 ft)

**C** = Proposed Concrete Finish Area (14 ft x 6.5 ft)

**D** = Existing 3' Wide Concrete Curb Buffer

 1-28" sq. table, 4 small chairs & 1 umbrella w/stand

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

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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) Cimino Nicolo Home Address 7208 Cornflower Way Spring Grove IL 60081 Post Office & Zip Code 60081

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Mama Cimino's  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 131 Swells 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 Nicolo Cimino 7208 Cornflower Way Spring Grove IL 60081  
 Vice President/Member \_\_\_\_\_  
 Secretary/Member \_\_\_\_\_  
 Treasurer/Member \_\_\_\_\_  
 Agent Nicolo Cimino  
 Directors/Managers \_\_\_\_\_

C.1. Trade Name Pizzeria Mama Cimino's Business Phone Number (608) 348-9077  
 2. Address of Premises 131 Swells 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.) Served in Dining Room, stored in Back 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 applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 12<sup>th</sup> day of May, 20 16  
Ronald Grum  
(Clerk/Notary Public)  
 My commission expires 10/30/17

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-12-16</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:	
<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 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>25.00</u>
<b>TOTAL FEE</b>	\$ <u>225-</u>

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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Mama Ciminis  
(trade name)  
located at 131 Swells St Lake Geneva

appoints Nicolo Cimino  
(name of appointed agent)  
7208 Cornflower Way Spring Grove IL  
(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? less than 1 year

Place of residence last year 220 Shabbona Fontana WI

For: Mama Ciminis  
(name of corporation/organization/limited liability company)

By: Nicolo Cimino  
(signature of Officer/Member/Manager)

And: Nicolo Cimino  
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Nicolo Cimino, 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.

Nicolo Cimino 5-11-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
7208 Cornflower Way Spring Grove IL 60086 date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-27-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Front Entrance

Event Desk

Pick up

cooler

Desk

Freezer

Table

Pick up

Table

Stove

Table

Prep Table

Prep Table

Sink

Table

Pizza oven

Shelf

Bathroom

Xtra Freezer

Salad cooler

Desk

Booze cooler

Back Room

Soda Fountain

Beer cooler

Dough

Bath R

Table

Wall

Dish Room

Table

Filling

Table

Soda

Kitchen

Sink

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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.:		FEIN Number:	
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>25.00</u>	
<b>TOTAL FEE</b>	\$	<u>225.00</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
<u>Strenger, Samantha</u>	<u>721 Geneva St. Lake Geneva, WI 53147</u>	<u>53147</u>
<u>Smithy, Bolayn</u>	<u>1668 Brandi St. Lyons WI 53148</u>	<u>53148</u>

### B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Good Vibes LLC

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Samantha Strenger</u>	<u>721 Geneva St. Lake Geneva, WI 53147</u>	<u>53147</u>

### C. 1. Trade Name ▶ Good Vibes Business Phone Number (262) 203-5416

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.) First floor restaurant area, 2nd floor eat room, outdoor seating, locked basement storage.

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

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of May, 2016

Sabrina M. Wauer  
(Clerk/Notary Public)

My commission expires 7/20/2019

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/12/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Good Vibes 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 Good Vibes  
(trade name)

located at 234 Broad Street

appoints Samantha Strenger  
(name of appointed agent)

721 Geneva St. Lake Geneva, WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 13 years

Place of residence last year 721 Geneva Street Lake Geneva, WI 53147

For: Good Vibes LLC  
(name of corporation/organization/limited liability company)

By: Samantha Strenger  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Samantha Strenger, 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.

Samantha Strenger 5/11/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

721 Geneva Street Lake Geneva, WI Date of birth \_\_\_\_\_  
(home address of agent)

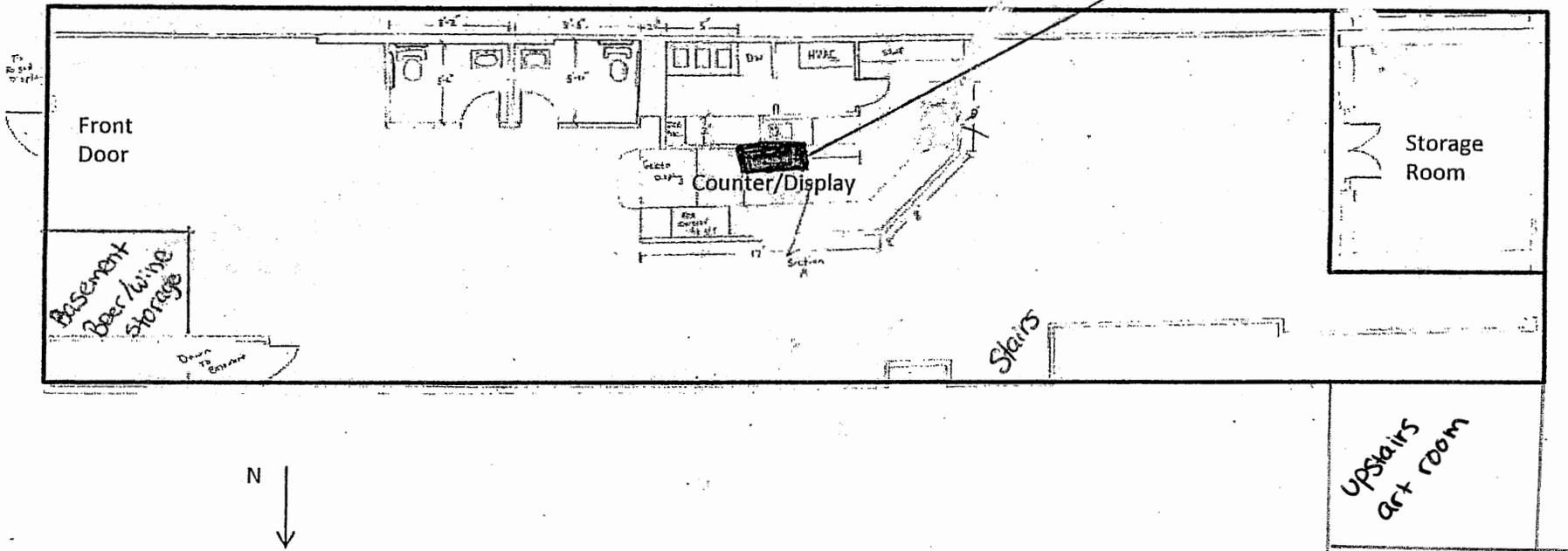
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 6-6-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Good VibeS  
234 Broad Street

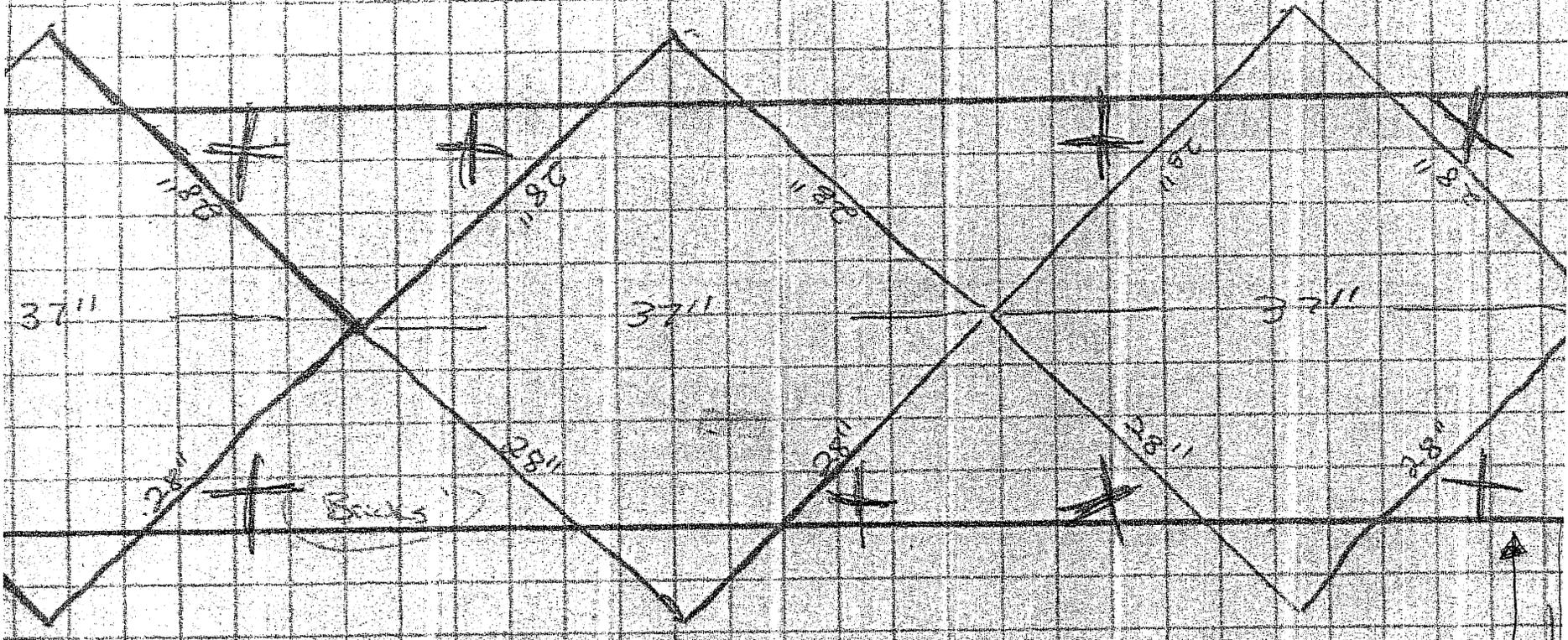
Beer and wine storage



*Handwritten notes:*  
234 Broad Street  
Good VibeS

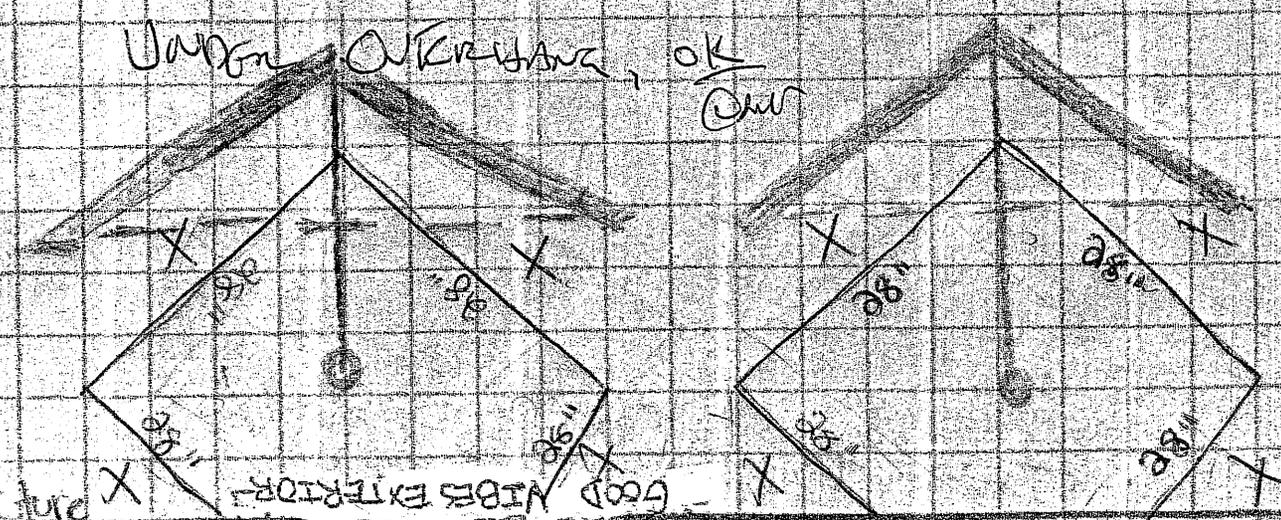
Entrance/Exit →  
 Approx. Set from table  
 Closest table

# Front Windows



UNDER OVERHANG, OK  
 Our

Assembled  
 Umbrella  
 Dimensions  
 L 55.95"  
 W 55.95"  
 H 77.08"



printed picture X

5 FOOT SIDEWALK EASEMENT

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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.:		FEIN Number:	
<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 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) Julie Selby  
Curt Selby  
 Home Address 800 N Bluespruce Cir  
 Post Office & Zip Code Hartland WI 53029

**B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Board of Brush 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 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>Julie Selby</u>		
Directors/Managers			

**C.1. Trade Name ▶ Board + Brush Lake Geneva** Business Phone Number 262-409-1639  
**2. Address of Premises ▶ 252 Center St.** Post Office & Zip Code ▶ Lake Geneva WI 53147

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1000 S. PE Studio w/ Craft tables
- Legal description (omit if street address is given above): Board + Brush Creative Studio Drinks in 2 coolers  
dry inside wall
- 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 12 day of May, 2019  
Sabrina M. Waswo (Clerk/Notary Public)  
 My commission expires 7/20/2019  
**State of Wisconsin**  
Julie Selby (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
**Notary Public**  
Sabrina M. Waswo (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>5/12/16</u>		
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of B + B Lake Geneva 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 Board & Brush Creative Studios  
(trade name)

located at 252 Center St Lake Geneva 53147

appoints Julie Selby  
(name of appointed agent)

800 N Bluespruce Cir Hartland WI 53029  
(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).  
Board and Brush LLC Hartland, WI

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 2 yrs

Place of residence last year 800 Bluespruce Cir Hartland WI

For: B + B Lake Geneva LLC  
(name of corporation/organization/limited liability company)

By: Julie Selby  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Julie Selby, 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.

Julie Selby Agent's age \_\_\_\_\_  
(signature of agent) (date)

800 N Bluespruce Cir Hartland WI 53029 Date of birth \_\_\_\_\_  
(home address of agent)

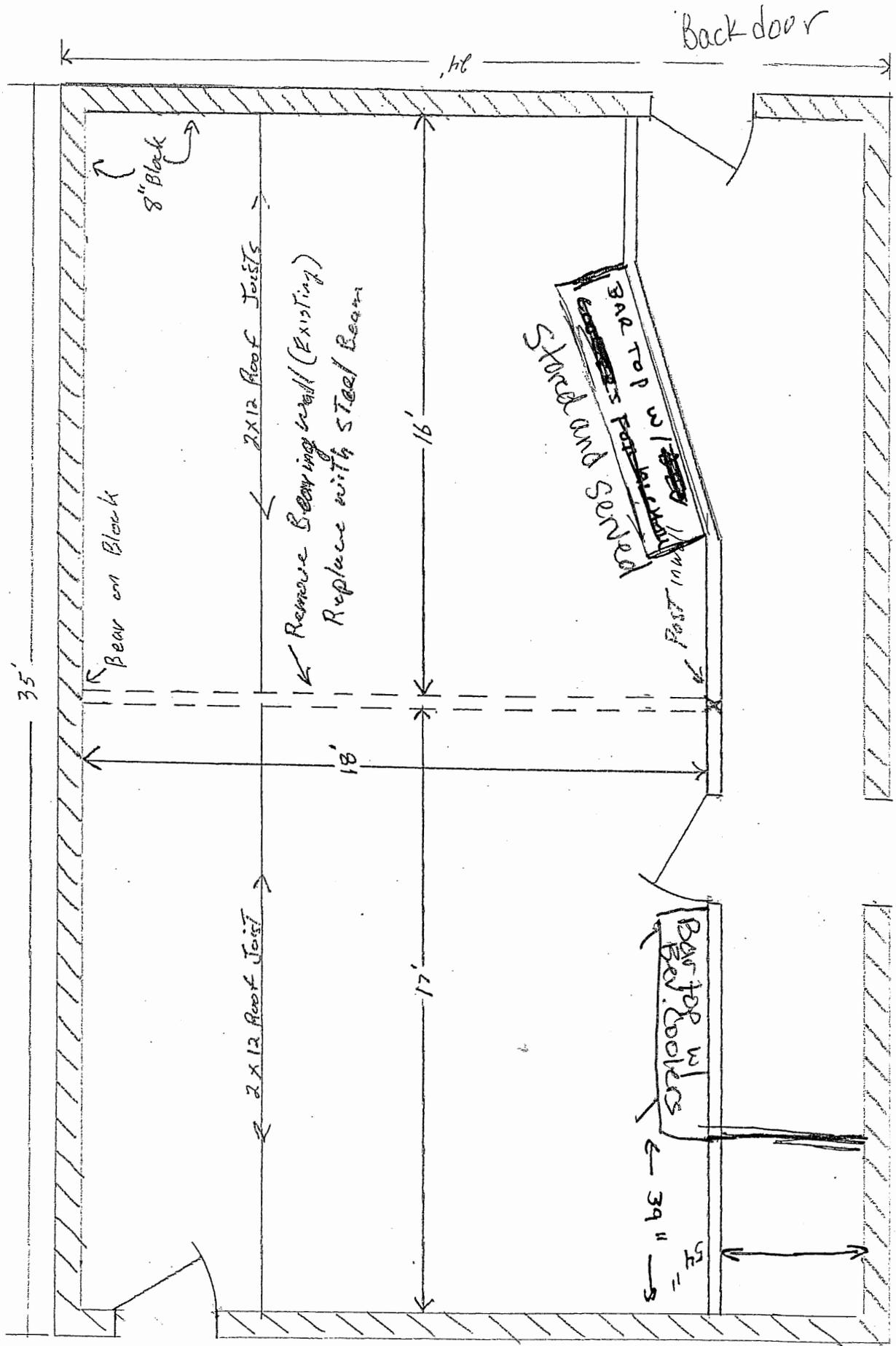
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

252 Canton Street  
LAKE Geneva Wis

Flat Roof



Front door

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

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

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Tienda El Rancho Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) 1151 Eikhorn Rd. L.G.  
 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>Gerardo Jaramillo</u>	<u>529 Spring St Lake Geneva WI</u>	<u>53147</u>
Vice President/Member	<u>Mercedes Jaramillo</u>	<u>529 11 2 11 11 11 11 11</u>	<u>11 11 11</u>
Secretary/Member	<u>11 11 11 11 11 11 11 11</u>	<u>11 11 11 11 11 11 11 11</u>	<u>11 11 11</u>
Treasurer/Member	<u>Gerardo Jaramillo</u>	<u>11 11 11 11 11 11 11 11</u>	<u>11 11 11</u>
Agent	<u>Mercedes Jaramillo</u>		

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 23 day of May, 2016  
Jabina M. Wexler  
(Clerk/Notary Public)  
 My commission expires 7-20-2019

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/23/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Tienda El Rancho 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

Tienda El Rancho Inc.  
(trade name)

located at 1151 Elkhorn Rd. Lake Geneva WI 53147.

appoints Mercedes Jaramillo.  
(name of appointed agent)

529 Spring St Lake Geneva WI 53147.  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 yrs

Place of residence last year Lake Geneva, WI

For: Tienda El Rancho Inc  
(name of corporation/organization/limited liability company)

By: Mercedes Jaramillo  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, Mercedes Jaramillo  
(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.

Mercedes Jaramillo 09-23-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

529 Spring St Lake Geneva WI 53147 Date of b: \_\_\_\_\_  
(home address of agent)

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

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

Approved on 6-6-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

EXIT  
back door

Outside Cooler  
Beer

Restaurant

Beer cooler

Hot Food

Meat cooler.

Groceries

Groceries

Groceries

Groceries

Beer cooler



Meat cooler

side door

EXIT

entrance

EXIT

Tienda el Rancho.

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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  
Sharkis, James Elior 103104 Conant St. Lake Geneva WI 53147

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BOUTAP 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>James Elior Sharkis</u>	<u>103104 Conant St.</u>	<u>Lake Geneva WI 53147</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>James R. Sharkis</u>	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name BROWN'S LIQUORS Business Phone Number 262-248-6407

2. Address of Premises 524 Broad Street Post Office & Zip Code Lake Geneva 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The entire building of 524 Broad St.

5. Legal description (omit if street address is given above): 2<sup>nd</sup> floor Retail + stored in office and 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 applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 13 day of May 2016 State of Wisconsin

Sabrina M. Waswo Notary Public  
(Clerk/Notary Public)

My commission expires 7/20/2019 Sabrina M. Waswo

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

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-13-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of BAUTAP 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 Bruno's Liquors  
(trade name)

located at 524 Broad St.

appoints James E. Shackus  
(name of appointed agent)

W3104 Conant St. Lake Geneva WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 16 yrs.

Place of residence last year W3104 Conant St.

For: BAUTAP LLC.  
(name of corporation/organization/limited liability company)

By: James E. Shackus  
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

I, JAMES E. SHACKUS, 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.

James E. Shackus 4-29-2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

W3104 Conant St. Lake Geneva WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

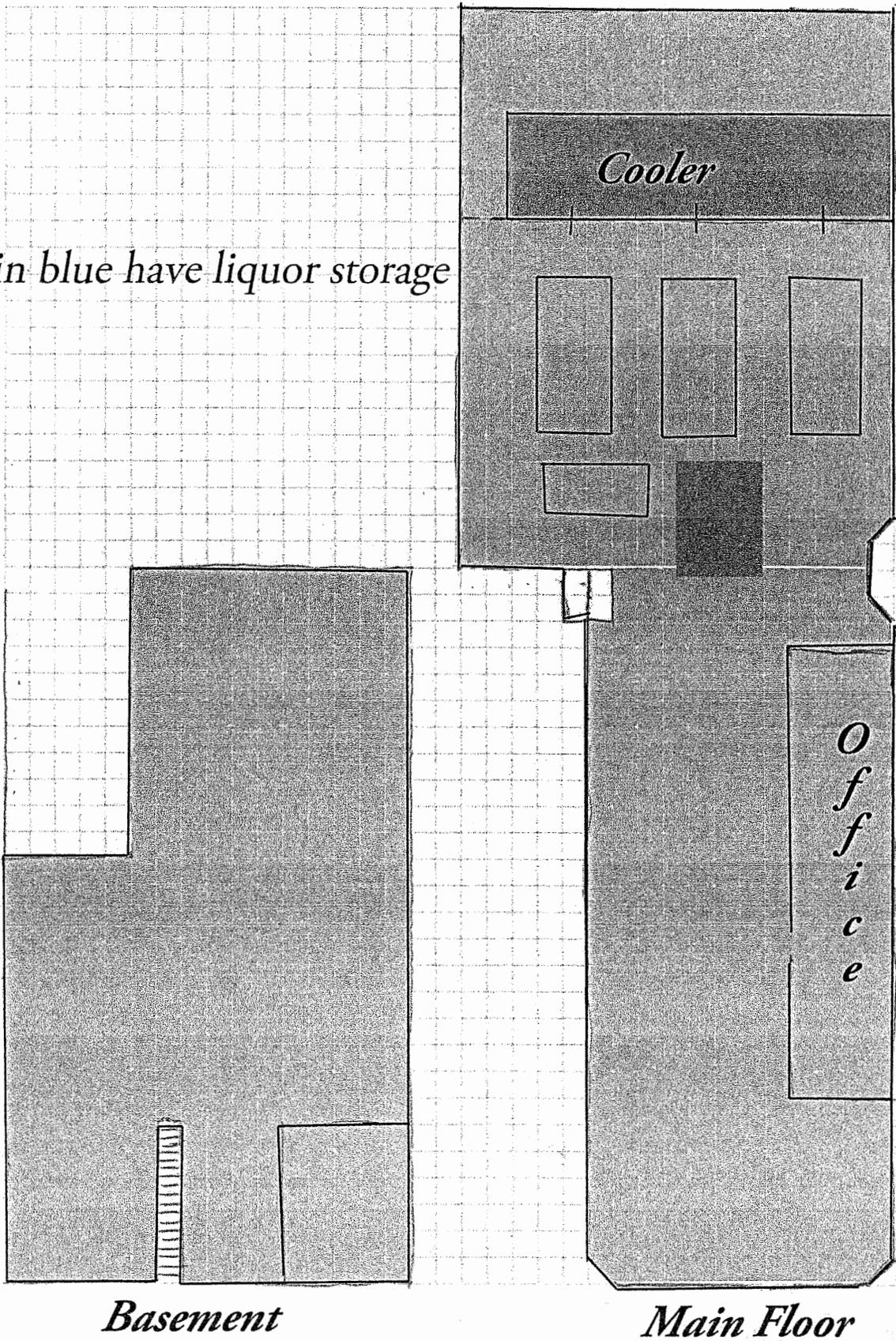
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
 (Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 5/26/16 by \_\_\_\_\_ Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

Bruno's Liquors 524 Broad Street

Areas in blue have liquor storage



Broad Street

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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** \_\_\_\_\_

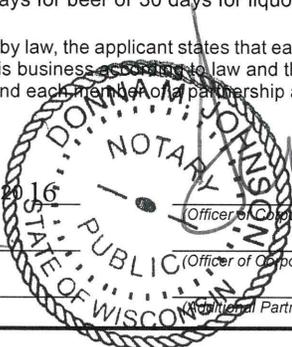
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Midwest Fuel, Inc  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 501 Interchange N Lake Geneva WI  
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:  

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>John J. Consolino</u>	<u>15260 Oregon Tr. Elk Horn, WI 53121</u>	
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>John Consolino</u>	_____	_____
Directors/Managers	_____	_____	_____

- C. 1. Trade Name ▶ Northside Mobil Business Phone Number 262-248-2910  
 2. Address of Premises ▶ 501 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.) Liquor Dept.  
 5. Legal description (omit if street address is given above): \_\_\_\_\_  
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No  
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No  
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No  
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No  
 9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No  
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No  
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 23rd day of May, 2016  
Donna M. Johnson (Clerk/Notary Public)  
 My commission expires 10-15-2018  
 \_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
 \_\_\_\_\_ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5/23/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

NORTHSIDE Mobil  
(trade name)

located at 501 Interchange N LAKE GENEOVA, WI

appoints JOHN J. CONSOLINO  
(name of appointed agent)

WS260 Aurogon Tr ELKHORN, WI 53147  
(home address of appointed agent)

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

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

Has been agent liquor for 11 years

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 23 years

Place of residence last year WS260 Aurogon Tr. ELKHORN, WI 53121

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

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

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

ACCEPTANCE BY AGENT

I, JOHN J. CONSOLINO, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 5/20/16  
(signature of agent) (date)

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

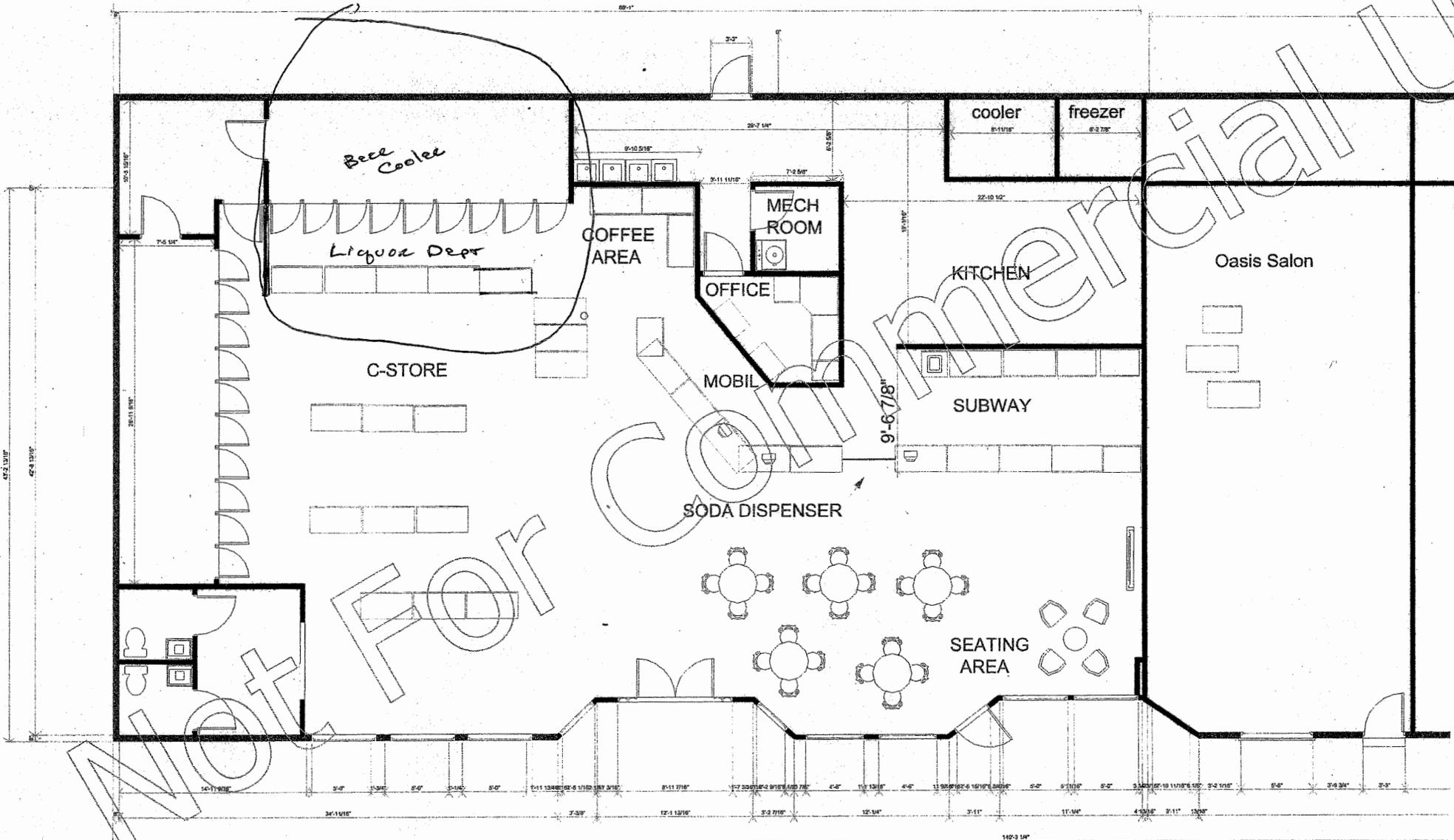
WS260 Aurogon Tr ELKHORN, WI 53121  
(home address of agent)

Date of birth \_\_\_\_\_

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

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

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



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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

LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 300.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 300.00
<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>

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 Gourlay</u>	<u>607 Longwood Ave.</u>	<u>Glencoe, IL 60048</u>
Vice President/Member	<u>Bradley Fluegel</u>	<u>11 E. Walton Street</u>	<u>Chicago, IL 60611</u>
Secretary/Member	<u>Amelia Legutki</u>	<u>130 Homewood Ave.</u>	<u>Libertyville, IL 60048</u>
Treasurer/Member	<u>Alan Nielsen</u>	<u>1268 Williamsburg Ln.</u>	<u>Crystal Lake, IL 60014</u>
Agent ▶	<u>Suzanne Tiedke, Store Manager</u>		

C. 1. Trade Name ▶ Walgreens #05600 Business Phone Number 262-248-7885  
 2. Address of Premises ▶ 351 Edwards Blvd. Post Office & Zip Code ▶ Lake Geneva, WI 53147

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, 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.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

OFFICIAL SEAL  
 OFFICE: LYLES  
 NOTARY PUBLIC  
 STATE OF WISCONSIN  
 My commission expires 08/22/18  
 NOTARY PUBLIC

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 \_\_\_\_\_ day of May, 20 16  
 (Clerk/Notary Public)

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

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

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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Walgreens #05600  
(trade name)

located at 351 N. Edwards Blvd.

appoints Suzanne Tiedke  
(name of appointed agent)

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

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

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

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

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

Place of residence last year 8029 S 61st St Franklin WI 53132

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

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

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

**ACCEPTANCE BY AGENT**

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

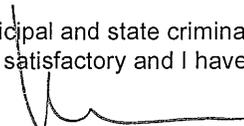
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 5/9/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

8029 S 61st St Franklin WI 53132 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by  Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(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

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	\$
<b>TOTAL FEE</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  
 ▶ Wal-Mart Stores East, LP 702 SW 8th Street, Licensing Dept 8916 Bentonville, AR 72716-0500

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

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

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

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

President/Member See List Attached

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

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

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

Agent ▶ Barbara C. Godan, 715 Tenderfoot Trail, Eagle, WI 53119

Directors/Managers See List Attached

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

2. Address of Premises ▶ 201 South Edwards Boulevard Post Office & Zip Code ▶ Lake Geneva, WI 53147

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 22 day of FEB, 20 16

[Signature]  
 (Clerk/Notary Public)

My commission expires 4/14/2025

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/19/16</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**

**Renewal Alcohol Beverage License Application**

**Response to Item C.4 - Premises Description:**

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

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

**Response to Item B:**

<u>Title</u>	<u>Name</u>	<u>Home Address</u>
President and CEO	Michael Scott Moore	65 S. Tudor Lane Rogers, AR 72758
Senior Vice President and Chief Ethics and Compliance Officer	Cynthia Petersen Moehring	2908 Red Fox Ridge Bentonville, AR 72712
Treasurer	Steven Robert Zielske	4904 S. 44th Place Rogers, AR 72758
Assistant Secretary	Amy Yvonne Thrasher	30 Watson Drive Bella Vista, AR 72714
Assistant Secretary	Andrea Marie Lazenby	808 Ireland Street Lowell, AR 72745

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

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

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

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

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

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

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

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

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

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



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

Submit to municipal clerk.

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

To the governing body of:  Town  Village of LAKE GENEVA County of WALWORTH  
 City

The undersigned duly authorized officer(s)/members/managers of WAL-MART STORES EAST, LP  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as WALMART STORE #910  
(trade name)

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

appoints BARBARA C. GODAN  
(name of appointed agent)

715 TENDERFOOT TRAIL, EAGLE, WI 53119  
(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? 31 YEARS

Place of residence last year 715 TENDERFOOT TRAIL, EAGLE, WI 53119

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

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

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

#### ACCEPTANCE BY AGENT

I, BARBARA C. GODAN, 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.

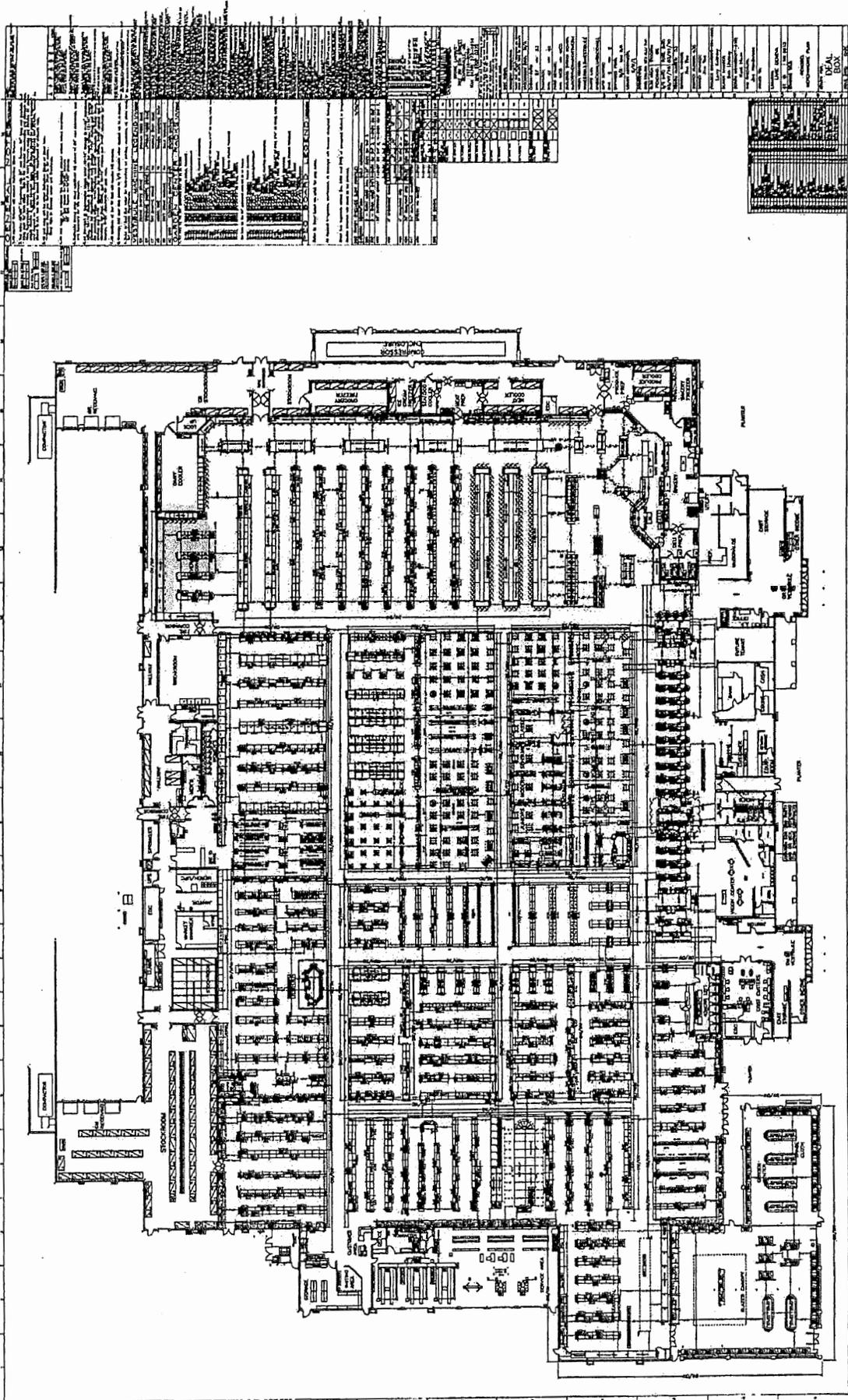
*Barbara Godan* \_\_\_\_\_ Agent's age \_\_\_\_\_  
(signature of agent) (date)

715 TENDERFOOT TRAIL, EAGLE, WI 53119 Date of birth \_\_\_\_\_  
(home address of agent)

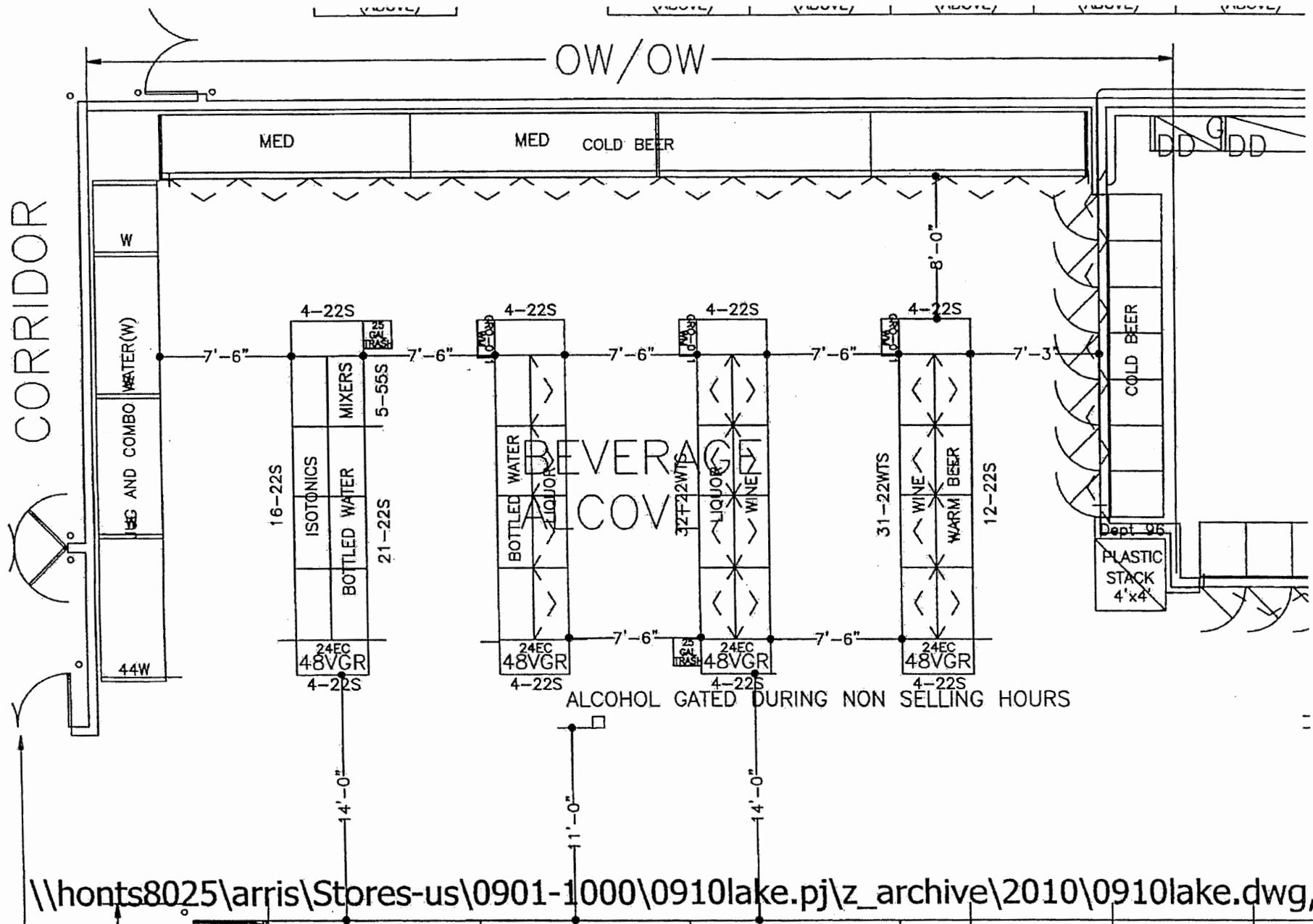
#### APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

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

Approved on 5-13-16 by \_\_\_\_\_ Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)



NO.	DESCRIPTION	QTY	UNIT	REMARKS
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# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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  
Bligniew John Borowiec PO Box 399 Geneva City WI 53128

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

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>Bligniew John Borowiec</u>	<u>PO Box 399 Geneva City WI 53128</u>	
Vice President/Member	<u>Cheryl Ann Borowiec</u>	<u>PO Box 399 Geneva City WI 53128</u>	
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Bligniew John 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 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 space / one storage room

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 12 day of May 2016 State of Wisconsin  
Sabrina M. Waswo Notary Public  
(Clerk/Notary Public)  
 My commission expires 7/20/2019  
Bligniew John Borowiec Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual  
Cheryl Ann Borowiec Officer of Corporation/Member/Manager of Limited Liability Company /Partner  
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/12/16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Queso Corp  
(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 Cheese Box  
(trade name)

located at 801 S. Wells Street

appoints Zbigniew J Borowiec  
(name of appointed agent)

603 Freeman St PO Box 399 Geneva City WI 53128  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 35 years

Place of residence last year WISCONSIN

For: Queso Corp  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

I, Zbigniew J Borowiec, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 10/10/16 Agent's age  
(signature of agent) (date)

603 Freeman St PO Box 399 Geneva City Date of birth  
(home address of agent)

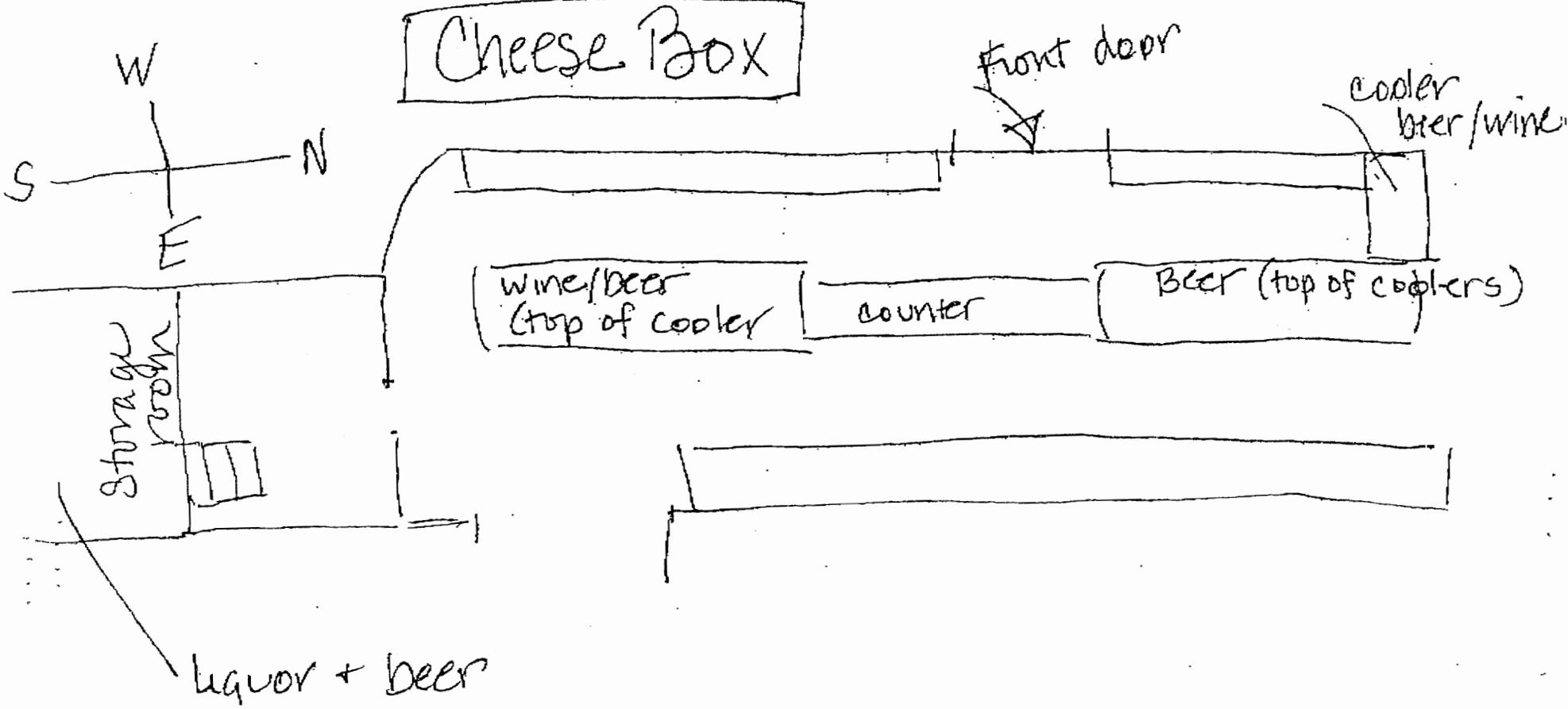
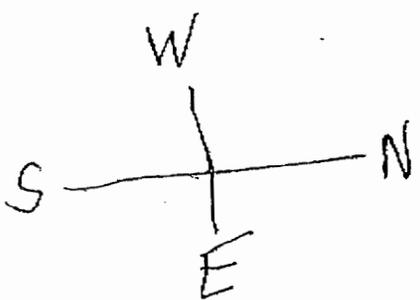
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 5-20-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

OUT WELLS ST. LAUREL CENTER WI 53141

Cheese Box



P. 006/006

FAX No.

MAY/11/2016/WED 11:40 AM

...

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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 ▶ Target Corporation  
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 33 S. 6th Street, CC-1028, Minneapolis, MN 55402

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	See attached list.		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	Nicholas Schmidt 123 Fremont Street, Walworth, WI 53184		
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

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

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

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

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

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

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

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

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

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of May, 2016

Kristen S Ruud  
(Clerk/Notary Public)

My commission expires January 31, 2020

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

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

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-11-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)



**KRISTEN S RUUD**  
 Notary Public  
 State of Minnesota  
 My Commission Expires  
**January 31, 2020**

Wisconsin Department of Revenue

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of 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 T2348  
(trade name)

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

appoints Nicholas Schmidt  
(name of appointed agent)

123 Fremont Street, Walworth, WI 53184  
(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?

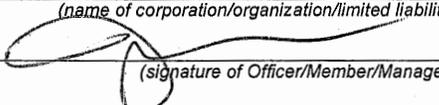
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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? 9 years

Place of residence last year 123 Fremont Street, Walworth, WI 53184

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

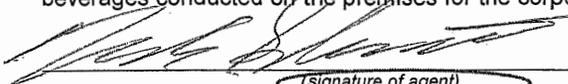
By:   
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

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

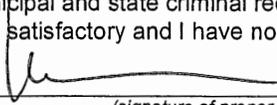
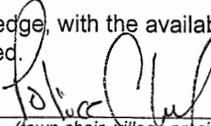
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 5/6/2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)

123 Fremont Street, Walworth, WI 53184 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by  Title   
(date) (signature of proper local official) (town chair, village president, police chief)



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE  Individual  Partnership  Limited Liability Company  
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	ANDREW J BOWMAN	4213 SOMERSET LANE	MADISON, WI 53711
Vice President/Member			
Secretary/Member	KEVIN O'BRIEN	405 W HAVEN DR	ARLINGTON HTS, IL 60005
Treasurer/Member	ANDREW J BOWMAN	4213 SOMERSET LANE	MADISON, WI 53711
Agent	ANDREW J BOWMAN	4213 SOMERSET LANE	MADISON, WI 53711
Directors/Managers	ANDREW J BOWMAN	4213 SOMERSET LANE	MADISON, WI 53711

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

2. Address of Premises 896 WELLS STREET Post Office & Zip Code LAKE GENEVA 53147

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 39'X60' ALCOHOL STORED IN COOLER

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 2nd day of May

Megan J. Ziegler  
(Clerk/Notary Public)

My commission expires 01/21/2018



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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/10/16</u>	Date reported to court/judicial _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

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
<b>TOTAL FEE</b>	<b>\$ 625</b>

**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 Stop-N-Go of Madison, 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 Stop-N-Go #265  
(trade name)

located at 896 Wells Street, Lake Geneva, WI 53147

appoints Andrew J. Bowman  
(name of appointed agent)  
4213 Somerset Lane, Madison, WI 53711  
(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?

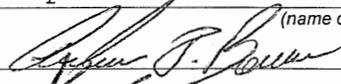
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
see attached

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? life

Place of residence last year 4213 Somerset Lane, Madison, WI 53711

For: Stop-N-Go of Madison, Inc.  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Andrew J. Bowman, hereby accept this appointment as agent for the  
(print/type agent's name)

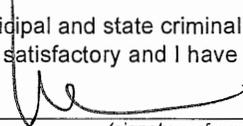
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

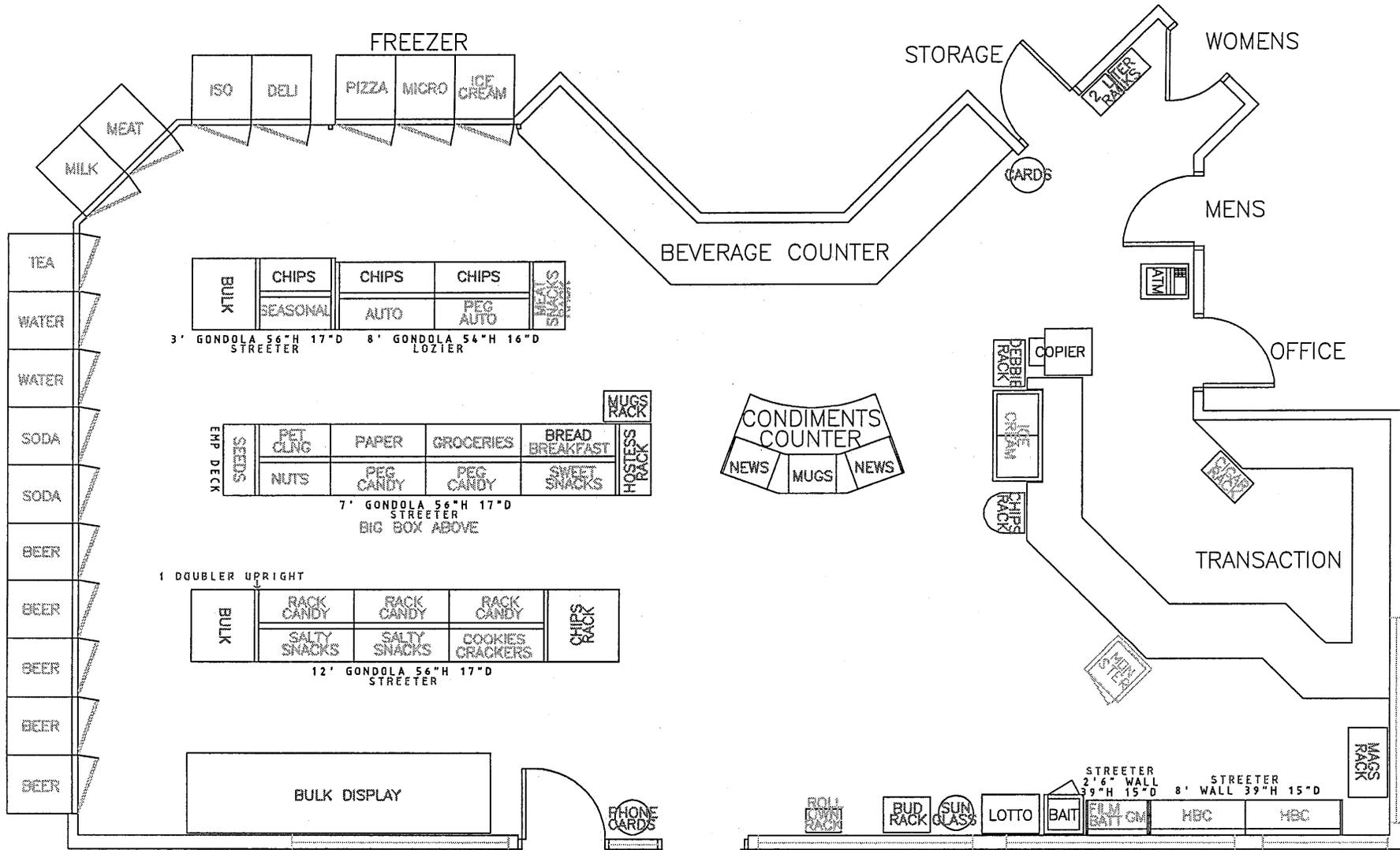
 4/26/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

4213 Somerset Lane, Madison, WI 53711 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5/20/16 by  Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



22

	<b>CHAMBERS &amp; OWEN, INC.</b> 1733 MORSE ST. JANESVILLE, WI 53547-1489 1-800-236-3338	STORE: LAKE GENEVA STOP N GO #265 ADDRESS: 896 WELLS ST. CUSTOMER NUMBER: 94265 DATE: SEPTEMBER 2010
	PRELIMINARY DESIGN, NOT FOR CONSTRUCTION	

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017  
(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 ▶ 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
Manager	Mark Edward Stinebrink	N3776 Bowers Rd	Lake Geneva 53147
Member	Brett Michael Stinebrink	1129 Grant St	Lake Geneva 53147
Secretary/Member	NONE		
Treasurer/Member	NONE		
Agent	Mark Stinebrink		
Directors/Managers	NONE		

C. 1. Trade Name ▶ Stinebrink's Piggy Wigwag 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 + locked liquor in 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 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 9th day of May, 2016

Sharon K. Gaudin  
(Clerk/Notary Public)

My commission expires 1/8/17

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 5/12/2016	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Stinebrink's Lake Geneva Foods 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  
Stinebrink's Piggy Wiggly  
(trade name)

located at 100 E. Geneva Sq

appoints Mark Stinebrink  
(name of appointed agent)

N3776 Bowers Rd, Lake Geneva WI 53147  
(home address of appointed agent)

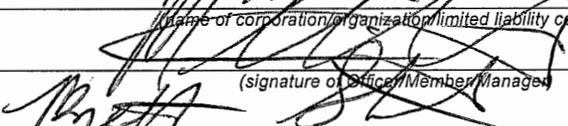
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability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

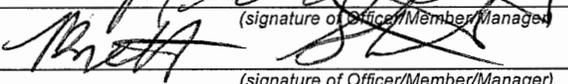
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).  
Stinebrink's Delavan Foods LLC, Delavan Stinebrink's Kenosha Foods LLC

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No Kenosha  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 63 YEARS

Place of residence last year N3776 BOWEN ROAD, LAKE GENOVA, WI 53147

For: STINEBRINK'S LAKE / GENOVA FOODS, LLC  
(name of corporation/organization/limited liability company)

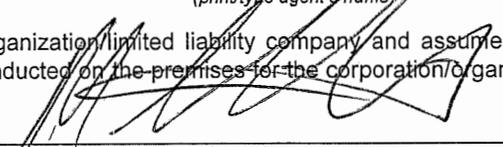
By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

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

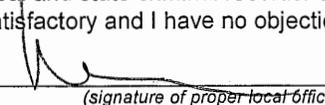
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

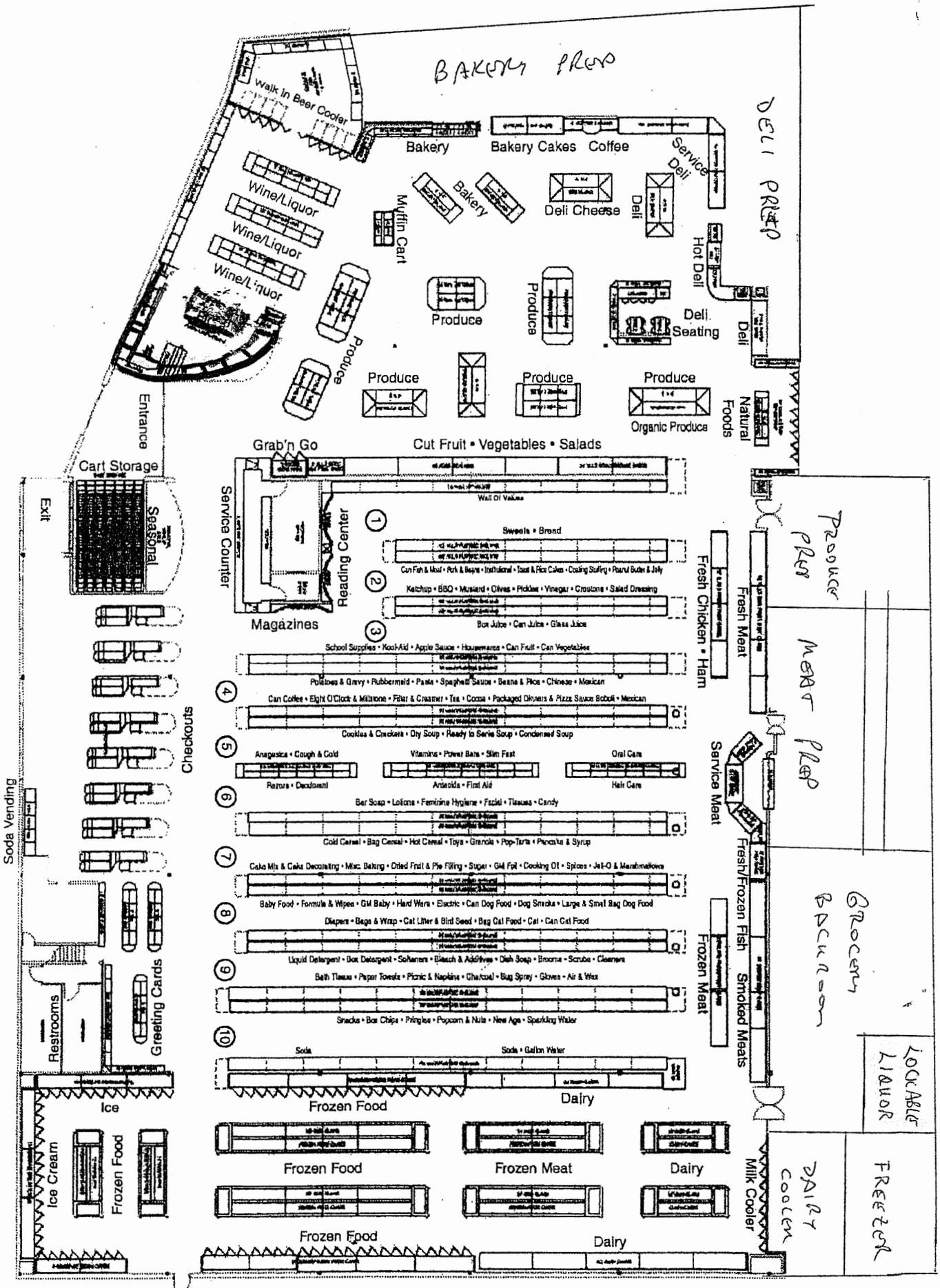
 05/09/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

N3776 Bowers Rd, Lake Geneva WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by  Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



Bakery Prep

Deli Prep

Produce Plan

Meat Plan

Back Room

Lockable Liquor

Freezer

DAIRY COOLER

- 1. Sweets • Bread
- 2. Can Fish & Meat • Pork & Beans • Institutional • Toast & Rice Cakes • Cooking Stuffing • Peanut Butter & Jelly
- 3. Ketchup • BBQ • Mustard • Olives • Pickles • Vinegar • Condiments • Salad Dressing
- 4. School Supplies • Kool-Aid • Apple Sauce • Hazelnuts • Can Fruit • Can Vegetables
- 5. Polishes & Gravy • Rubbermaid • Pasta • Spaghetti Sauce • Beans & Pico • Chinese • Mexican
- 6. Can Coffee • Eight O'Clock & Milstone • Filter & Creamer • Tea • Corn • Packaged Dinners & Pizza Sauce Boboli • Mexican
- 7. Cookies & Crackers • Dry Soup • Ready to Serve Soup • Condensed Soup
- 8. Analgesics • Cough & Cold
- 9. Vitamins • Power Bars • Skin Fast
- 10. Oral Care
- 11. Razors • Deodorant
- 12. Antacids • First Aid
- 13. Hair Care
- 14. Bar Soap • Lotions • Feminine Hygiene • Fizzed • Tissues • Candy
- 15. Cold Cereal • Bag Cereal • Hot Cereal • Toys • Granola • Pop-Tarts • Pancake & Syrup
- 16. Cake Mix & Cake Decorating • Misc. Baking • Oiled Fruit & Pie Filling • Sugar • GM Fat • Cooking Oil • Spices • Jet-O & Marshmallows
- 17. Baby Food • Formula & Wipes • GM Baby • Hand Wipes • Electric • Can Dog Food • Dog Snacks • Large & Small Bag Dog Food
- 18. Diapers • Bags & Wipes • Cat Litter & Bird Seed • Bag Cat Food • Cat • Can Cat Food
- 19. Liquid Detergent • Box Detergent • Softeners • Bleach & Additives • Dish Soap • Brooms • Scrubs • Cleaners
- 20. Bath Tissues • Paper Towels • Plastic & Napkins • Charcoal • Bag Spray • Gloves • Air & Wax
- 21. Snacks • Bar Chips • Pringles • Popcorn & Nuts • New Age • Sparkling Water
- 22. Soda
- 23. Soda • Gallon Water

- Frozen Food
- Frozen Meat
- Dairy
- Frozen Food
- Frozen Meat
- Dairy
- Frozen Food
- Dairy

# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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) SINGH AMRIK Home Address 602 Mink Ranch Road Post Office & Zip Code BURLINGTON WI 53105

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company S.A. ENTERPRISES LLC DBA: QUICK N SAVE  
 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>AMRIK SINGH</u>	<u>602 MINK RANCH RD</u>	<u>BURLINGTON WI-53105</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Amrik Singh</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name SA ENTERPRISES LLC DBA QUICK N SAVE Business Phone Number 262-248-1988  
 2. Address of Premises 1231 Grant St. LAKE GENEVA 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.) shelves, back room, office & bar cave

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

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

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

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

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

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

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

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 20 day of May, 2016  
Sabrina M. Waswo (Clerk/Notary Public)  
 My commission expires 7-20-2019  
Heer (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
**State of Wisconsin**  
**Notary Public** (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
Sabrina M. Waswo (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>5-20-2016</u>	Date reported to council board <u>6/13/16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<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>560</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
<b>TOTAL FEE</b>	\$ <u>625-</u>

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as  
SA ENTERPRISES LLC DBA: QUICK N SAVE  
(trade name)

located at 1231 Grant St. Lake Geneva WI-53147

appoints AMRIK SINGH  
(name of appointed agent)  
602 MINK RANCH ROAD, BURLINGTON WI-53105  
(home address of appointed agent)

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

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

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

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

Place of residence last year 602 MINK RANCH ROAD BURLINGTON WI-53105

For: SA Enterprises LLC DBA: QUICK N SAVE  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

[Signature] 05/20/2016 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
602 Mink Ranch Road Burlington WI-53105 Date of birth \_\_\_\_\_  
(home address of agent)

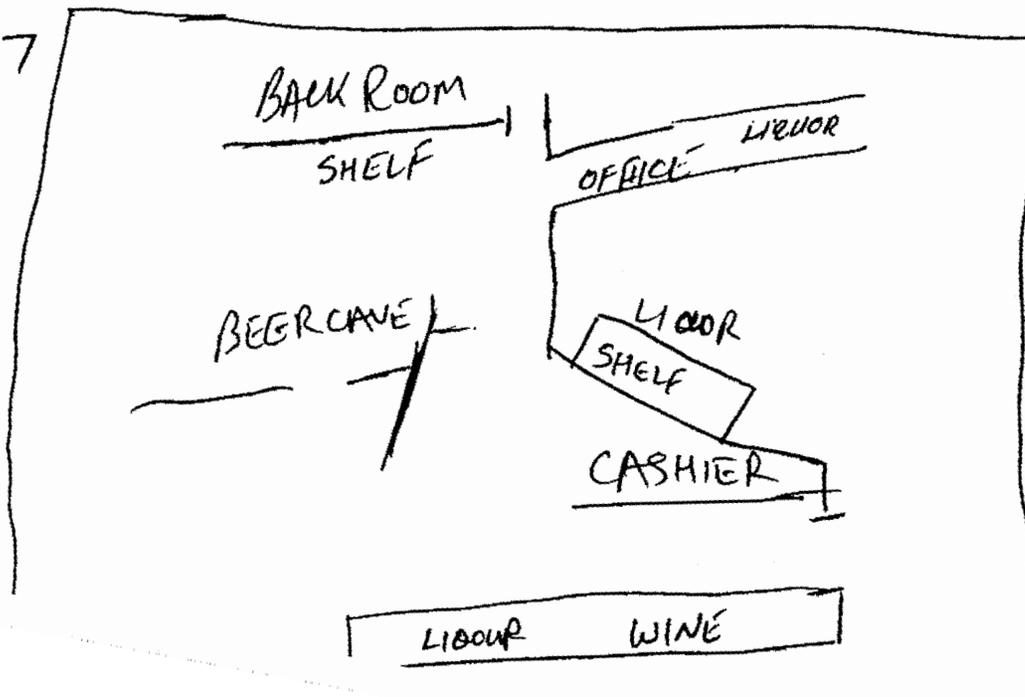
**APPROVAL OF AGENT BY MUNICIPAL AUTHORITY  
(Clerk cannot sign on behalf of Municipal Official)**

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

Approved on 5-27-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

QUICKN SAVE  
1231 GRANT ST  
LAKE GENEVA  
WI 53147

CAR WASH



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the:  Town of } City 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.

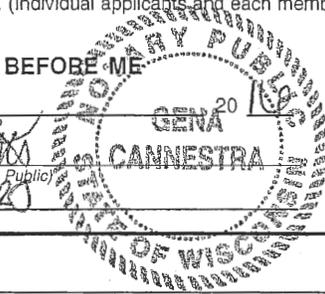
A. Individual or Partnership:  
 Full Name(s) (Last, First and Middle Name) \_\_\_\_\_ Home Address \_\_\_\_\_ Post Office & Zip Code \_\_\_\_\_

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.  
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 2107 La Crosse, WI 50602  
 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	2802 Bergamot Pl.	Onalaska, WI 54650
Vice President/Member			
Secretary/Member	Assistant Secretary, Mark Scott Zietlow	1301 7 <sup>th</sup> St. SW	Rochester, MN 55902
Treasurer/Member	Assistant Secretary, Jeffrey James Wrobel	3633 Bentwood Pl.	La Crosse, WI 54601
Agent	Jillian Louise Ricker, 400 S Edward Blvd, Apt 266, Lake Geneva, WI, 53147		
Directors/Managers	Donald P. Zietlow and Steven D. 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 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 29<sup>th</sup> day of April 2016  
  
Genia Cannestra  
(Clerk/Notary Public)  
 My commission expires 3-9-20  
Donald P. Zietlow  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)  
Jeffrey James Wrobel  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)  
 \_\_\_\_\_  
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-9-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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>

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc.  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 219

located at 710 Williams St., Lake Geneva, WI 53147  
(trade name)

appoints Jillian L. Ricker  
(name of appointed agent)

400 S. Edward Blvd., Apt. #266, Lake Geneva WI 53147  
(home address of appointed agent)

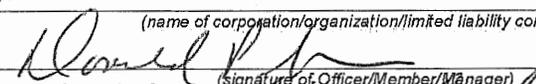
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability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

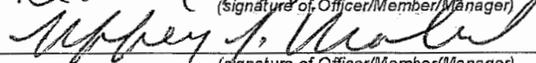
Yes  No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?  Yes  No All my life  
 How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? \_\_\_\_\_

Place of residence last year 3225 - 55<sup>th</sup> Ct. #85, Kenosha, WI 53144

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

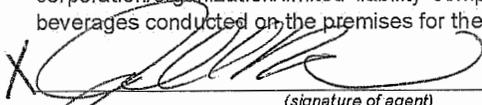
By:   
(signature of Officer/Member/Manager)

And:   
(signature of Officer/Member/Manager)

**ACCEPTANCE BY AGENT**

I, Jillian L. Ricker, hereby accept this appointment as agent for the  
(print/type agent's name)

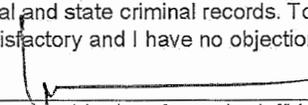
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 2/25/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

400 S. Edward Blvd., Apt. #266, Lake Geneva WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-20-16 by  Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)



# RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017  
(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.:		FEIN Number:	
<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>600</u>	
<input type="checkbox"/> Class A liquor (cider only)	\$	N/A	
<input type="checkbox"/> Class B liquor	\$		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$	<u>25.00</u>	
<b>TOTAL FEE</b>	\$	<u>625-</u>	

## 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  
Jerry Lee Sibbing 248 N Lakeshore Drive Fontana 53125  
Sibbing Jerry Lee

### 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) ▶ 830 W Main St Lake Geneva WI All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 53147

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Jerry Lee Sibbing</u>	<u>248 N. Lakeshore Drive Fontana WI</u>	<u>53125</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Jerry Lee Sibbing</u>	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ New World Wine Shop Business Phone Number 262-812-4080  
 2. Address of Premises ▶ 830 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.) Retail space First Floor.
5. Legal description (omit if street address is given above): Fancy Fair Mall (STORAGE IN REAR)
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side**  Yes  No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side**  Yes  No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.**  Yes  No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain.  Yes  No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]  Yes  No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement?  Yes  No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?  Yes  No

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

**SUBSCRIBED AND SWORN TO BEFORE ME**  
 this 20 day of May, 2016  
Sabrina M. Washer  
(Clerk/Notary Public)  
 My commission expires 5-20-2017 7/20/2017

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

<b>TO BE COMPLETED BY CLERK</b>		
Date received and filed with municipal clerk <u>5-20-2016</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of Jerry Lee Sibbins  
(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 New World Wine Shop INC  
(trade name)

located at 830 W Main St. Lake Geneva WI

appoints Jerry Lee Sibbins  
(name of appointed agent)  
248 N Lakeshore Drive Fontana WI 53125  
(home address of appointed agent)

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

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

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

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

Place of residence last year 248 N Lakeshore Drive Fontana WI 53125

For: New World Wine Shop  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

Jerry Sibbins, hereby accept this appointment as agent for the  
(print/type agent's name)

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

[Signature] 5-20-16 Agent's age \_\_\_\_\_  
(signature of agent) (date)  
248 N. Lakeshore Drive Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 6/6/16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

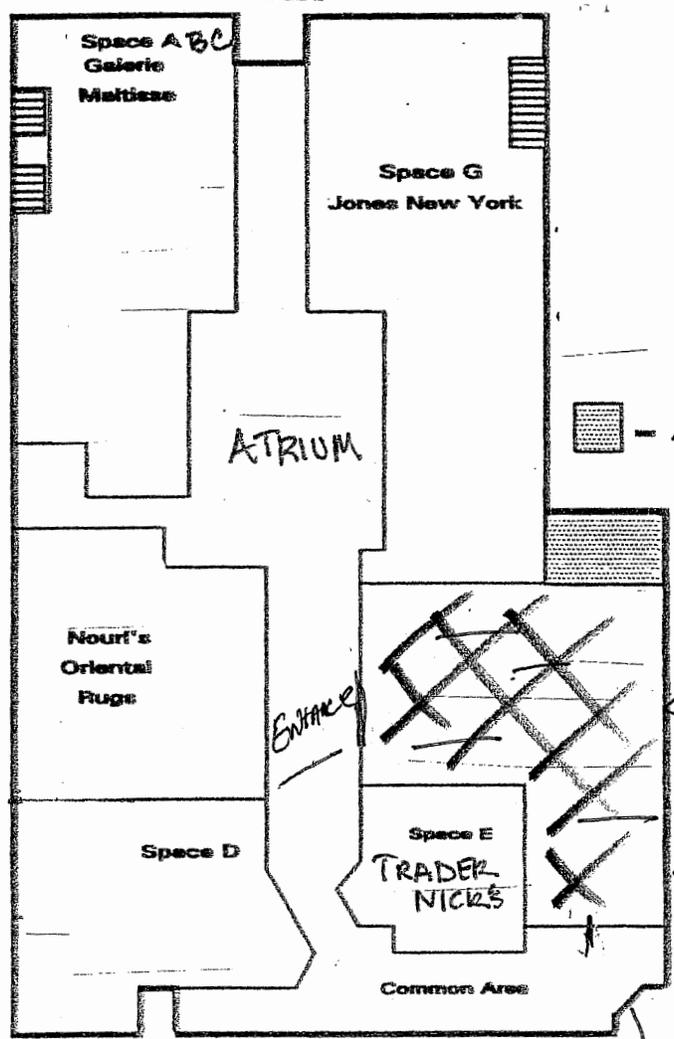
JS W/W/W

"A"

830 West Main St  
Lake Geneva WI 53147

FIRST FLOOR

Fancy Faire Mall



Area included in LeCookery

NEW WORLD WINE SHOP INC

Wine Display  
Liquor Retail

Wine  
Liquor  
Storage

Rear Entrance

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 7-1 20 16 ;  
ending 06-30- 20 17

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): LAKE AIRE LLC

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 B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500.00
Publication fee	\$ 25.00
<b>TOTAL FEE</b>	<b>\$ 625.00</b>

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>ARGIROPOULOS GEORGE D.</u>	<u>248 LOOKOUT DR.</u>	<u>LAKE GENEVA, WI 53147</u>
Vice President/Member	<u>ARGIROPOULOS DEMETRIUS G.</u>	<u>248 LOOKOUT DR.</u>	<u>LAKE GENEVA, WI 53147</u>
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>GEORGE D. ARGIROPOULOS</u>		
Directors/Managers			

3. Trade Name ▶ LAKE AIRE RESTAURANT Business Phone Number 262-248-9913  
4. Address of Premises ▶ 804 MAIN ST. Post Office & Zip Code ▶ Lake Geneva 53147

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state WISCONSIN and date 11/01/2016 of registration.  
(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company?  Yes  No  
(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin?  Yes  No  
(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SERVED IN DINING ROOM AND SIDEWALK AREA. STORED IN KITCHEN AND BASEMENT OF LAKE AIRE RESTAURANT AND SIDE WALK CAFE AREA.  
10. Legal description (omit if street address is given above): SIDE WALK CAFE AREA.

11. (a) Was this premises licensed for the sale of liquor or beer during the past license year?  Yes  No  
(b) If yes, under what name was license issued? LAKE AIRE RESTAURANT  
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864]  Yes  No  
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776]  Yes  No  
14. Does the applicant understand that they must purchase alcohol only from Wisconsin wholesalers, breweries and brewpubs?  Yes  No

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

## SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of April, 20 16

Sabrina M. Wasno  
(Clerk/Notary Public)

George D. Argiropoulos  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
Demetrius G. Argiropoulos  
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

My commission expires 7/20/2019

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

## TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/15/2016</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Lake Aire LLC  
Lake Aire Restaurant  
804 W. Main St  
Lake Geneva, WI 53147  
Tel: 262-248-9913

April 6, 2016

Re: Lake Aire LLC

To whom it may concern,

I would like to inform you that the Lake Aire restaurant is changing the ownership structure, from partnership to LLC.

The new Legal name is: Lake Aire LLC.

The business name is: Lake Aire Restaurant.

The two members of the new Lake Aire LLC are:

George D. Argiropoulos and Demetrius G. Argiropoulos.

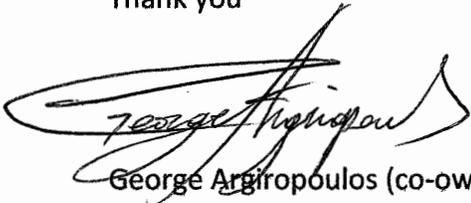
Myself, George, and my son Demetrius are currently authorized to conduct business with all entities on behalf of the Lake Aire restaurant to run the business. We will continue to do the same for the Lake Aire LLC.

We would like to request that you approve and we maintain and all the permits and licenses (including the liquor license) regarding the Lake Aire restaurant under the new business structure.

I have filled out all the necessary forms, regarding all the business permits and licenses for the new business "LAKE AIRE LLC", and with your approvals it will be a smooth transition.

If you have any questions please call me at my cell phone, 262-903 6794 (George), 262-903-6793 (Demetrius) or the business number 262-248-9913.

Thank you

  
George Argiropoulos (co-owner)

  
Demetrius Argiropoulos (co-owner)

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

Submit to municipal clerk.

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

Town

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as LAKE AIRE RESTAURANT  
(trade name)

located at 804 W. MAIN ST., LAKE GENEVA, WI 53147

appoints GEORGE D. ARGIROPOULOS  
(name of appointed agent)  
248 LOOKOUT DR., LAKE GENEVA, WI 53147  
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 43 YEARS

Place of residence last year 248 LOOKOUT DR., LAKE GENEVA, WI 53147

For: LAKE AIRE LLC  
(name of corporation/organization/limited liability company)

By:   
(signature of Officer/Member/Manager)

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

**ACCEPTANCE BY AGENT**

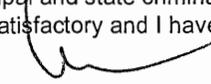
I, GEORGE D. ARGIROPOULOS, hereby accept this appointment as agent for the  
(print/type agent's name)

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.

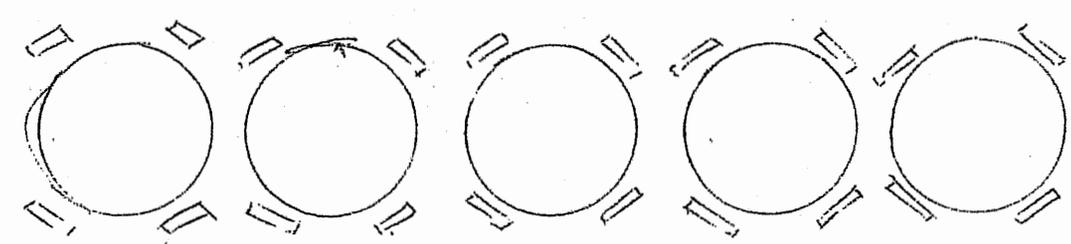
 \_\_\_\_\_ Agent's age \_\_\_\_\_  
(signature of agent) (date)  
248 LOOKOUT DR., LAKE GENEVA, WI 53147 Date of birth \_\_\_\_\_  
(home address of agent)

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

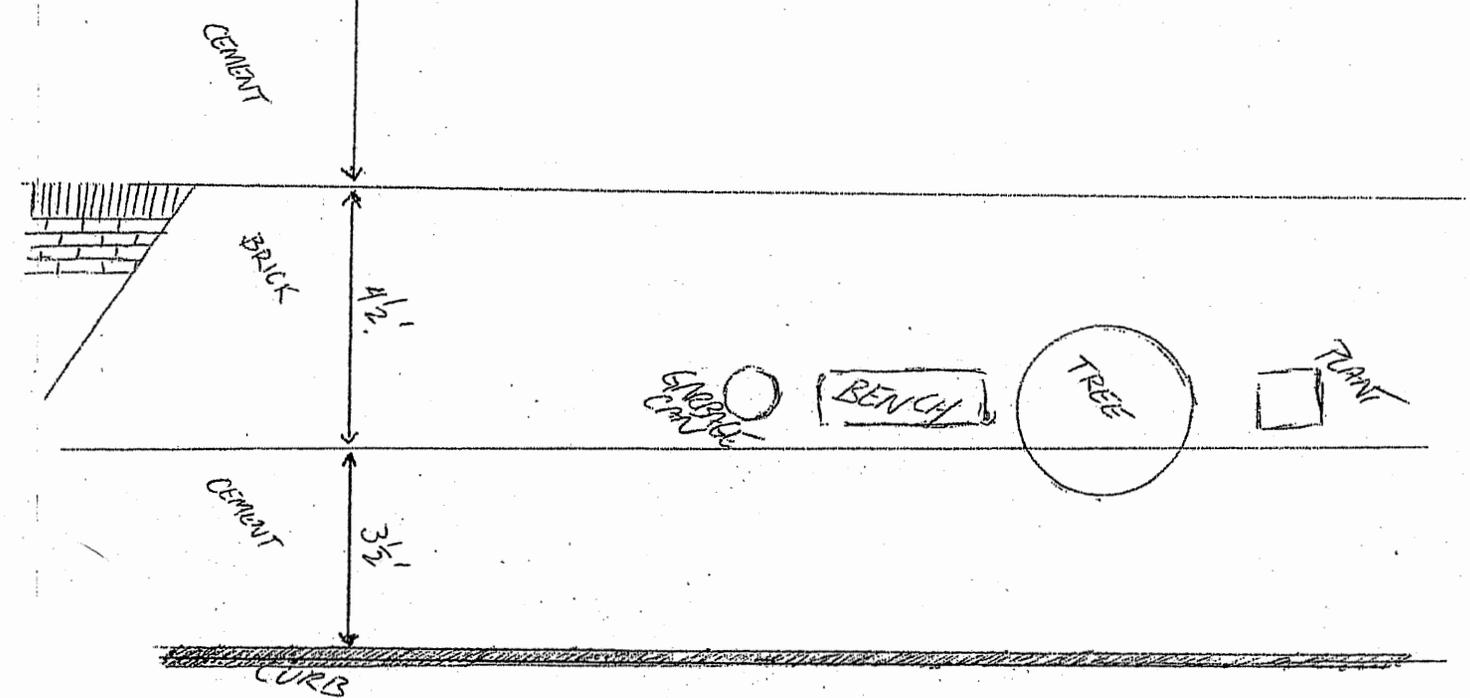
I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 6-16 by  Title Chief of Police  
(date) (signature of proper local official) (town chair, village president, police chief)

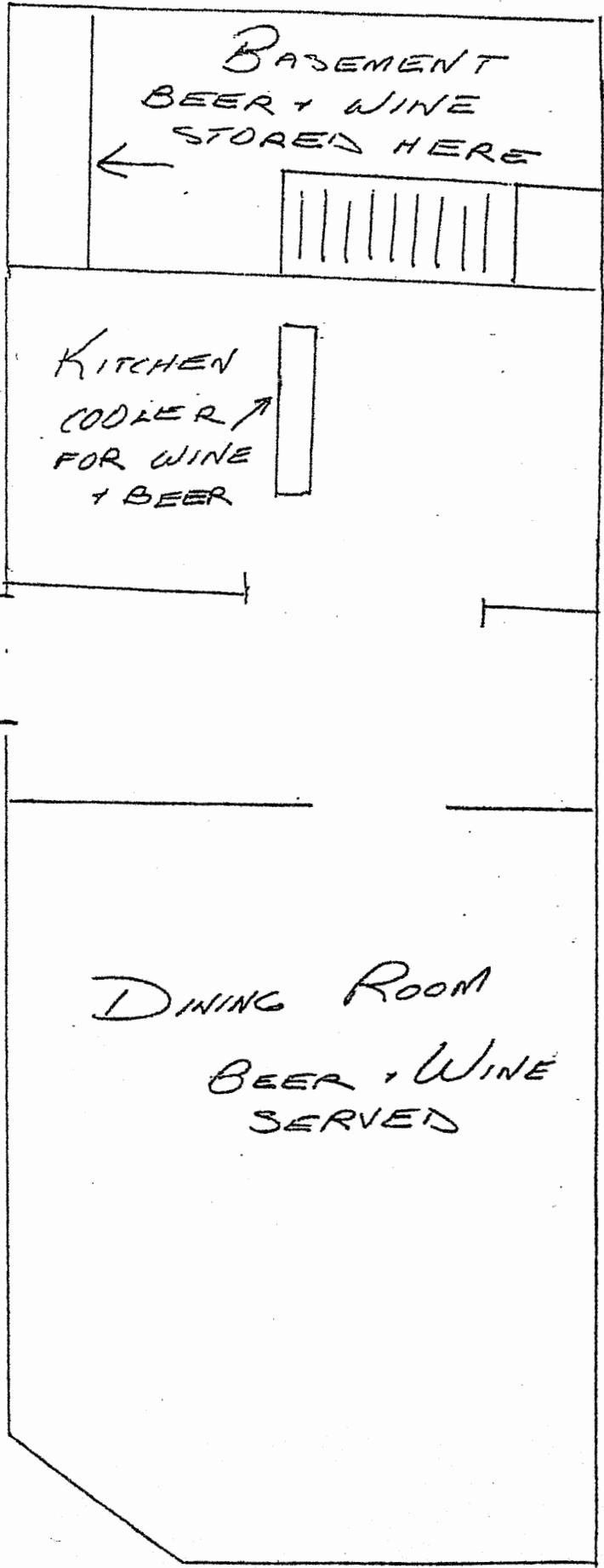
# LAKE AIRE RESTAURANT



PROJECTED SEATING AREA



BROAD STREET



BASEMENT  
BEER + WINE  
STORED HERE



KITCHEN  
COOLER  
FOR WINE  
+ BEER



DINING ROOM  
BEER + WINE  
SERVED

# ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 16 ;  
ending June 30 20 17

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

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

1. The named  INDIVIDUAL  PARTNERSHIP  LIMITED LIABILITY COMPANY  
 CORPORATION/NONPROFIT ORGANIZATION

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

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

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>President</u>	<u>Shad Branen</u>	<u>1464 Devon Rd.</u>	<u>Burlington WI 53105</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Shad Branen</u>		
Directors/Managers				

3. Trade Name Geneva Theater Business Phone Number 262-210-1362  
4. Address of Premises 244 Broad St. Post Office & Zip Code Lake Geneva, WI 53147

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period?  Yes  No  
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant?  Yes  No  
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business?  Yes  No  
8. (a) Corporate/limited liability company applicants only: Insert state \_\_\_\_\_ 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.)

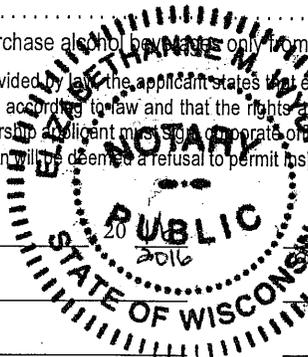
9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Sealed from theater concession area, separate storage area in rear.  
10. Legal description (omit if street address is given above): Storage area in rear.

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

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

**SUBSCRIBED AND SWORN TO BEFORE ME**

this 18th day of April 2016  
Elizabeth M. Wydra (Clerk/Notary Public)  
Shad Branen (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)  
My commission expires 9/19/17  
Shad Branen (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)



**TO BE COMPLETED BY CLERK**

Date received and filed with municipal clerk <u>4/18/16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

Town

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

City

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Geneva Theater  
(trade name)

located at 244 Broad St., Lake Geneva, WI

appoints ShaJ Branen  
(name of appointed agent)

1464 Devon Rd., Burlington, WI  
(home address of appointed agent)

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

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

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? 55 years

Place of residence last year 1464 Devon Rd., Burlington, WI

For: Plaza Media LLC  
(name of corporation/organization/limited liability company)

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

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

**ACCEPTANCE BY AGENT**

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

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

[Signature] 4/18/16 Agent's age \_\_\_\_\_  
(signature of agent) (date)

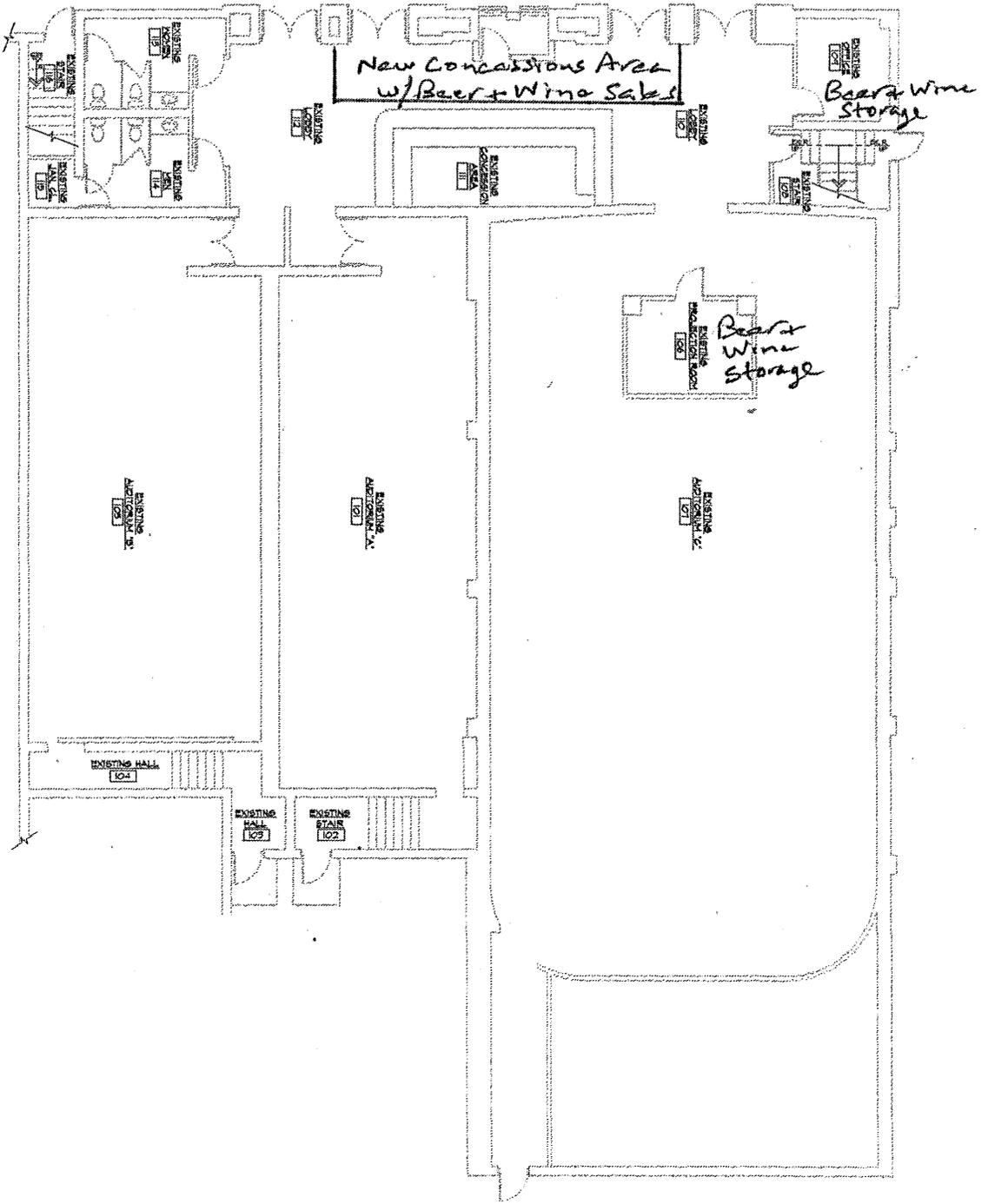
1464 Devon Rd., Burlington, WI 53105 Date of birth \_\_\_\_\_  
(home address of agent)

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

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

Approved on 5-16-16 by [Signature] Title Police Chief  
(date) (signature of proper local official) (town chair, village president, police chief)

5/16 • 1-0-5  
**EXISTING/ DEMO FIRST FLOOR PLAN**



DATE: APRIL 7, 2010  
 PROJECT NUMBER: 10-005  
**EX-1**

**GENEVA PERFORMING VENUE & RESTAURANT**  
 244 BROAD STREET  
 LAKE GENEVA, WI  
 SHEET TITLE:

DATE: APRIL 7, 2010  
 PROJECT NUMBER: 10-005

**PATERA** LLC  
 Excellence in Architecture  
 2605 E. Bayou Square Rd. • Fort Worth, TX 76120  
 Phone: 262-786-6776 Fax: 262-786-7036

# City of Lake Geneva

Licenses Issued Between: 6/13/2016 and 6/13/2016

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## Operator's Regular - ORIGINALS

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>	<u>Total</u>
6/13/2016	2016 -222	Jennifer Lynn Aranda Employer: Target Store T-2348	1122 Romin Rd 660 N. Edwards Blvd.	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -209	Chad Shawn Arnett Employer: Chubby Kitty LLC dba Fat Cats	411 Kenosha St 104 Broad Street	Walworth, WI 53147 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -219	ZACHARY I. BELANUS Employer: Stinebrink's Piggly Wiggly	N2020 COUNTY RD H LOT 617 100 East Geneva Square	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -140	Wendy C. Brewington	N1368 Thistle Dr.	Genoa City, WI 53147 50.00
6/13/2016	2016 -224	Michael T. Burner Employer: Sprecher's Restaurant & Pub /	734 Walker St 111 Center Street	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -196	Christopher A. Dopke Employer: Walmart Supercenter #910	N7330 Hwy ES 201 S. Edwards Blvd.	Elkhorn, WI 53121 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -215	Terry D. Galstad Employer: Stop N Go #265	500 S. Edwards Blvd. Unit Stop N Go of Madison, Inc	Lake Geneva, WI 53147 896 Wells St. Lake Geneva, WI 53147 50.00
6/13/2016	2016 -151	Traci Lynn Gilliam Employer: The Red Geranium Restaurant /	433 Donald Dr Apt 17 393 N. Edwards Blvd.	Burlington, WI 53147 50.00
6/13/2016	2016 -153	Brook L. Hefty Employer: Lake Aire Restaurant	W3714 Lake View Dr 804 Main St.	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -211	Greggory Hess Employer: Walgreens #5600	1149 Lake Geneva Blvd 351 N. Edwards Blvd.	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -216	CASEY GENE JACOBSEN Employer: Stinebrink's Piggly Wiggly	2501 PARTRIDGE WOODS CT 100 East Geneva Square	Burlington, WI 53147 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -220	Nicole Louise Johnson Employer: Champs Sports Bar & Grill / L&	1146 Bonnie Brae Lane 747 Main St	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -179	Kevin R. Kazimier Employer: Lake Aire Restaurant	403 Tower Ave 804 Main St.	Po Box 626 Lake Geneva, WI 53147 Genoa City, WI 53147 50.00
6/13/2016	2016 -157	Candise Lyn Kesting Employer: Two Thumbs Up LLC DBA / Thumbs	4130 96th St 260 Broad Street	Franksville, WI 53147 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -212	Paul D. Ochalek Employer: Great Eggs, Breakfast Bungalow	N3058 Uranus Rd 220 Cook Street, #101	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -190	Kelly Leann Palazzo Employer: Celebration On Wells / 422 S.	238 Pheasant Dr. 422 S. Wells St	Genoa City, WI 53147 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -213	Ghanshyam Patel Payel Employer: SA Enterprises LLC DBA Quick N	205 Country Club Dr. Apt. 1231 Grant St	Lake Geneva, WI 53147 50.00
6/13/2016	2016 -192	Barbara Ann Plaza Employer: Walmart Supercenter #910	W933 Myrtle Rd 201 S. Edwards Blvd.	Genoa City, WI 53147 Lake Geneva, WI 53147 50.00
6/13/2016	2016 -178	Kristen Marie Schmidt	307 W Walworth St.	Elkhorn, WI 53121 50.00

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## Operator's Regular

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>		<u>Total</u>
6/13/2016	2016 -191	Employer: Walgreens #5600 Jessica Alethea Smale Sal	351 N. Edwards Blvd. N2654 El Dorado Dr.	Lake Geneva, WI 53147 Lake Geneva, WI 5	50.00
6/13/2016	2016 -214	Employer: Celebration On Wells / 422 S. Brooke A. Thomas	422 S. Wells St 2897 Elizabeth Ln	Lake Geneva, WI 53147 Twin Lakes, WI 53	50.00
6/13/2016	2016 -193	Employer: The Cove of Lake Geneva Drew Patrick Toney	111 Center St. 154 West School St	Lake Geneva, WI 53147 Twin Lakes, WI 53	50.00
6/13/2016	2016 -223	Employer: Walmart Supercenter #910 JEANNINE M. WAITS	201 S. Edwards Blvd. 8503 W SUNSET DR	Lake Geneva, WI 53147 Wonder Lake, IL 6	50.00
6/13/2016	2016 -174	Employer: Target Store T-2348 Diane Louise Watson	660 N. Edwards Blvd. 670 Southwind Dr. Apt. 20	Lake Geneva, WI 53147 Lake Geneva, WI 5	50.00
6/13/2016	2016 -221	Employer: The Bottle Shop / Mercedes Or William J. Wells	617 W Main St 755 1/2 Main St.	Lake Geneva, WI 53147 Lake Geneva, WI 5	50.00

## Operator's Regular

# City of Lake Geneva

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## Operator's Regular - RENEWALS

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>		<u>Total</u>
6/14/2016	2016 -136	Ida Jane Andreas Employer: Kwik Trip Inc dba Kwik Trip 21	4413 N. Riverdale Drive 710 Williams St	McHenry, IL 60051 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -137	Emily A. Bailey Employer: Lake Geneva Lanes / Sandal Inc	3115 S Wells St. Apt 9 192 E Main St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -138	Mary Katherine Bayner Employer: Walgreens #5600	N3172 Gooseberry Rd 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -139	Sindee Lou Benson Employer: Midwest Fuel Inc dba Northside	N3246 Beach Road 501 Interchange N	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -141	Mary Buczkowski Employer: Walgreens #5600	W2690 Krueger Rd 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -142	Pierre J. Burgess Employer: Walgreens #5600	700 Southwind Dr., Unit 2 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -143	Ron M. Carstensen Employer: American Legion Post #24	1016 Madison Street 735 Henry Street	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -144	Lisa Dawn Cates Employer: The Red Geranium Restaurant /	N1298 Maple Ridge Road 393 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -145	Jessica L. Cercas Employer: Walgreens #5600	N2020 County Road H 351 N. Edwards Blvd.	Lot 34 Lake Geneva, WI 53147	Lake Geneva, WI 5 50.00
6/14/2016	2016 -146	Amanda Catherine Crawford Employer: Carvetti's / Samson Enterprise	220 1/2 S. Wisconsin St. 642 W Main St	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -147	Christopher S. Cline Employer: Brutap, LLC DBA Bruno's Liquor	W3692 Woodland Dr. 524 Broad St.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -148	Llana LaRoux Crego Employer: Two Thumbs Up LLC DBA / Thumbs	5575 Edge Water Ct Apt 2 260 Broad Street	Delavan, WI 53115 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -149	Nancy S. Dvonch Employer: Lake Geneva Lanes / Sandal Inc	1116 S. Wells Street Apt 192 E Main St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -150	Jennifer E. Garner Employer: Walgreens #5600	6923 317th Ave. 351 N. Edwards Blvd.	Salem, WI 53168 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -152	Cariese M. Gronau Employer: Walgreens #5600	N2456 Phyllis Wheatly Dri 351 N. Edwards Blvd.	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -154	Linda L. Hogan Employer: Chubby Kitty LLC dba Fat Cats	N2848 SCHOFIELD RD 104 Broad Street	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -155	Cheryl Lynn Ann Jarka Employer: Gleneagles LLC DBA Sopra	79 Eagle Point Road 724 W. Main Street	Fox Lake, IL 6002 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -156	Jonathan Francis Kane Employer: Walgreens #5600	917 Clover St 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00

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<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>		<u>Total</u>
6/14/2016	2016 -158	Nancy J. Lazansky Employer: Walgreens #5600	510 Kenosha Street 351 N. Edwards Blvd.	Walworth, WI 5318 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -159	Kenneth W. Lindberg Employer: American Legion Post #24	W5677 Sunset Ridge 735 Henry Street	Walworth, WI 5318 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -160	Athena L. Lorono Employer: Sprecher's Restaurant & Pub /	232 Bridge St., #433 111 Center Street	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -161	Sabrina M. Mace Employer: Sprecher's Restaurant & Pub /	N1234 Rosewood Dr 111 Center Street	Genoa City, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -162	Zachary Aaron Miller Employer: Lake Geneva Lanes / Sandal Inc	Po Box 872 192 E Main St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -163	Anthony James Mutter Employer: SA Enterprises LLC DBA Quick N	8050 Sage Street 1231 Grant St	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -164	Lexey Lee Pfenninger Employer: Champs Sports Bar & Grill / L&	9121 396th Ave 747 Main St	Genoa City, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -165	Bree Anne Schlater Employer: Walgreens #5600	8716 Morel Drive 351 N. Edwards Blvd.	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -166	Teresa Ann Schneider Employer: The Bottle Shop / Mercedes Or	469 Country Club Dr #3 617 W Main St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -167	Megan L. Schroeder Employer: Walgreens #5600	W1440 Locust Road 351 N. Edwards Blvd.	Genoa City, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -168	Wayne W. Schwartz Employer: Geneva Country Store	1714 Miller Court 605 Williams St.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -169	Tai S. Spangler Employer: Champs Sports Bar & Grill / L&	124 S Church St. 747 Main St	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -170	Sue D. Spencer Employer: Walgreens #5600	1270 Wisconsin St., #106 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -171	Judith A. Tapson Employer: Walgreens #5600	830 Kelly Lane 351 N. Edwards Blvd.	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -172	Chaz T. Wagner Employer: Stone Soup LLC DBA Baker House	421 Baker St 327 Wrigley Drive	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -173	Kathleen Elizabeth Walker Employer: K&B Restaurant Group LLC DBA /	279 Quail Dr 150 Center Street	Genoa City, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -175	Benjamin Wesley Wooten Employer: K&B Restaurant Group LLC DBA /	279 Quail Drive 150 Center Street	Genoa City, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -176	Angela Williams Employer: Walgreens #5600	105 UNIVERSITY 351 N. Edwards Blvd.	Harvard, IL 60033 Lake Geneva, WI 53147	50.00

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<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>		<u>Total</u>
6/14/2016	2016 -177	Austen E. Racette Employer: Tuscan Tavern & Grill / LG Hos	2722 Henzada Avene 430 N Broad St	McHenry, IL 60050 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -180	Amanda Kathleen Andrews Employer: Walgreens #5600	820 Eastown Manor 351 N. Edwards Blvd.	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -181	Elisa Christine Brown Employer: Walgreens #5600	37633 91st St 351 N. Edwards Blvd.	Twin Lakes, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -182	Linda Diamond Employer: Walgreens #5600	1151 Townline Rd #306 351 N. Edwards Blvd.	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -183	Amanda L. Dudley Employer: Celebration On Wells / 422 S.	S102W34624 Lower Clarks P 422 S. Wells St	Eagle, WI 53119 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -184	Scott R. Fazel Employer: Bella Vista Suites	114 S. Wisconsin St. 335 Wrigley Dr.	#102 Lake Geneva, WI 53147	Elkhorn, WI 53121 50.00
6/14/2016	2016 -185	Michael T. Martin Employer: Walgreens #5600	213 Spring Dr. 351 N. Edwards Blvd.	Delavan, WI 53115 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -186	Kristen N. Mihelich Employer: Walgreens #5600	S42 W25050 Oak View Dr. 351 N. Edwards Blvd.	Waukesha, WI 5318 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -187	Melissa Marie Reiherzer Employer: Walgreens #5600	N5766 Plank Rd. 351 N. Edwards Blvd.	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -188	Manjit Singh Employer: QuickNSave LLC	602 Mink Ranch Road 1231 Grant Street	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -189	Amy Marie Yachik Employer: Champs Sports Bar & Grill / L&	1017 Geneva St Apt 12 747 Main St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -194	Melissa MJ Acevedo Employer: Midwest Fuel Inc dba Northside	127 W Geneva St 501 Interchange N	Williams Bay, WI Lake Geneva, WI 53147	50.00
6/14/2016	2016 -195	Andrea Marie Brabazon Employer: Champs Sports Bar & Grill / L&	218 Lewis St Apt 8 747 Main St	Elkhorn, WI 53121 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -198	Stacy Lynn Edwards Employer: Midwest Fuel Inc dba Northside	PO BOX 92 501 Interchange N	6089 S Railroad St Lake Geneva, WI 53147	Lyons, WI 53148 50.00
6/14/2016	2016 -199	Brandon J. Frank Employer: Midwest Fuel Inc dba Northside	1388 Spring Valley Rd. 501 Interchange N	Burlington, WI 53 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -200	Leonard J. Jegerski Employer: American Legion Post #24	1804 Conant Street 735 Henry Street	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -201	David J. Mulligan Employer: Hogs & Kisses Inc	1445 LaSalle St 149 Broad St	Lake Geneva, WI 5 PO Box 536	Lake Geneva, WI 53147 50.00
6/14/2016	2016 -202	Andrew Werner Newcomb Employer: Tuscan Tavern & Grill / LG Hos	N2922 Marshall Lane 430 N Broad St	Lake Geneva, WI 5 Lake Geneva, WI 53147	50.00

# City of Lake Geneva

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## Operator's Regular

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>		<u>Total</u>
6/14/2016	2016 -203	Kevin Smith Employer: Midwest Fuel Inc dba Northside	503 1/2 Broad St. 501 Interchange N	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -204	Jessica Brie Tesch Employer: Carvetti's / Samson Enterprise	695 S WELLS ST 642 W Main St	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -205	Cheri Lynn Wall Employer: Midwest Fuel Inc dba Northside	715 Williams St 501 Interchange N	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -206	Shannon Charisse McDonoug Employer: Carvetti's / Samson Enterprise	1114 S Wells St Apt 5 642 W Main St	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -207	Heather Marie Pohlman Employer: Champs Sports Bar & Grill / L&	245 Country Club Dr. 3A 747 Main St	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -208	Kirby Jo Mazzanti Employer: Target Store T-2348	942 Heather Glen Ct. 660 N. Edwards Blvd.	Antioch, IL 60002 Lake Geneva, WI 53147	50.00
6/14/2016	2016 -210	Stephanie Rose Brustman Employer: Stop N Go #265	1086 S Wells St. Apt. 1 Stop N Go of Madison, Inc	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -217	Samantha C. Galles Employer: The Cove of Lake Geneva	W3752 Woodland Dr. 111 Center St.	Lake Geneva, WI 53147	50.00
6/14/2016	2016 -218	Beverly A. Kasten Employer: Geneva Country Store	71 Valley St. Apt. 4 605 Williams St.	Williams Bay, WI Lake Geneva, WI 53147	50.00

## Operator's Regular

# City of Lake Geneva

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## Taxi Cab Driver - RENEWALS

<u>Issued</u>	<u>License No</u>	<u>Customer</u>	<u>Address</u>			<u>Total</u>
6/14/2016	2016 -19	Vito F. Gieron Employer: A1 Limousine & Taxi	612 Crawford St 612 Crawford Street	Lake Geneva, WI 5	Lake Geneva, WI 53147	25.00
6/14/2016	2016 -20	Debra L. Skipper Employer: Lake Geneva Lanes / Sandal Inc	W1443 Highland Blvd. 192 E Main St	P.O. Box 748	Pell Lake, WI 53147	25.00
6/14/2016	2016 -21	Ronald R. Skipper, Jr. Employer: Senior Cab Plus, LLC	205 Country Club Drive W3099 Krueger Rd.	Apt 3C	Lake Geneva, WI 53147	25.00
6/14/2016	2016 -22	Richard C. Skipper, Sr. Employer: Senior Cab Plus, LLC	W1044 Evergreen Rd. W3099 Krueger Rd.	P.O. Box 396	Pell Lake, WI 53147	25.00
6/14/2016	2016 -23	Ronald R. Skipper, Sr. Employer: Senior Cab Plus, LLC	W1443 Highland Blvd. W3099 Krueger Rd.	P.O. Box 748	Pell Lake, WI 53147	25.00

**Taxi Cab Driver**

**Count: 5**



# 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: ALL STAR CAB

Bus. Address (Physical): PO Box 396 Pell Lake WI 53157

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Pell Lake, WI 53157

Bus. Phone: 262-960-9787 Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Liability Carrier: AmTrust North America

Policy Number: \_\_\_\_\_

Ins. Agent: Venture ~~Ins~~ Speciality INS. LLC

3 broker

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Richard Skipper Sr.  
Owner/Agent Address: P.O. Box 396  
City, State, Zip: Pell Lake WI 53157  
Phone: 262-960-9787

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 (2015)
2. Have you ever had a license revoked? YES   NO  
If Yes, please explain: \_\_\_\_\_

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 5

Vehicle #1	(Economy)	
<u>Ford</u>	<u>Club Wagon</u>	<u>1993</u>
Make	Model	Year
<u>15 passenger</u>	<u>488-T25</u>	
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #2	(Economy)	
<u>Ford</u>	<u>Club Wagon Van</u>	<u>1994</u>
Make	Model	Year
<u>15 passenger</u>	<u>370TVT</u>	
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #3		
Chevy	Astro	1999
Make	Model	Year
7 <del>6</del> passenger	239-WIT	
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #4		
Chevy	Astro	2000
Make	Model	Year
6 passenger	455-VWF	
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #5		
Chevy	Malibu	2005
Make	Model	Year
5 passenger	971-CDY	
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #6		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

APPLICANT SIGNATURE

Richard C. Skipp Sr. DATE: 6-10-16

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**

Richard C. Skipper Sr.      DATE: 6/7/2016

*For Office Use Only*

Date Filed: <u>6-7-16</u>	Police Chief <u>6/7/16</u>
Receipt No: <u>C160607-4</u>	Recommendation: <u>[Signature]</u>
Total Amount: <u>150.00</u>	<u>Approved</u> Denied
Forwarded to Police Chief: _____	
Forwarded to City Attorney: _____	City Attorney Approval of Liability Insurance: _____
Verified: Stark <input type="checkbox"/> MSI <input checked="" type="checkbox"/>	
Notes: _____	
FLR Approval: _____	License Date: <u>6-14-16</u>
Council Approval: _____	License Number: <u>2016-4</u>



# 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: A 1 LAKE GENEVA LIMOUSINE & TAXI

Bus. Address (Physical): 612 CRAWFORD ST.

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: LAKE GENEVA, WI 53147

Bus. Phone: 262-248-2619 Fax: \_\_\_\_\_

E-Mail: 2 vitog@wi.rr.com

Name of Liability Carrier: CANAL INSURANCE

Policy Number: \_\_\_\_\_

**BUSINESS OWNER/AGENT INFORMATION**

Owner/Agent Name: VITO GIERON  
Owner/Agent Address: 612 CRAWFORD ST.  
City, State, Zip: LAKE GENEVA, WI 53147  
Phone: 262-248-2619

**PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY**

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

**TAXI VEHICLE INFORMATION**

Total Number of Vehicles to be operated: 1

Vehicle #1		
Make	Model	Year
<u>FORD</u>	<u>VAN E350</u>	<u>2001</u>
Capacity	License Plate No.	
<u>15</u>	<u>VFG1</u>	

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

Vehicle #3		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #4		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

**APPLICANT SIGNATURE**

*[Handwritten Signature]* DATE: 5.09.2016

*For Office Use Only*

Date Filed: <u>5-18-16</u>	Police Chief <u>5/20/16</u>
Receipt No: <u>C160518-31</u>	Recommendation: <u><i>[Signature]</i></u>
Total Amount: <u>50.00</u>	<input checked="" type="radio"/> Approved <input type="radio"/> Denied
Forwarded to Police Chief: _____	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	License Date: <u>6/14/16</u>
Verified: Stark <input type="checkbox"/> MSI <input checked="" type="checkbox"/>	License Number: <u>2016 3</u>
Notes: _____	
FLR Approval: _____	
Council Approval: _____	

# City of Lake Geneva

Licenses Issued Between: 6/14/2016 and 6/14/2016

Date: 6/11/2016

Time: 10:07 AM

Page: 1

## Massage Establishment License - RENEWALS

<u>Issued</u>	<u>License No</u>	<u>Customer</u>
6/14/2016	2016 -1	Healing Muscle Therapies - 201 Broad St, Ste D
6/14/2016	2016 -2	Jasmine Salon & Spa LLC - 251 Cook St
6/14/2016	2016 -3	Element Massage Studio - 647 W Main St, Ste 400
6/14/2016	2016 -4	Loosen Up Ltd - 201 Broad St
6/14/2016	2016 -5	Bella Vista Suites - 335 Wrigley Dr

## Massage Technicians/Therapists

<u>Total</u>
50.00
50.00
50.00
50.00
50.00



# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

Please Check:

Original License Application

Renewal of Current License

ANNUAL LICENSE FEE

**\$50.00**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Payable to the City of Lake Geneva  
Due upon application

**Application must be accompanied by the following documents:**



- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

**Applications submitted without required documentation will be considered incomplete and rejected**

### BUSINESS INFORMATION

Trade Name: Element Massage Studio

Corporate Name (if applicable): \_\_\_\_\_

Business Address (Physical): 647 W. Main St Suite 400

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: Lake Geneva WI 53147

Phone: 414-324-2496 Email: \_\_\_\_\_

Please explain the nature of services to be provided: \_\_\_\_\_

Relaxation, Deep tissue, Medical Massages

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

APPLICANT SIGNATURE

Don \* [Signature] DATE: 5-17-16

*For Office Use Only*

Date Filed: 5/2/16

Receipt No: C160602-48

Total Amount: 50 -

Forwarded to Police Department: 6/2/16

Background Completed: \_\_\_\_\_

Police Chief Recommendation: [Signature] **Approved**

Denied

Fingerprinted by LGPD: \_\_\_\_\_  
*Fingerprinting required for new establishments and Massage Technicians*

Forwarded to Building Department: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_  
*Inspector approval required for new establishments*

FLR Approval: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Issued: 6-14-16

License Number: 2016-3

Copied to: Building & Zoning      Police Chief      Fire Chief

**State of Wisconsin**

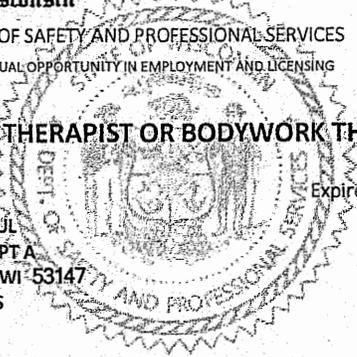
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 12583-146

Expires: 2/28/2017

TRACI L MARNUL  
305 COOK ST APT A  
LAKE GENEVA WI 53147  
UNITED STATES



The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at [dsps.wi.gov](http://dsps.wi.gov).

The named person has complied with Wisconsin Statutes and holds the credential specified. *Signature:*

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dsps.wi.gov](http://dsps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

**State of Wisconsin**

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 1238-146

Expires: 2/28/2017

DALE L MARTIN  
DALE MARTIN  
W5615 VICKI TERRACE  
ELKHORN WI 53121  
UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at [dsps.wi.gov](http://dsps.wi.gov).

The named person has complied with Wisconsin Statutes and holds the credential specified. *Signature:*

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dsps.wi.gov](http://dsps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.



# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

Please Check:

Original License Application

Renewal of Current License

ANNUAL LICENSE FEE

**\$50.00**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Payable to the City of Lake Geneva  
Due upon application

**Application must be accompanied by the following documents:**

- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

**Applications submitted without required documentation will be considered incomplete and rejected**

### BUSINESS INFORMATION

Trade Name: Jasmine Salon & Spa

Corporate Name (if applicable): Jasmine Salon & Spa, LLC

Business Address (Physical): 251 Cook St.

Mailing Address (if different): —

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-249-9800 Email: jerad@jasminesalonspa.com

Please explain the nature of services to be provided: Salon & Spa  
Massages, Body Treatments

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

APPLICANT SIGNATURE

Barbara M. Riley

DATE: June 1, 2016

*For Office Use Only*

Date Filed: 6/2/16

Receipt No: C160602-22

Total Amount: 50.<sup>00</sup>

Forwarded to Police Department: 6/2/16

Background Completed: 6/6/16 g7

Police Chief Recommendation: [Signature]

Approved

Denied

Fingerprinted by LGPD: \_\_\_\_\_

*Fingerprinting required for new establishments and Massage Technicians*

Forwarded to Building Department: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_

*Inspector approval required for new establishments*

FLR Approval: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Issued: 6-14-16

License Number: 2016-2

Copied to: Building & Zoning

Police Chief

Fire Chief

**State of Wisconsin**

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 13384-146

Expires: 2/28/2017

MARY GRACE SPONHOLZ  
W4323 STATE RD 50  
LAKE GENEVA WI 53147  
UNITED STATES

**State of Wisconsin**

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 12247-146

Expires: 2/28/2017

TIFFANY S SQUARE  
1036 S WELLS ST APT G  
LAKE GENEVA WI 53147-2458  
UNITED STATES

EXPIRES: 02/28/2017

NO. 13784 - 146

The State of Wisconsin  
Department of Safety and Professional Services  
MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

*Hereby certifies that*  
**KYONG S VILLAN**  
*was granted a license to practice as a*  
**MASSAGE THERAPIST OR BODYWORK THERAPIST**  
*in the State of Wisconsin in accordance with Wisconsin Law*  
*on the 27th day of May in the year 2016.*

*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin*  
*Massage Therapy and Bodywork Therapy Affiliated Credentialing Board*  
*has caused this certificate to be issued under*  
*the seal of the Department of Safety and Professional Services*



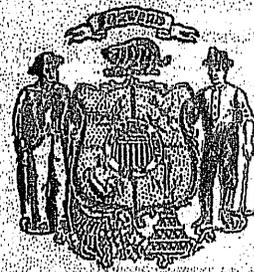
  
DSEPS Secretary

  
Chairperson

  
Secretary

*This certificate was printed on the 27th day of May in the year 2016*

State of



Wisconsin

**Department of Regulation and Licensing**  
*Massage Therapy and Bodywork Therapy Affiliated*  
**Credentialing Board**

*Hereby certifies that*

**MONICA WKREY**

*was granted a license to practice as a*

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

*in the State of Wisconsin in accordance with Wisconsin law*

*on the 1st day of December, 2010*

*The authority granted herein must be renewed each biennium by the granting authority.*

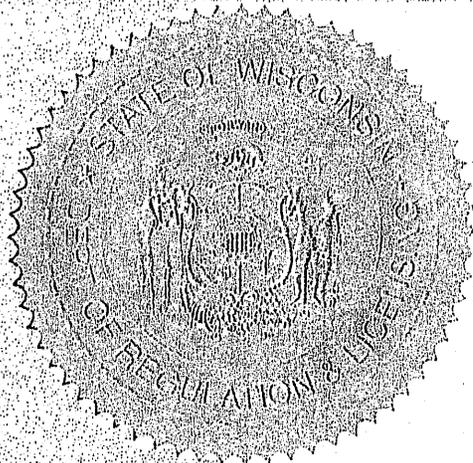
*In witness thereof, the State of Wisconsin*

*Massage Therapy and Bodywork Therapy Affiliated*

*Credentialing Board*

*has caused this certificate to be issued under*

*the seal of the Department of Regulation and Licensing*



*Celia M. Juh*  
Secretary

*This license issued this 22nd day of November, 2010.*



MST  
STARK

# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

Please Check:

Original License Application

Renewal of Current License

ANNUAL LICENSE FEE

**\$50.00**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Payable to the City of Lake Geneva  
Due upon application

**Application must be accompanied by the following documents:**

- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

**Applications submitted without required documentation will be considered incomplete and rejected**

### BUSINESS INFORMATION

Trade Name: HEALING MUSCLE THERAPIES

Corporate Name (if applicable): -

Business Address (Physical): 201 BROAD ST, STE 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

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

APPLICANT SIGNATURE

Martha E. Doolittle DATE: 5/24/16

*For Office Use Only*

Date Filed: 5/25/16

Receipt No: C160525-62

Total Amount: \$50 ✓ 1267

Forwarded to Police Department: \_\_\_\_\_

Background Completed: 6-6-16 gJ

Police Chief Recommendation: \_\_\_\_\_ Approved

Denied

Fingerprinted by LGPD: \_\_\_\_\_

*Fingerprinting required for new establishments and Massage Technicians*

Forwarded to Building Department: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_

*Inspector approval required for new establishments*

FLR Approval: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

Copied to: Building & Zoning      Police Chief      Fire Chief

NO. 3558 - 146

EXPIRES: 02/28/2017

The State of Wisconsin  
Department of Safety and Professional Services  
MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

*Hereby certifies that*

MARTHA E DOOLITTLE

*was granted a license to practice as a*

MASSAGE THERAPIST OR BODYWORK THERAPIST

*in the State of Wisconsin in accordance with Wisconsin Law*

*on the 25th day of October in the year 2010.*

*The authority granted herein must be renewed each biennium by the granting authority.*

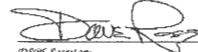
*In witness thereof, the State of Wisconsin*

*Massage Therapy and Bodywork Therapy Affiliated Credentialing Board*

*has caused this certificate to be issued under*

*the seal of the Department of Safety and Professional Services*



  
Secretary

  
Chairperson

  
Secretary

*This certificate was printed on the 1st day of March in the year 2015*



# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

Please Check:

Original License Application

Renewal of Current License

ANNUAL LICENSE FEE

**\$50.00**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Payable to the City of Lake Geneva  
Due upon application

**Application must be accompanied by the following documents:**

- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

**Applications submitted without required documentation will be considered incomplete and rejected**

### BUSINESS INFORMATION

Trade Name: Bella Vista Suites

Corporate Name (if applicable): Meridien Condominium Assn

Business Address (Physical): 335 Waugley Dr

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: L.G. WI 53147

Phone: 262-248-2100 Email: carmer@heartlandspa.com

Please explain the nature of services to be provided:  
messages and other health related services

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

APPLICANT SIGNATURE

*Chief*  
*Peggy Stringham*  
*Spencer J.*

DATE: 5-13-16

5-14-16

*For Office Use Only*

Date Filed: 5/13/16  
Receipt No: C160513-48  
Total Amount: 50.00

Forwarded to Police Department: 5-20-16

Background Completed: *[Signature]*

Police Chief Recommendation: *[Signature]*

Approved  
Denied

Fingerprinted by LGPD: \_\_\_\_\_  
*Fingerprinting required for new establishments and Massage Technicians*

Forwarded to Building Department: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_  
*Inspector approval required for new establishments*

FLR Approval: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Issued: 2016-5

License Number: 20 6/14/16

Copied to: Building & Zoning      Police Chief      Fire Chief

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 11089-146

Expires: 2/28/2017

DONITA K TESS

DONITA TESS

W2211 ST PETERS RD

EAST TROY WI 53120

UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at [dsps.wi.gov](http://dsps.wi.gov).

The named person has complied with Wisconsin Statutes and holds the credential specified. *Signature:*



Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dsps.wi.gov](http://dsps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 4369-146

Expires: 2/28/2017

PEGGY J STRINGHAM

N6120 EVERGREEN DR

ELKHORN WI 53121-4001

UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at [dsps.wi.gov](http://dsps.wi.gov).

The named person has complied with Wisconsin Statutes and holds the credential specified. *Signature:*

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dsps.wi.gov](http://dsps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 11245-146

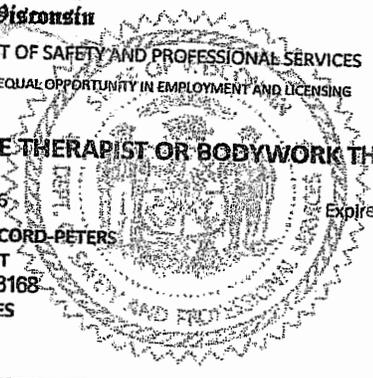
Expires: 2/28/2017

STACEY L SEACORD-PETERS

8716 246TH CT

SALEM WI 53168

UNITED STATES



State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 4603-146

Expires: 2/28/2017

EVE K KLAMM

N7959 COUNTY RD. N

EAST TROY WI 53120

UNITED STATES

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

**MASSAGE THERAPIST OR BODYWORK THERAPIST**

No. 12876-146

Expires: 2/28/2017

LYDIA R FUNK  
4129 BRIAR PL  
DELAVAN WI 53115  
UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at [dps.wi.gov](http://dps.wi.gov).

The named person has complied with Wisconsin Statutes and holds the credential specified. *Signature:*



Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at [dps.wi.gov](http://dps.wi.gov) or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.



The State of Wisconsin  
**Department of Safety and Professional Services**  
 MASSAGE THERAPY AND BODYWORK THERAPY AFFILIATED CREDENTIALING BOARD

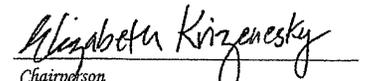
*Hereby certifies that*  
**SYLVANNA R. LEIGHNINGER**  
*was granted a license to practice as a*  
**MASSAGE THERAPIST OR BODYWORK THERAPIST**  
*in the State of Wisconsin in accordance with Wisconsin Law*  
*on the 4th day of September in the year 2014.*

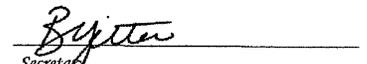
*The authority granted herein must be renewed each biennium by the granting authority.*

*In witness thereof, the State of Wisconsin*  
*Massage Therapy and Bodywork Therapy Affiliated Credentialing Board*  
*has caused this certificate to be issued under*  
*the seal of the Department of Safety and Professional Services*



  
 DWS Secretary

  
 Chairperson

  
 Secretary



# CITY OF LAKE GENEVA

## MASSAGE ESTABLISHMENT APPLICATION

Please Check:

Original License Application

Renewal of Current License

ANNUAL LICENSE FEE

**\$50.00**

EXPIRES JUNE 30<sup>TH</sup> EACH YEAR

Payable to the City of Lake Geneva  
Due upon application

**Application must be accompanied by the following documents:**

- 1) A recent photo of the Applicant
- 2) A recent photo of Massage Technicians clearly showing head and shoulders and copy of Driver's License
- 3) Copy of Massage Technician's Diploma or Certificate
- 4) Massage Technician Information Section must be completed by all Massage Technicians employed in the establishment. Three copies of this section have been supplied for your convenience.
- 5) 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.

**Applications submitted without required documentation will be considered incomplete and rejected**

### BUSINESS INFORMATION

Trade Name: Loosen up Ltd

Corporate Name (if applicable): \_\_\_\_\_

Business Address (Physical): 201 Broad ST, Lake Geneva, WI 53147

Mailing Address (if different): 24612 68<sup>th</sup> Street

City, State, Zip: Paddock Lake, WI 53168

Phone: 262-729-6537 Email: terence@loosenupLtd.com

Please explain the nature of services to be provided: \_\_\_\_\_

Professional Massage Services -  
Swedish, Deep tissue, hot stone massage

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

APPLICANT SIGNATURE



DATE: 5/27/2016

*For Office Use Only*

Date Filed: 5/27/16

Receipt No: C160527-38

Total Amount: 50.00

Forwarded to Police Department: \_\_\_\_\_

Background Completed: 6/4/16 g7

Police Chief Recommendation: Approved

Denied

Fingerprinted by LGPD: \_\_\_\_\_

*Fingerprinting required for new establishments and Massage Technicians*

Forwarded to Building Department: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_

*Inspector approval required for new establishments*

FLR Approval: \_\_\_\_\_

Council Approval: \_\_\_\_\_

License Issued: 6-14-2016

License Number: 2016-4

Copied to: Building & Zoning

Police Chief

Fire Chief

# Wisconsin Department of Safety and Professional Services

Web Applications

## Wisconsin Credential Lookup

### Credential Summary - Details

Credential Summary for 4900-146

Name:	pisano, heather v
Credential Type:	MASSAGE THERAPIST OR BODYWORK THERAPIST (146)
Credential Number:	4900-146
Location:	PADDOCK LAKE, WI
License Type:	regular
Status	License is current (Active)
Eligible To Practice:	credential license is current
First Fee Received:	YES

[Details](#)

[Requirements](#)

[Payments](#)

[Orders](#)

[Relationships](#)

[Details](#)

License current through:	02/28/2017
Granted date:	12/02/2010
Multi-state:	N
Orders:	NONE
Specialties:	NONE
Other Names:	NONE

Consistent with JCAHO and NCQA standards for primary source verification.

Data on this page is refreshed hourly.

Send Questions or Comments to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)

# Wisconsin Department of Safety and Professional Services

Web Applications

## Wisconsin Credential Lookup

### Credential Summary - Details

#### Credential Summary for 4901-146

Name:	pisano, terence m
Credential Type:	MASSAGE THERAPIST OR BODYWORK THERAPIST (146)
Credential Number:	4901-146
Location:	PADDOCK LAKE, WI
License Type:	regular
Status	License is current (Active)
Eligible To Practice:	credential license is current
First Fee Received:	YES

[Details](#)

[Requirements](#)

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License current through:	02/28/2017
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**ORDINANCE 16-05**

**AN ORDINANCE AMENDING CHAPTER 62, STREETS, SIDEWALKS AND OTHER PUBLIC PLACES, ARTICLE III, OBSTRUCTIONS AND ENCROACHMENTS, SECTION 62-67(6) a OF THE LAKE GENEVA MUNICIPAL CODE**

The Common Council of the City of Lake Geneva, Wisconsin, does hereby ordain as follows:

1. That Chapter 62, STREETS, SIDEWALKS AND OTHER PUBLIC PLACES Article III, OBSTRUCTIONS AND ENCROACHMENTS, Section 62-67, Exceptions, subsection (6)(a) of the Lake Geneva Municipal Code is hereby amended to read as follows:

**Sec. 62-67. Exceptions.**

...

(6) By Sidewalk Café permit issued by the City Clerk to restaurants for use of public sidewalks for restaurant tables subject to the following conditions:

- (a) "Restaurant" means an establishment defined in § 254.61(5) Wis. Stats. or a retail food establishment as defined under 97.30(1)(c) whose primary sales are comprised of frozen dairy products.

...

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 \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
ALAN KUPSIK, Mayor

Attest:

\_\_\_\_\_  
SABRINA WASWO, City Clerk

First Reading: 06/13/2016  
Second Reading: \_\_\_\_\_  
Adoption: \_\_\_\_\_  
Published: \_\_\_\_\_

**ORDINANCE 16-06**

**AN ORDINANCE AMENDING CHAPTER 62, STREETS, SIDEWALKS AND OTHER PUBLIC PLACES, ARTICLE III, OBSTRUCTIONS AND ENCROACHMENTS, SECTION 62-67 OF THE LAKE GENEVA MUNICIPAL CODE**

The Common Council of the City of Lake Geneva, Wisconsin, does hereby ordain as follows:

1. That Chapter 62, STREETS, SIDEWALKS AND OTHER PUBLIC PLACES Article III, OBSTRUCTIONS AND ENCROACHMENTS, Section 62-67, Exceptions, of the Lake Geneva Municipal Code is hereby amended by adding a subsection to be numbered (7) which section reads as follows:

**Sec. 62-67. Exceptions.**

...

(7) Penalties and Enforcement. A person or business that violates the provisions of Sec.62-67 shall be subject to a forfeiture as established by resolution by the City Council from time to time. Each day a violation continues shall constitute a separate offense. The Code Enforcement Officer or Building Inspector shall have authority to enforce the provisions of this section. The City may also seek equitable relief, including injunctions, to gain compliance.

...

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 \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
ALAN KUPSIK, Mayor

Attest:

\_\_\_\_\_  
SABRINA WASWO, City Clerk

First Reading: 06/13/2016  
Second Reading: \_\_\_\_\_  
Adoption: \_\_\_\_\_  
Published: \_\_\_\_\_