



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

**FINANCE, LICENSING & REGULATION COMMITTEE
TUESDAY, MAY 17, 2022 – 4:30 PM
CITY HALL, COUNCIL CHAMBERS**

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

CITY HALL WILL BE OPEN TO THE PUBLIC DURING ALL MEETINGS. THE CITY OF LAKE GENEVA IS HOLDING ALL MEETINGS VIRTUALLY AS WELL AS IN PERSON. IF YOU WISH TO LISTEN OR WATCH THE MEETING YOU MAY DO SO BY USING THE FOLLOWING:

1. Links to the City of Lake Geneva's live video stream can be found at www.cityoflakegeneva.com/video
2. Television: Watch live broadcast of the meeting on Spectrum Cable Channel 25
3. Listen to audio via phone: (602) 333-2017 (Long distance rates may apply) (888) 204-5987 (Toll Free) **Access Code:** 9746153

AGENDA-AMENDED

1. Call to Order by Chairperson Howell
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes
4. Approve the minutes of the May 3, 2022 Finance, Licensing, and Regulation Committee meeting as prepared and distributed
5. **Licenses & Permits**
 - a. Discussion/Recommendation regarding a Tier I Event Permit Application filed by Badger High School, for the event of Badger High School Graduation Ceremony to take place on June 5, 2022, from 1:00 p.m. to 2:00 p.m., to take place on at Badger High School along with the Lake Geneva Middle School, requesting road closure on Wells St between South Ave and Hwy 120- *Clerk Kropf*
 - b. Discussion/Recommendation regarding a Tier I Event Permit Application filed by the McHenry County Farm Bureau, for the event of Tractor Trek to take place on July 16, 2022, from 10:30 a.m. to 1:30 p.m., to take in Flat Iron Park- *Clerk Kropf*
 - c. Discussion/Recommendation regarding a Fireworks Display Application filed by the Lake Geneva Jaycees for the Venetian Festival to take place on August 21, 2022 at Dusk- *Clerk Kropf*
 - d. Discussion/Recommendation regarding an Agent Change for Breakfast Bungalow LLC d/b/a Great Eggs, located at 220 Cook St #101, to Catherine Griffith- *Clerk Kropf*
 - e. Discussion/Recommendation regarding Massage Establishment Renewal Applications, for the term of July 1, 2022 to June 30, 2023 filed by:
 - Lake Geneva Massage Therapy
 - Lakeview Spa
 - f. Discussion/Recommendation regarding Sidewalk Café Renewal Applications, for the term of July 1, 2022 to June 30, 2023 filed by:
 - Barrique Bistro and Wine Bar
 - Flat Iron Tap
 - Guac Star

- Harborside Pub & Grill
- Harry's Café & Place
- Lake Aire Restaurant
- Oakfire
- Popeye's
- Simple Café
- Sopra

6. Discussion/Recommendation regarding **Resolution 22-R30** a resolution authorizing and directing the proper city official(s) to issue the Liquor License renewals for the period of July 1, 2022, to June 30, 2023– **Clerk Kropf**
7. Discussion/Recommendation regarding **Resolution 22-R31** a resolution authorizing a 2022 Budget Amendment for the use of Contingency funds for a traffic signal warrant study on Interchange North at Center Street to be split equally with Walworth County; City portion to be paid from the Contingency fund in an amount not to exceed \$4,000.00– **Finance Director Hall**
8. Discussion/Recommendation regarding identifying a funding source for the additional \$50,000 allocated to the Townline Rd/Edwards Blvd traffic signal
9. Discussion regarding Special Assessments – **Ald. Fesenmaier**
10. Discussion regarding the April Treasurer's Report and Budget versus Actual – **Finance Director Hall**
11. **Presentation of Accounts**
 - a. Prepaid Bills in the amount of \$ 98,512.45
 - b. Regular Bills in the amount of **\$151,286.05**

12. Adjournment

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

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

FINANCE, LICENSING & REGULATION COMMITTEE
TUESDAY, MAY 3, 2022 – 4:30 PM
CITY HALL, COUNCIL CHAMBERS

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

Chairperson Howell called the meeting to order at 4:30 p.m.

Roll Call

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

Absent: None

Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes

None

Approve the minutes of the April 19, 2022 Finance, Licensing, and Regulation Committee meeting as prepared and distributed

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

Motion by Fesenmaier to move agenda item pertaining to the Lake Geneva School request for additional funds for the traffic light to be placed at Bloomfield Road, second by Halverson. No discussion. Motion carried 5-0.

Discussion/Recommendation regarding Lake Geneva School request for additional funds for the traffic light to be placed at Bloomfield Road

Jim Gottinger from the School district addressed the committee regarding the traffic light and the request of additional funds. He added that the estimate for the project was much lower than the actual cost. He is requesting that the City allocate extra funds to help alleviate the strain on the school district. He explained that the school board did consider the updated memorandum of understanding and it was approved. He referenced a letter that was submitted to the committee and asked that the City consider offering an additional \$90,000.

City Administrator Nord stated that there was an additional cost for the WI DOT oversight of the project, engineering fees, and increased material costs, which would explain the increase in the overall project cost.

Finance Director Hall stated that the City has a healthy unassigned fund balance and that they could transfer the funds to the capital fund.

Motion by Fesenmaier to fund \$70,000 of the project for the traffic light, second by Howell. Hedlund expressed concerns with the City spending \$220,000 on a project that is not located within the City.

Howell stated that the Council would not have an obligation to pay and if the City does

Motion failed 1-4, on a roll call with Hedlund, Halverson, Howell, and Yunker voting no.

Motion by Halverson to contribute \$50,000 to the project, second by Fesenmaier. Motion carried 4-1, with Yunker voting no.

Licenses & Permits

Discussion/Recommendation regarding Temporary Operator License Applications filed by Emily Albrecht, William Briggs, Karlee Fowler, Patricia Hardin, Meagan Lamon, Nicholette Marsicano, Monika Stinebrink, and Tanya Summerville for the Wine Walk to take place on May 22, 2022

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

Discussion/Recommendation regarding a Tier I Event Permit Application filed by J3 Events INC, for the event of Wine Run 5K to take place on June 12, 2022, from 9:00 a.m. to 10:00 a.m., to take place on Edwards Blvd/Sheridan Springs Rd, to end at 401 E Sheridan Springs Rd

Motion by Hedlund to approve, second by Yunker. Hedlund noted that this is an annual event. Motion carried 5-0.

Discussion/Recommendation regarding a Public Assembly Permit Application filed by Gena Orlando for the event of Walworth County Out of the Darkness Community Walk to take place on September 24, 2022 from 7:00 a.m. to 1:00 p.m. on various streets in Downtown Lake Geneva, with the walk ending at Brunk Pavilion at Flat Iron Park; applicant is requesting waiver of parking fees

Motion by Hedlund to allow Gena Orlando to speak, second by Howell.

Ms. Orlando addressed the committee regarding the event. She represents the American Foundation for Suicide Prevention and this event would be to raise funds for the group. This walk would not be a competitive event, but a walk to reflect on suicide prevention. Orlando added that she would like to continue to have the event in Lake Geneva for years to come.

Motion by Howell to approve with the waiver of parking fees, second by Fesenmaier. Hedlund stated that based on the date and time of the event, he would not have an issue approving the waiver. Motion carried 5-0.

Discussion/Recommendation regarding bid award for the 2022 Street Improvement Project to Wolf Paving Co Inc in an amount not to exceed \$541,552.00

Joe DeYoung from MSA addressed the committee regarding the bid tab for this project. He added that Wolf Paving was the lowest bidder and recommended the award.

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

Discussion/Recommendation regarding possible speed limit reduction on section of County Road H

Lieutenant Way addressed the committee regarding the request to slow down to traffic coming into the City on Highway H.

Motion by Hedlund to approve, second by Yunker. Motion carried 5-0.

Presentation of Accounts

Prepaid Bills in the amount of \$ 36,190.38

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

Regular Bills in the amount of \$247,577.75

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

Adjournment

Motion by Hedlund to adjourn, second by Yunker. Motion carried. The meeting adjourned at 5:01 p.m.



CITY OF LAKE GENEVA EVENT PERMIT APPLICATION

Please fill in all blanks completely, as incomplete applications will be rejected.
Applications must be submitted
AT LEAST 4 WEEKS prior to the proposed event date for approval.

Section I- APPLICANT INFORMATION

Name of Applicant: Mrs. Jennifer Straus
Name of Event Organizer/Producer: Badger HS Graduation Ceremony
Production Company/Organization: Badger HS / Principal Straus FEIN #: _____
Street Address: 220 E South Ave
City: Lake Geneva State: WI Zip code: 53147

Are you a ☐ For-Profit OR ☒ Non-Profit Organization 501(c) _____

EIN # (Tax Exempt Number): 39-6025357

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

Section II- EVENT INFORMATION- Check the proper category

☐ **Public Assembly Permit- *Non-Profit: No Charge; Otherwise: \$60.00 per day Fee**

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

☐ **Block Parties or use of Gazebo for 1 Hour Photo Ops: * Non-profit: No Charge; Otherwise: \$75.00 Fee**

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

☒ **Tier 1 Events: *Non-Profit: No Charge; Otherwise: \$250.00 Fee for an event up to seven days; additional \$50.00 per day thereafter**

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

☐ **Tier 2 Events: *Non-Profit: No Charge; Otherwise: \$500.00 Fee for an event up to seven days; additional \$100.00 per day thereafter**

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

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

1. Title of Event: Badger HS Graduation Ceremony
2. Date(s) of Event: June 5th, 2022
3. Location(s) of Event: Badger HS and Lake Geneva Middle School (football field)
4. Hours: 1:00 pm - 2:00 pm
Note: Start Time & End Time
5. Event Chair/Contact Person: Jenny Straus Phone: [REDACTED]
6. Day of Event Contact Name: Jenny Straus Phone: -
7. Is the event open to the public? No ~~YES~~ - families of graduates
8. Will you charge an admission fee? No
9. Estimated Attendance Number: 1000
10. Basis for estimate: graduates x family
11. Will you be setting up a tent? No

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

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

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

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

Badger Custodial Team to clean up event

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

Lake Geneva Police dept and Officer Ward

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

17. Will your event include the sale of beer and/or wine? 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? No
If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

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

Continue to next page...

Section III- STREET USE

☐ Check if this section does not apply

Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:

☒ Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.

☐ Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.

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

Road closures must include rental of barricades; must be coordinated with the City of Lake Geneva Department of Public Works

see Map attached. Wells Street between South Ave
and Hwy 120 Lights.

2. Will any parking stalls be used or blocked during the event?

No

Parking Stall daily fees or bagging of Parking Stall fees are not included with the event permit fee; arrangements must be made with the City of Lake Geneva Parking Manager

Dates of Use: _____

Total Number of Parking Stalls being Requested: _____

Parking Stall Number(s) and Location: _____

3. Description of Signage to be used during event:

Badger HS Graduation

**The use of City Street Banner poles will require a separate, complete Street Banner Display Application*

4. 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: Lake Geneva PD and Officer Ward

☐ **Fire/EMS Services;** Explain: _____

☐ **Other;** Explain: _____

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

***All Parks and Public Spaces must be left the way they were originally found. A credit card is required to be placed on file with the City Clerk's office should the park or public space incur any damage or has not been cleaned up. Any charges will be communicated to the card holder prior to credit card processing.**

Name on Card: _____

Credit Card #: _____

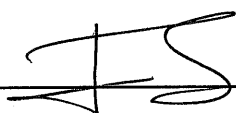
Expiration Date: ____/____/____ CVV#: _____

Billing Address: _____

City, State, Zip Code: _____

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

Applicant Signature: _____



Date: _____

4/22/22



 Students walk

 Closed road



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/21/2022

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

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

PRODUCER M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713		CONTACT NAME: PHONE (A/C No. Ext): 800-272-2443 FAX (A/C No): 608-273-1725 E-MAIL ADDRESS: info@m3ins.com		
INSURED Lake Geneva Jt School District 1 208 East South Street Lake Geneva WI 53147-2436 LAKEGEN-02		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : EMCASCO Insurance Company		21407
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES**CERTIFICATE NUMBER:** 677821835**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			5D14930	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Lake Geneva 626 Geneva Street Lake Geneva WI 53147	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

For Office Use Only

Date Filed with Clerk: 4/28/22 Payment Amount: \$ N/A

Receipt #: N/A

City Clerk/Administrator Signature: [Signature] Date: 4/28/2022

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: Lt. E. SA #160 Date: 05/02/2022

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: [Signature] Date: 5/4/22

☒ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5-4-2022

☒ Approve ☐ Denied Notes: _____

Parking Signature: N/A Date: _____

☒ Approve ☐ Denied Notes: _____

Harbormaster Signature: N/A Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: 5/17/22

Council Meeting Date: 5/23/22



CITY OF LAKE GENEVA EVENT PERMIT APPLICATION

Please fill in all blanks completely, as incomplete applications will be rejected.

Applications must be submitted

AT LEAST 4 WEEKS prior to the proposed event date for approval.

Section I- APPLICANT INFORMATION

Name of Applicant: McHenry County Farm Bureau & MCFB Foundation
Name of Event Organizer/Producer: Tractor Trek (for Ag in the Classroom)
Production Company/Organization: McHenry County Farm Bureau FEIN #: 36-1456250
Street Address: 1102 McConnell Rd, PO BOX 1530
City: Woodstock State: IL Zip code: 60098

Are you a ☐ For-Profit OR ☒ Non-Profit Organization 501(c)3
EIN # (Tax Exempt Number): 31-1713699 (McHenry Co. Farm Bureau FNDDT)
*All non-profits must present a copy of their current Tax ID- EIN#

Section II- EVENT INFORMATION- Check the proper category

☐ **Public Assembly Permit- *Non-Profit: No Charge; Otherwise: \$60.00 per day Fee**

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

☐ **Block Parties or use of Gazebo for 1 Hour Photo Ops: * Non-profit: No Charge; Otherwise: \$75.00 Fee**

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

☒ **Tier 1 Events: *Non-Profit: No Charge; Otherwise: \$250.00 Fee for an event up to seven days; additional \$50.00 per day thereafter**

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

☐ **Tier 2 Events: *Non-Profit: No Charge; Otherwise: \$500.00 Fee for an event up to seven days; additional \$100.00 per day thereafter**

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

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

1. Title of Event: Tractor Trek
2. Date(s) of Event: Saturday, July 16, 2022
3. Location(s) of Event: Flat Iron Park
4. Hours: 10:30 am Flat Iron Park arrival (Meet at High School Prior), 1:30 pm departure
Note: Start Time & End Time
5. Event Chair/Contact Person: Dan Volkers, MCFB Manager Phone: [REDACTED]
6. Day of Event Contact Name: Dan Volkers Phone: [REDACTED]
7. Is the event open to the public? Yes ☒
8. Will you charge an admission fee? No
9. Estimated Attendance Number: 100 or so tractors/drivers + 50 guests
10. Basis for estimate: Past events, doesn't include those who come to view the tractors.
11. Will you be setting up a tent? No

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

12. Will there be any animals? No

If yes, what type and how many: _____

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

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

We pull a support trailer behind one of the tractors with trash cans and portable restrooms.
Volunteers also walk area after tractors depart.

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

We have volunteers that watch over the equipment.

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

17. Will your event include the sale of beer and/or wine? 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? No
If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

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

Continue to next page...

Section III- STREET USE

☐ Check if this section does not apply

Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:

☒ Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.

☐ Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.

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

Road closures must include rental of barricades; must be coordinated with the City of Lake Geneva Department of Public Works

We assembled at the high school and the police guided us down to Flat Iron Park. They also helped us leave the park, no further support was needed on the streets.

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

Parking Stall daily fees or bagging of Parking Stall fees are not included with the event permit fee; arrangements must be made with the City of Lake Geneva Parking Manager

Dates of Use: Friday, July 16

Total Number of Parking Stalls being Requested: It would be nice to have 4 spots for support vehicles near park.

Parking Stall Number(s) and Location: You could designate the spots if they are available

3. Description of Signage to be used during event: Tractor Trek Support Team

**The use of City Street Banner poles will require a separate, complete Street Banner Display Application*

4. 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: _____

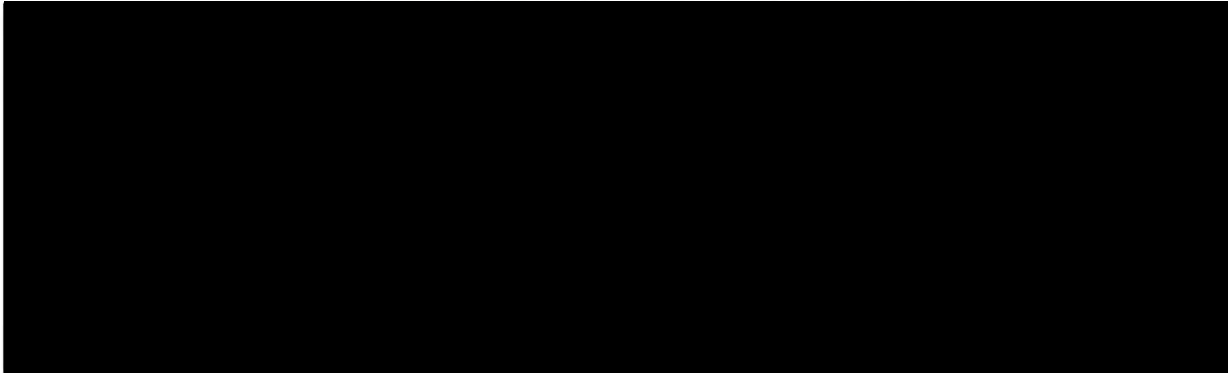
☒ **Police Services;** Explain: Guiding tractors to Flat Iron Park from High School, help tractors depart Flat Iron Park.

☐ **Fire/EMS Services;** Explain: _____

☐ **Other;** Explain: _____

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

***All Parks and Public Spaces must be left the way they were originally found. A credit card is required to be placed on file with the City Clerk's office should the park or public space incur any damage or has not been cleaned up. Any charges will be communicated to the card holder prior to credit card processing.**



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

Applicant Signature: *Da Volts* Date: 4.21-22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/19/2022

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

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

PRODUCER BILL FRISCH (07872) 155 A PARK AVE CARY, IL 60013-0000	CONTACT NAME: BILL FRISCH	
	PHONE (A/C, No, Ext): 847-462-0464 FAX (A/C, No): 847-462-0454	
	E-MAIL ADDRESS: WILLIAM.FRISCH@COUNTRYFINANCIAL.COM	
INSURED 5027751 MCHENRY COUNTY FARM BUREAU PO BOX 1530 WOODSTOCK, IL 60098	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: COUNTRY Mutual Insurance Company	20990
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC	☒		AB0277510	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS	☒		AB0277510 Covered on Gen Liab	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☒ RETENTION \$ 10,000	☒		AU0277510	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	N/A	AW0277510	4/1/2022	4/1/2023	☒ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

JOB NAME:
TRACTOR TREK SATURDAY, JULY 16, 2022.
(CONTINUED)**CERTIFICATE HOLDER****CANCELLATION**CITY OF LAKE GENEVA
626 GENEVA ST
LAKE GENEVA, WI 53147

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



1102 McConnell Rd.
P.O. Box 1530
Woodstock, IL 60098
Phone: 815-338-1520
Fax: 815-338-1522
Email: mcfb@att.net
Website: mchenrycfb.org

March 25, 2022

City of Lake Geneva
City Clerk – Lana Kropf
Assistant City Clerk – Vanessa Jahns

Dear City of Lake Geneva,

McHenry County Farm Bureau & McHenry County Antique Farm Equipment Association will be holding their 20th annual Tractor Trek for Ag in the Classroom on Saturday, July 16, 2022. The events purpose is to raise funds for the Ag in the Classroom program and create agricultural awareness. We would like to make a return trip to your city for our big anniversary (first visit was 2010 and we loved it so much we came for our 10-year event two years later).

We worked with the Tourism Board on prior events, and they did an awesome job of coordinating everything with the city, chamber, police, media, etc. We also worked with Lake Geneva Cruise Line and Popeyes and they did a great job with our sizable group (100 or so tractors/drivers, 12 support team members, and another 30-40 guest that joined for the tour and meal) and we would like to work with them again this year. Additional people made a special trip to town just to view the antique farm tractors that were gathered at Flat Iron Park. Others literally followed us to our beautiful destination (it is pretty easy to keep up with us, we run about 12 mph).

We made our first request to Visit Lake Geneva in 2020 and we understood the ongoing uncertainty at the time and the need to follow back. We followed up in July of 21 and eventually connected with Deanne Goodwin and communicated with her until February of 2022, when we received correspondence from her stating that "We can no longer apply for permits on the Farm Bureau's behalf like the Chamber did previously." She did mention that they could certainly promote the event, but we (Farm Bureau) would need to work through the city for the use of the park, police support, etc.

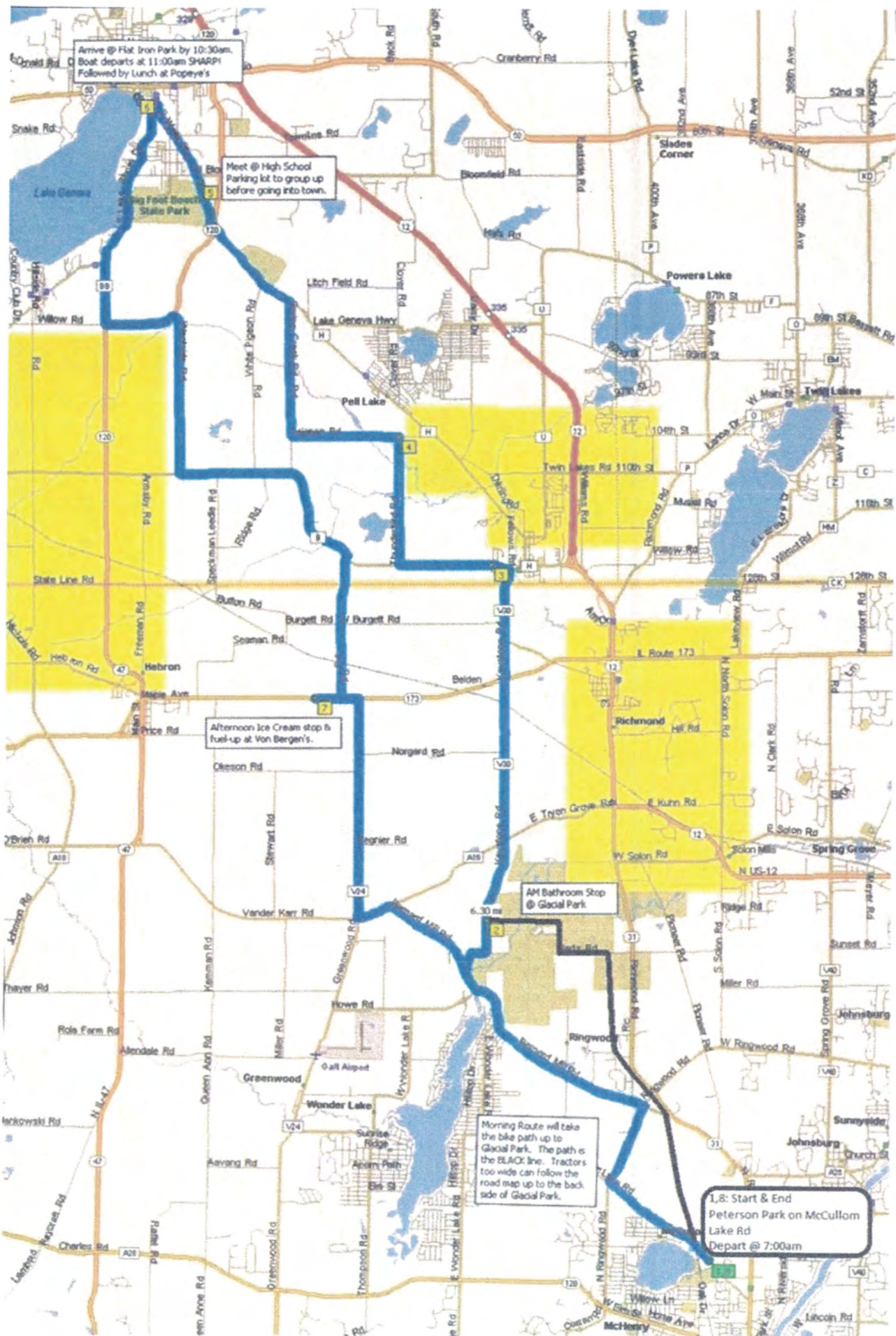
My volunteer committee was disappointed with the change, but they wanted to push ahead with a formal request to see if can bring the event back in 2022. I have included some pictures, a prior route (2010) and map (2012) to give you a little better perspective of the event.

We look forward to hearing from you.

Sincerely,

Dan Volkers, McHenry County Farm Bureau Manager
CC: Lake Geneva Cruise Lines and Popeye's.





Summary: 40.7 miles

0.0 Depart 9719 SR-173, Hebron, IL 60034 [9719 SR-173, Hebron, IL 60034] on SR-173 (East) 0.4 mi
0.4 Turn LEFT (North) onto Lange Rd 1.9 mi
2.0 Entering Wisconsin
2.4 Turn RIGHT (South) onto CR-B 0.8 mi
3.1 Turn LEFT (North) onto Thunderbird Rd 1.8 mi
4.9 Turn LEFT (West) onto Deignan Rd 1.5 mi
6.4 Turn LEFT (South) onto Spring Creek Rd 0.5 mi
6.9 Turn RIGHT (West) onto CR-B 0.4 mi
7.2 Turn LEFT (South) onto Ridge Rd 1.1 mi
8.3 At Ridge Rd, Lake Geneva, WI 53147, stay on Ridge Rd (West) 0.4 mi
8.7 Turn RIGHT (North) onto Speckman Leedle Rd 1.0 mi
9.7 Turn LEFT (West) onto CR-B 0.5 mi
10.2 Turn RIGHT (North) onto Westside Rd 2.2 mi
12.4 Turn RIGHT (North-East) onto SR-120 1.4 mi
13.8 Road name changes to Local road(s) 21 yds
13.8 Road name changes to (S) Wells St 1.8 mi
15.6 Turn LEFT (West) onto Baker St 0.2 mi
15.8 Bear RIGHT (North-West) onto Wrigley Dr 0.1 mi
16.0 Turn RIGHT (North-East) onto Local road(s) 32 yds
16.0 At Flatiron Park, return South-West on Local road(s) 32 yds
16.0 Turn LEFT (South-East) onto Wrigley Dr 0.1 mi
16.1 Bear LEFT (East) onto Baker St 0.1 mi
16.2 Bear RIGHT (South) onto S Lake Shore Dr 2.2 mi
18.5 Keep RIGHT onto CR-BB 1.2 mi
19.7 Bear LEFT (South) onto Hillside Rd 3.2 mi
23.0 Turn RIGHT (West) onto Mohawk Rd 1.0 mi
24.0 Turn RIGHT (North) onto Zenda Rd 0.6 mi
24.6 At Zenda Rd, Lake Geneva, WI 53147, return South on Zenda Rd 0.6 mi
25.1 Turn RIGHT (West) onto Mohawk Rd 0.2 mi
25.4 Turn LEFT (South) onto Bissell Rd 0.6 mi
25.9 Entering Illinois
25.9 Turn LEFT (East) onto Nichols Rd 1.7 mi
27.6 Road name changes to Johnson Rd 2.6 mi
30.2 Keep STRAIGHT onto CR-A18 [Johnson Rd] 1.1 mi
31.4 Keep STRAIGHT onto Johnson Rd 1.1 mi
32.4 Turn LEFT (East) onto Thayer Rd 2.9 mi
35.3 Turn LEFT (North) onto Kemman Rd 4.0 mi
39.4 Turn RIGHT (East) onto SR-173 1.3 mi
40.7 Arrive 9719 SR-173, Hebron, IL 60034 [9719 SR-173, Hebron, IL 60034]

SUMMARY

Driving distance: 40.7 miles

For Office Use Only

Date Filed with Clerk: 4/21/22 Payment Amount: \$ N/A

Receipt #: N/A

City Clerk/Administrator Signature: [Signature] Date: 4/21/2022

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: Lt. E. [Signature] #160 Date: 04/22/2022

☐ Approve ☐ Denied Notes: _____

Fire Chief Signature: [Signature] Date: 4/22/22

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 4-21-22

☒ Approve ☐ Denied Notes: _____

Parking Signature: [Signature] Date: 4/27/22

☐ Approve ☐ Denied Notes: PARKING DEPT. TO INVOICE \$800.00 FOR

RESERVED STATUS.

Harbormaster Signature: [Signature] Date: 5-5-22

☐ Approve ☐ Denied Notes: MAY CLOSE BOAT LAUNCH IN P.M.

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____

CITY OF LAKE GENEVA

FIREWORKS APPLICATION



\$50.00 Fee

Application to possess and use class B(1.3), C(1.4) fireworks in accordance and compliance with Local, State, and NFPA Codes and Requirements

Applicant: Ryan Lasch Phone: [REDACTED]

Group / Agency sponsoring fireworks display (An individual cannot be issued a permit):

The Lake Geneva Jaycees

Address of group/agency sponsoring fireworks display (NO P.O. Box):

PO Box 411 Lake Geneva WI 53147
Street Address City State Zip

Name of Fireworks Company performing display: J+M Displays

Address of Firework Company performing display (NO P.O. Box):

18064 170th Ave Yarmouth IA 52660
Street Address City State Zip

Date/Time of authorized possession and use: 8-21-22 @ Dusk

SPECIFIC LOCAL REQUIREMENTS

1. Application fee - \$50 per event
2. An itemized list of (label name) and quantity of class B(1.3), C(1.4) fireworks attached with application
3. Proof of liability coverage (copy of policy attached with application)
4. Fireworks must be displayed not less than required by NFPA Standards and must be away from spectators, vehicles and other exposures with a minimum of 300 feet for 1.3 G shows
5. All displays will be aimed away from spectators
6. A test shot will be fired into the air at least 1 hour before scheduled display
7. Fireworks that have been wet at any time prior to the display will NOT be used

NOTE: Permit required Class C fireworks cannot be sold to minors or persons restricted from possession of dangerous weapons due to a criminal conviction record. Certain types of class B or C fireworks shoot multiple projectiles at speeds of 1300 feet per second.

RELEASE OF LIABILITY

I, The Lake Geneva Jaycees, am aware of the dangers of fireworks and
(Please Print Name)

am willing to assume full responsibility for any personal or property damage due to the display of fireworks. The applicant/group/agency agrees to indemnify and hold the City of Lake Geneva harmless from any claims or liability, including attorney fees and other defense costs, which may arise from the use, storage, transportation or possession of fireworks.

Ryan Lasch

DATE: 12-27-2021

APPLICANT SIGNATURE

For Office Use Only

Amount Paid and Receipt Number \$50.00 15.003088 Date Received 12/28/21

Check Number _____ GLLEA Approval (if applicable) _____

Police Chief Approval Lt. E. Smith #160 Fire Chief Approval [Signature] 5/31/22

Entered into RMS 22-5998 Fire Engine Standby Required ☒ Yes ☐ No

Date Sent to Council _____ Permit Issued by _____

Mayor Signature _____ Date Issued _____



J&M Displays Proposal for: **Lake Geneva Jaycees Venetian Festival**

Flights

4 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|---------------------------------|--|
| 4 | Glittering willow waterfall | |
| 4 | Red green and blue moving stars | |

Category Shell Count: 8

4 Inch Special Effect shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|-----------------------------------|--|
| 4 | Blue to crackle w/ crackle pistil | |
| 2 | Ghost Green to crackle peony | |
| 2 | Ghost Orange to crackle peony | |

Category Shell Count: 8

Section Shell Count: 16

Main Event

Multi-shell Barrage Units

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 1 | Blue tail to golden belt w/red glitter green glitter & white glitter 36 shot | |
| 1 | Green comets to Green Strobe Willow with Purple 49 shot | |
| 1 | 1.75" Red green purple blue lemon dahlia with silver 66 shot | |
| 1 | Big silver tourbillion 100 shot Z shape | |

Category Shell Count: 251

3 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|---|--|
| 2 | Assortment F of 20 different J&M Brand Shells ELECTRIC FIRE | |
| 2 | Assortment Q of 20 different J&M Brand Shells ELECTRIC FIRE | |
| 2 | Assortment T of 20 different J&M Brand Shells ELECTRIC FIRE | |

Category Shell Count: 120

4 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|---|--|
| 1 | Assortment J of 20 different J&M Brand shells (LOW FALLOUT) | |
| 2 | Assortment L of 20 different J&M Brand Shells ELECTRIC FIRE | |
| 2 | Assortment T of 20 different J&M Brand Shells ELECTRIC FIRE | |
| 1 | Assortment Y Of 20 different J&M Brand shells ELECTRIC FIRE | |

Category Shell Count: 120



J&M Displays Proposal for: Lake Geneva Jaycees Venetian Festival

Main Event

5 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|---|--|
| 3 | Glitter crossette | |
| 3 | Glittering to sea blue saturn with willow ring | |
| 3 | Glittering willow | |
| 3 | Green peony with crackling with flash willow pistil | |
| 6 | Magenta Sky Blue and Lemon dahlia with white glitter pistil | |
| 3 | Multi-Color Flowers | |
| 3 | Rainbow colored dahlia w/glittering pistil | |
| 3 | Smiling Time Rain Ring | |
| 1 | Assortment K of 15 different J&M Brand shells (low fallout) ELECTRIC FIRE | |
| 1 | Assortment N of 15 different J&M Brand shells ELECTRIC FIRE | |
| 1 | Assortment T of 15 different J&M Brand Shells ELECTRIC FIRE | |
| 1 | Assortment W of 15 different J&M Brand Shells ELECTRIC FIRE | |
| 2 | Assortment P of 10 Special J&M Brand pattern shells ELECTRIC FIRE | |

Category Shell Count: 107

6 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 1 | Hundreds of Flowers in Bloom | |
| 1 | Assortment N of 9 different J&M brand shells ELECTRIC FIRE | |
| 1 | Assortment Q of 9 different Long Duration J&M Brand Shells ELECTRIC FIRE | |

Category Shell Count: 19

6 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 2 | Nishiki kamuro to golden strobe w/orange strobe pistil | |
|---|--|--|

Category Shell Count: 2

8 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|---|--|
| 1 | Brocade crown with reports | |
| 1 | Glittering willow with pink lemon and light blue pistil | |
| 1 | Golden silk willow with green glittering pistil | |
| 1 | Golden willow shell of shells | |

Category Shell Count: 4

10 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|----------------------------------|--|
| 1 | Brocade crown with eight flowers | |
|---|----------------------------------|--|

Category Shell Count: 1

Section Shell Count: 624

Finales



J&M Displays Proposal for: Lake Geneva Jaycees Venetian Festival

Finales

2.5 Inch Finales

Quantity	Name	Rising Effect
----------	------	---------------

4	Rainbow peony 10 Shot finale chain	
---	------------------------------------	--

Category Shell Count: 40

3 Inch Finales

Quantity	Name	Rising Effect
----------	------	---------------

6	Report and palm 10 Shot finale chain	
3	Spiderweb 10 Shot finale chain	
12	Wave shell 10 Shot finale chain	

Category Shell Count: 210

4 Inch Finales

Quantity	Name	Rising Effect
----------	------	---------------

6	Color 8 shot finale chain	
3	Spiderweb 8 shot finale chain	

Category Shell Count: 72

5 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

6	Nishiki kamuro to var. color w/var. color pistil	
---	--	--

Category Shell Count: 6

10 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

1	Gold glitter crown	
---	--------------------	--

Category Shell Count: 1

Section Shell Count: 329

Miscellaneous

Ignition Items

Quantity	Name	Rising Effect
----------	------	---------------

100	Igniter 2 meter leads	
225	Igniter 3 meter leads	
30	MJG 3 meter (non-regulated ATF) Igniters with 10' leads (1 tek 10 - 30 per box)	
100	Igniter 4 meter leads	
50	Igniter 5 meter leads	

Category Shell Count: 0

Section Shell Count: 0

8% Free for Early Payment



J&M Displays Proposal for: Lake Geneva Jaycees Venetian Festival

8% Free for Early Payment

Multi-shell Barrage Units

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 1 | Super crown with blue stars with mines 49 shot | |
| 1 | 8 X 5 Fan Shaped Green glitter and crackling crossette | |

Category Shell Count: 73

3 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|-------------------|--|
| 2 | Multicolor strobe | |
|---|-------------------|--|

Category Shell Count: 2

4 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 4 | Glittering willow | |
| 1 | Assortment S of 10 different pairs of J&M Brand shells ELECTRIC FIRE | |

Category Shell Count: 24

4 Inch Special Effect shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|-----------------------------------|--|
| 1 | Glittering silver to green chrys | |
| 1 | Glittering silver to purple chrys | |

Category Shell Count: 2

Section Shell Count: 101

Free for Advertising

4 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 1 | Assortment W of 5 different pairs of dahlias ELECTRIC FIRE | |
|---|--|--|

Category Shell Count: 10

4 Inch Special Effect shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|------------------|--|
| 4 | Var. color cycas | |
|---|------------------|--|

Category Shell Count: 4

6 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

- | | | |
|---|--|--|
| 2 | Red to Blue peony with rising small flower tail (white strobe) | |
| 3 | Silver crackling crossette | |
| 2 | Spiderweb | |
| 1 | Spiderweb with Pink willow pistil | |
| 2 | Three times flowers red white and blue | |

Category Shell Count: 10



J&M Displays Proposal for: **Lake Geneva Jaycees Venetian Festival**

Free for Advertising

6 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

1	Nishiki kamuro to white strobe with white strobe pistil	
---	---	--

Category Shell Count: 1

Section Shell Count: 25

15% Free for Multiple Year Agreement

Multi-shell Barrage Units

Quantity	Name	Rising Effect
----------	------	---------------

1	Color and palms 100 shot I shape	
---	----------------------------------	--

Category Shell Count: 100

3 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

1	Brocade crown ring with silver strobe pistil	
---	--	--

Category Shell Count: 1

6 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

2	Strobing chrys w/var. color flower sheets	
---	---	--

2	Willow with multi-flash with purple pink lemon pistils	
---	--	--

Category Shell Count: 4

8 Inch Special Effect Shells

Quantity	Name	Rising Effect
----------	------	---------------

1	Blue to green ghost peony w/red pistil	
---	--	--

1	Crackling crossette to crackling crossette with crackling tail (3-Stage)	
---	--	--

1	Golden spangle diadem w/red strobe pistil	
---	---	--

1	Peony with golden palm tree with pistil	
---	---	--

1	Strobing chrys with pistil (red & blue circle) w/rising flowers	
---	---	--

1	Twitter glitter to blue with red strobe pistil	
---	--	--

Category Shell Count: 6

Section Shell Count: 111

Free for Customer Satisfaction

5 Inch Color Shells

Quantity	Name	Rising Effect
----------	------	---------------

2	Fancy willow to crackle	
---	-------------------------	--

Category Shell Count: 2

Section Shell Count: 2



J&M Displays Proposal for: **Lake Geneva Jaycees Venetian Festival**

This proposal includes an extension of our \$10,000,000.00 spectator liability insurance, and workers compensation on our shoot team.

Total Price of Show: **\$23,000.00**

Total Shot Count: 1208

Packing Check: 662

Date of Display: 08/18/19

Customer Number: 10615

Please Note the Following Comments:

The data in this proposal is confidential, and is to be accorded confidential treatment and shall not be disclosed other than to the official representative of the organization listed on the cover, and only then when in the evaluation of this proposal. Any reproduction of the contents of this proposal, whether in whole or in part, is expressly forbidden. J&M Displays, Inc. requests that all information be safeguarded from release pursuant to any request under the Freedom of Information Law of this state or any other state or jurisdiction; as it may cause competitive disadvantage to our company. The enclosed concepts and materials are the sole and exclusive property of J&M Displays, Inc. We reserve the right to make substitutions of equal or greater value. Prices and specifications are subject to change without notice. For choreographed displays the quantity and sizes of product may change based on the music selected; however, the dollar value of the product will remain the same.

Vanessa Jahns

From: Ryan Lasch <lgjcpresident18@gmail.com>
Sent: Friday, December 31, 2021 11:32 AM
To: Vanessa Jahns
Subject: Re: Fireworks Application

You can use that fireworks list for now. I am working on increasing the show this year. Will you need an updated list if we increase the show before we can get approval? I will get the special event policy taken care of. That can come in after approval right?

Sent from my iPad

On Dec 29, 2021, at 3:36 PM, Vanessa Jahns <vjahns@cityoflakegeneva.com> wrote:

Hi Ryan,

I've had a request for the fireworks list for Venetian Fest. I've attached what we have from last year, which looks to be a multi-year plan. Is it okay for me to use this one, or is there a newer plan? Also, I think I remember the liability coverage coming later last year due to timing on the insurance provider. Could you let me know if you have a copy of that policy or if it is still forthcoming?

Thank you so much!

Vanessa Jahns

Assistant City Clerk
City of Lake Geneva
626 Geneva St
Lake Geneva, WI 53147
P: (262) 249-4093
F: (262) 248-4715
Population: 7,893
<image001.jpg>

Elected Officials and Members of City Committee or Commission: In order to comply with Open Meetings Requirements, please limit any reply to only the sender of this email.

<LG JAYCEES NP 2019.pdf>

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

Submit to municipal clerk.

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

To the governing body of: ☐ Town ☐ Village ☒ City of LAKE GENEVA County of WALWORTH

The undersigned duly authorized officer/member/manager of BREAKFAST BURGALOW 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 EGGS
(Trade Name)

located at 220 COOK STREET #101, LAKE GENEVA, WI 53147

appoints CATHERINE GRIFFITH
(Name of Appointed Agent)

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

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

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

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

Place of residence last year

For: BREAKFAST BURGALOW LLC
(Name of Corporation / Organization / Limited Liability Company)
By: [Signature]
(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

I, Catherine Griffith, 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.

Cathy Griffith 4/21/2022

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 04/27/2022 by [Signature] Title Lieutenant
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

This certificate represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Certificate of Completion

This is to certify that

Catherine Griffith

has successfully completed the
**LIQUORExam.com Responsible Beverage
Server and Seller Training Program**

Course Name: Wisconsin Alcohol Server and Seller Certification



Edward D McLean, Administrator
www.LIQUORExam.com

Date: 04/21/2022
Expiration: 24 Months
Certificate #: 99090
Birth Date: 11/01/1968



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH **YEAR [15-1504]**

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Lake Geneva Massage Therapy

Corporate Name (if applicable): _____

Business Address (Physical): 905 Marshall St.

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Please explain the nature of services to be provided: massage therap

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Mark W Mitchell

Attached

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

N/A

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

☒ NO

☐ YES

If yes, please explain:

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

☒ NO

☐ YES

If yes, provide the offense, date, location, and disposition:

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

APPLICANT SIGNATURE: [Signature] Date: 4-29-2022

For Office Use Only

Date Filed: 5-3-22 Receipt #: 15-00421 Amt Paid: 50.00
Forwarded to Police Dept: 05/04/2022 Background Completed: 5-5-22 JA
Police Chief Recommendation: L.E. #160 Approved Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐
Forwarded to Building Dept: _____ Inspector approval required for new establishments
Building Inspector Recommendation: _____ Approved Denied
FLR/Council Approval Dates: _____ License #: _____
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to: Building & Zoning

Police Chief

Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Lakeview Spa

Corporate Name (if applicable): _____

Business Address (Physical): 335 Wngley Dr

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-248-2100 Email: reservations@bellavistasuites.com

Please explain the nature of services to be provided: Massages and facials

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Bella Vista Suites

Address: 335 Wngley Dr

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-248-2100 ☐ Copy of Driver's License Attached

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

N/A

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

☒ NO

☐ YES

If yes, please explain:

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

☒ NO

☐ YES

If yes, provide the offense, date, location, and disposition:

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

APPLICANT SIGNATURE:

Cassandra M. [Signature]

Date:

4/14/22

For Office Use Only

Date Filed: April 21, 2022

Receipt #:

Amt Paid:

Forwarded to Police Dept:

April 21, 2022

Background Completed:

Police Chief Recommendation:

Lt. E. #160

Approved

Denied

Fingerprinting required for new establishments - Fingerprinted by LGPD:

☐

Forwarded to Building Dept:

N/A

Inspector approval required for new establishments

Building Inspector Recommendation:

N/A

Approved

Denied

FLR/Council Approval Dates:

License #:

Verified: Stark ☐

MSI ☐

Notes/Conditions:

Copies to:

Building & Zoning

Police Chief

Fire Chief

awaiting
payment
as of 4/21/22

Sylvanna Leighninger



James Callender



Traci Marnul





General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: BARRIQUE BISTRO & WINE BAR
Address: 835 WAIGLEY DRIVE Suite/Unit#: _____
Email: INFO@BARRIQUEWINEBAR.COM Phone: 262-248-1948
Owner/Contact Person: TOM TRILLA Phone: [REDACTED]
Type of Business: RESTAURANT
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: SEASONAL CAFE PERMIT SEATING

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: BEACHSIDE HOSPITALITY, INC.
Address: 4612 BURMAN DR.
City, State, Zip: CRYSTAL LAKE, IL 60014
Contact Person: TOM TRILLA Phone: [REDACTED]

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☐ Local Business Address ☒ Corporate Address
☐ Other: _____

Building Information:

Owner: SENNER KEEFE Phone: [REDACTED] Email: _____
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature] Title: OWNER Date: 3-23-22

ETG

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, TOM TRILLA representing BARRIQUE BISTRO & WINE BAR as its
(FULL NAME) (ESTABLISHMENT)

OWNER
(TITLE)

agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: [Signature] DATE: 2-23-22

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: JANA M. TRILLA

Agent Address: [Redacted]

Agent Phone: [Redacted]

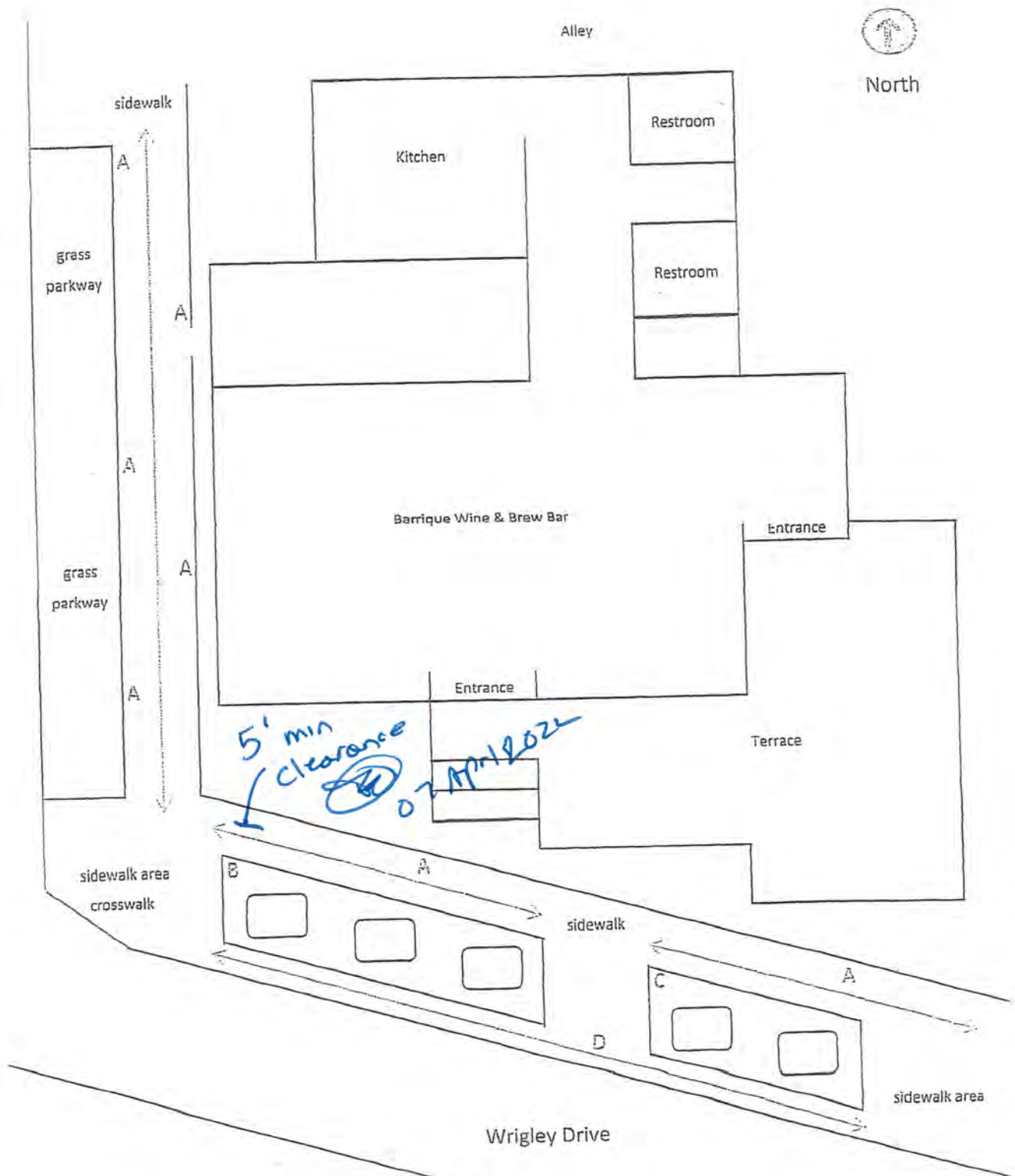
Agent E-mail: [Redacted]

Signature of Agent: [Signature] Date: 2-23-22

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No



- 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.



DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY	EXPIRATION DATE	I.D. NUMBER
Retail Food - Serving Meals - Moderate	30-Jun-2022	MEBH-9AXPAV
LICENSEE MAILING ADDRESS	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS
BEACHSIDE HOSPITALITY INC		BARRIQUE WINE AND BREW BAR
4612 BURMAN DR		835 WRIGLEY DR
CRYSTAL LAKE IL 60014		LAKE GENEVA WI 53147

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WDATCP-LICENSE RENEWAL
DRAWER 296
MILWAUKEE, WI 53293-0296
(608)224-4720

* Include the name of your facility and the ID number.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2022

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

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

PRODUCER Arthur J. Gallagher 240 Commerce Drive Crystal Lake IL 60014	CONTACT NAME: PHONE (A/C, No, Ext): 815-526-4127 FAX (A/C, No): 815-459-3360 E-MAIL ADDRESS: select_certificates@ajg.com
INSURED Beachside Hospitality Inc DBA 835 Wrigley Dr Lake Geneva, WI 53147	INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance, a Mutual Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
BEACHOS-01	NAIC # 15261

COVERAGES

CERTIFICATE NUMBER: 1100684946

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:			TRM 564684	5/24/2021	5/24/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			TRM 564684	5/24/2021	5/24/2022	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**City of Lake Geneva
626 Geneva Street
Lake Geneva WI 53147

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: Flat Iron Tap
Address: 150 Center Street Lake Geneva, WI 53147 Suite/Unit#: _____
Email: flatirontap@gmail.com Phone: 262-812-4064
Owner/Contact Person: David Wingate Phone: _____ Email: _____
Type of Business: Restaurant
Furnishings on Sidewalk? ☐ Yes (Proof of Liability Insurance Required) ☒ No
Describe: _____

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: D+D Restaurant Group
Address: 146 Evergreen Pkwy
City, State, Zip: Crystal Lake, IL 60014
Contact Person: David Wingate Phone: _____

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

Owner: Felice Pappas Phone: _____
Has the Building Owner approved the use of the space for your business? ☐ Yes ☒ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature] Title: City President Date: 4-27-08

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, David T Wingate representing Plat Iron Tap as its
(FULL NAME) (ESTABLISHMENT)

President
(TITLE) agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: [Signature] DATE: 4-27-22

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages? ☒ Yes ☐ No

If so, please provide the following information:

Liquor License Agent Name: Tyler Huttner

Agent Address:

Agent Phone:

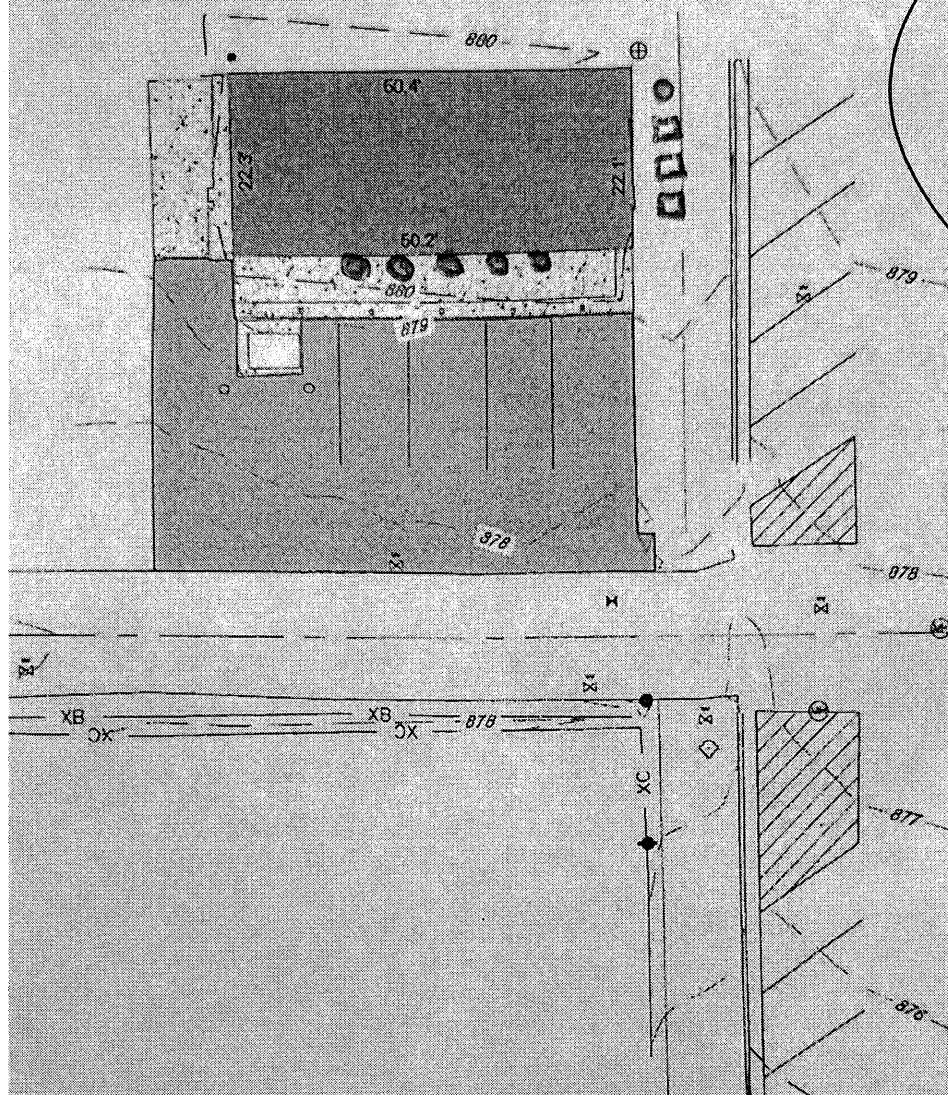
Agent E-mail:

Signature of Agent: [Signature] Date: 4-27-22

Do food sales generate more than 50% of gross receipts? ☒ Yes ☐ No

4 Top Tables

5' walk
shall/must be
maintained.





General License Application

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: QUAC STAR

Address: 120 BRAD ST, LAKE GENEVA, WI 53147 Suite/Unit#:

Email: QUACSTARLA@GMAIL.COM

Phone: 847-322-9008

Owner/Contact Person: KEVIN SINGH P

Type of Business: RESTAURANT

Furnishings on Sidewalk? ☐ Yes (Proof of Liability Insurance Required) ☒ No

Describe:

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name:

Address:

City, State, Zip:

Contact Person: Phone: Email:

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address

☐ Corporate Address

☐ Other:

Building Information:

Owner: JENNIFER KEEFE Phone:

Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No

Are there any improvements planned to the existing property? ☐ Yes ☒ No

If yes, please explain:

New Businesses and Location Changes Only

Opening Date: Property Currently Vacant? ☐ Yes ☐ No

Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No

Date of inspection: If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature]

Title: PRESIDENT

Date: 4/26/22

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Donna Schrott

Signature of Agent: Donna Schrott Date: 04/27/2022

INDEMNIFICATION STATEMENT

I, KEVIN SINGH representing GUAC STAR LLC as its
(FULL NAME) (ESTABLISHMENT)

PRESIDENT agree to hold harmless and indemnify the City, its directors,
(TITLE)
officers, employees and agents, from and against any and all liabilities, losses, claims, demands,
damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's
fees and costs of litigation, and all causes of action of any kind or character resulting from my use
of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67
(6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: [Signature] DATE: 4/27/22

For Office Use Only

Date Filed with Clerk: _____

Total Amount: \$ _____ Receipt No.: _____

Date Forwarded to Police Chief: 05/02/2022

Police Chief Signature: Lt. E. Singh #100 Approved Denied

Date Forwarded to Building Inspector: _____

Director of Building Inspector Signature: _____ Approved Denied

Date Forwarded to Director of Public Works: _____

Director of Public Works Signature: _____ Approved Denied

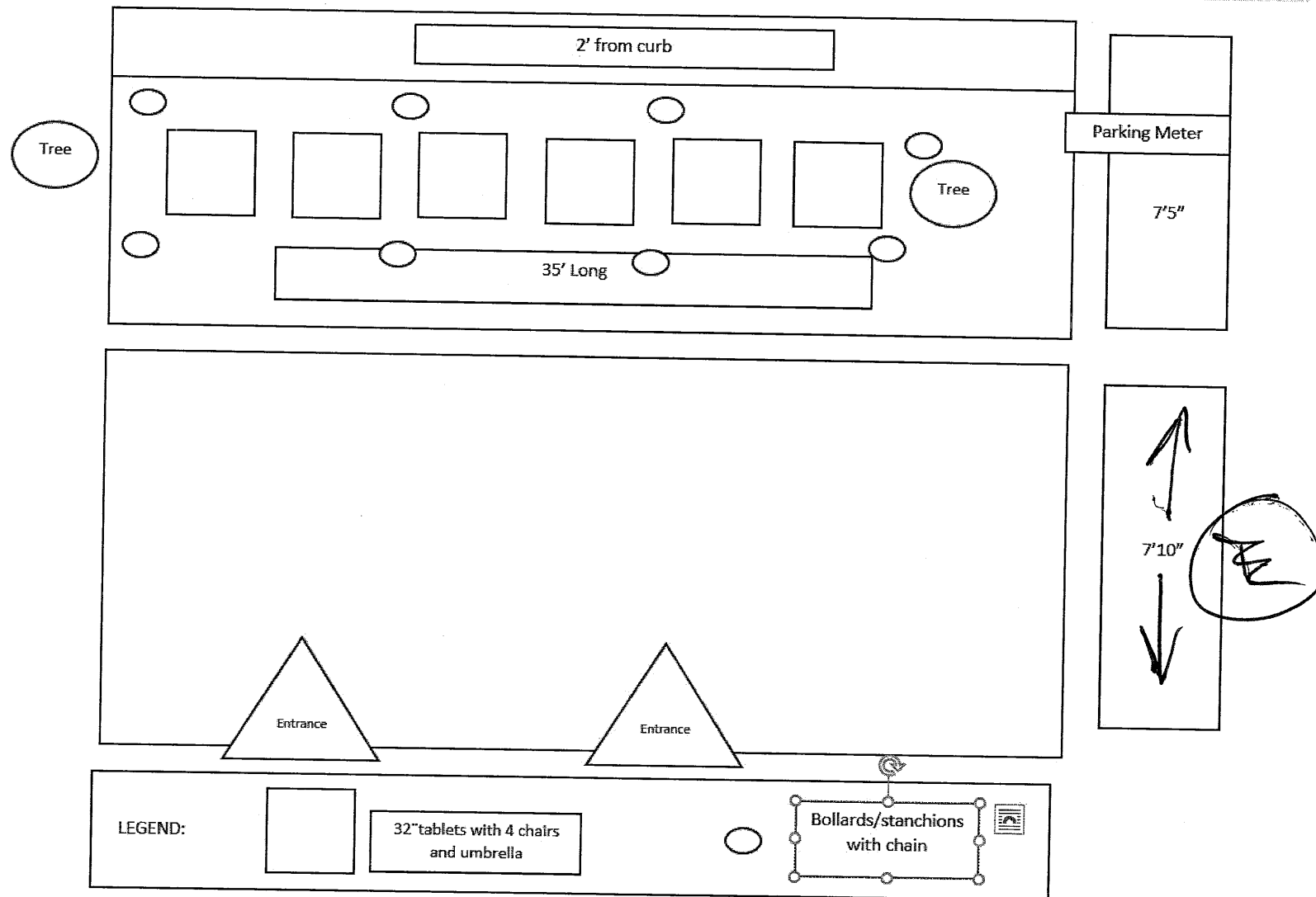
Date of FLR/Council Approval (for alcohol license amendment, if applicable): _____

Permit Issue Date: _____ Permit Number: _____

Copies Provided to:

Police Chief
DPW Director

Fire Chief
Zoning Administrator





Johnson Insurance Services
Kelly Ouimet
(888) 769-3796
kouimet@johnsonfinancialgroup.com

Guac Star LLC

Commercial Insurance Proposal

LIABILITY COVERAGES

Each Occurrence Limit:	1,000,000
General Aggregate Limit:	2,000,000
Medical Expense Limit:	5,000
Personal and Advertising Injury Limit:	1,000,000
Products/Completed Operations Aggregate Limit:	2,000,000

Coverage	Limit	Deductible	Exposure	Premium
Hired Auto				\$ 54.00
Non-Owned Auto				\$ 95.00
Total Estimated Liability Common Coverage Premium				\$ 149.00



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: LADDER SIDE Pub & Grill LLC
Address: 100 BRAD STREET LAKE GENEVA WI Suite/Unit#:
Email: CONDOS.SPEEDO@gmail.com Phone: 262-248-3835
Owner/Contact Person: SPYRO CONDOS
Type of Business: BAR / Restaurant
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: Tables - Chairs

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name:
Address:
City, State, Zip:
Contact Person: Phone: Email:

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address ☐ Corporate Address
☐ Other:

Building Information:

Owner: SPYRO - PATTI CONDOS Phone:
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain:

New Businesses and Location Changes Only

Opening Date: Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature] Title: PRESIDENT Date: 3/28/22

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, SPYRO CONDOOS representing HARBORSIDE PUB & GRILL INC
(FULL NAME) (ESTABLISHMENT) as its

PRESIDENT
(TITLE) agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT:

[Signature] DATE: 3/24/22

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: SPYRO CONDOOS



Signature of Agent:

[Signature]

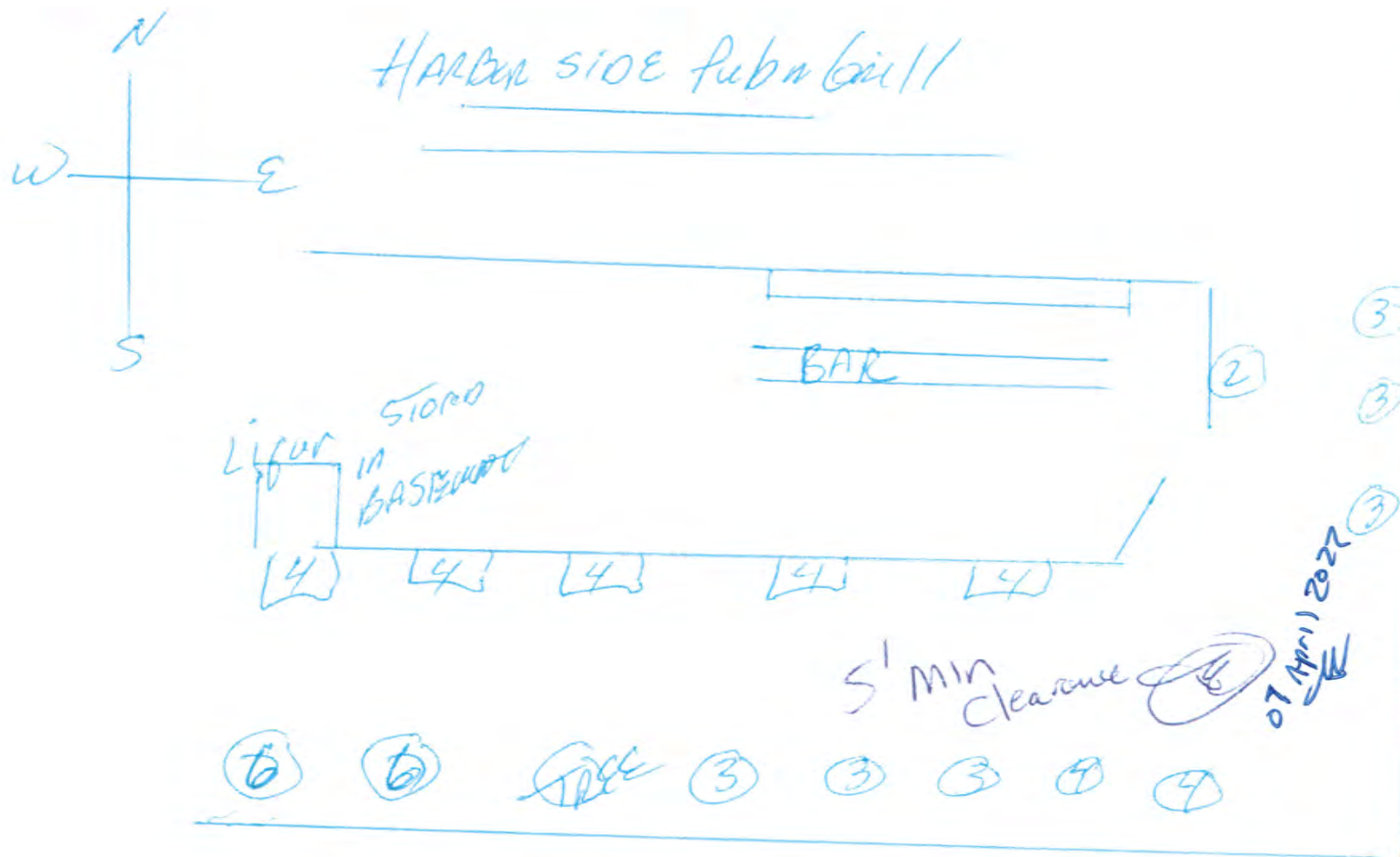
Date:

3/24/22

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No



WILBURY DRIVE



DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY Retail Food - Serving Meals - Moderate	EXPIRATION DATE 30-Jun-2022	I.D. NUMBER HSAT-7QXRAT
LICENSEE MAILING ADDRESS CONDOS SPYRO & PATRICIA 100 S BROAD ST LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS HARBOR SIDE CAFE 100 S BROAD ST LAKE GENEVA WI 53147

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WDATCP-LICENSE RENEWAL
DRAWER 296
MILWAUKEE, WI 53293-0296
(608)224-4720

* Include the name of your facility and the ID number.



HARBSID-01

MPOINTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/28/2022

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

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

PRODUCER Robertson Ryan - Lake Geneva 500 Interchange N. #103 Lake Geneva, WI 53147	CONTACT NAME: Melissa Pointer	
	PHONE (A/C, No, Ext): (414) 283-4231 1231 FAX (A/C, No): (414) 271-0196	
	E-MAIL ADDRESS: mpointer@robertsonryan.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The Cincinnati Insurance Company	10677
	INSURER B: The Cincinnati Indemnity Company	23280
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED

Harborside Pub & Grill LLC
100 Broad Street
Lake Geneva, WI 53147

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Liq Liab \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	X		ENP 0090742	8/1/2021	8/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			EBA 0090742	8/1/2021	8/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			ENP 0090742	8/1/2021	8/1/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EWC 0326828	8/1/2021	8/1/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	☒ Property			ENP 0090742	8/1/2021	8/1/2022	Bus Personal Prop 103,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured (General Liability): City of Lake Geneva

CERTIFICATE HOLDER

CANCELLATION

City of Lake Geneva
626 Geneva Street
Lake Geneva, WI 53147

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: HARRY'S CAFE & PLACE INC

Address: 808 MAIN ST LAKE GENEVA, WI 53147 Suite/Unit#: _____

Email: Harry.Chivonis@badger.k12.wi.us Phone: _____

Owner/Contact Person: HARRY CHIVONIS

Type of Business: RESTAURANT / BAR

Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No

Describe: _____

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____ Email: _____

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: JIM LOUIS HARRY CHIVONIS

Has the Building Owner approved the use of the space for _____

Are there any improvements planned to the existing prop _____

If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No

Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No

Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: Harry Chivonis

Title: VICE PRESIDENT

Date: 4/4/2022

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Harry S Chironic representing Harrys CAFE as its
(FULL NAME) (ESTABLISHMENT)

VICE PRESIDENT
(TITLE) agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: Harry S Chironic DATE: 4-4-2022

Alcoholic Beverage Questionnaire

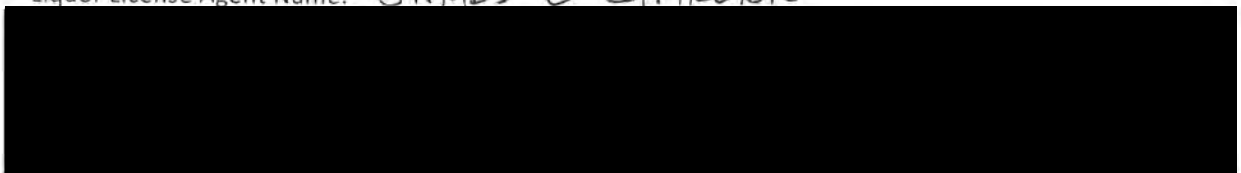
Are you requesting to serve alcoholic beverages?

☐ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: JAMES G CHIRONIC



Signature of Agent: James G Chironic Date: 3/4/22

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No



DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY Retail Food - Serving Meals - Moderate	EXPIRATION DATE 30-Jun-2022	I.D. NUMBER HSAT-7QXRGC
LICENSEE MAILING ADDRESS LOUIS & HARRY CHIRONIS 806 MAIN ST LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS HARRYS CAFE 806 MAIN ST LAKE GENEVA WI 53147

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WDATCP-LICENSE RENEWAL
DRAWER 296
MILWAUKEE, WI 53293-0296
(608)224-4720

* Include the name of your facility and the ID number.



CERTIFICATE OF LIABILITY INSURANCE

HARR-PL

OP ID: JC

DATE (MM/DD/YYYY)

04/04/2022

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

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

PRODUCER Glass Insurance Center 500 Commercial Ct, Ste 500 P.O. Box 1149 Lake Geneva, WI 53147-6149 Jodi Cordes		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):		
INSURED Harry's Place & Harry's Cafe, Inc. 808 W Main St Lake Geneva, WI 53147		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Society Insurance		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR ☒ Liquor Liab. \$300 GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC	X		ROP472444	04/29/2021	04/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB EXCESS LIAB DED ☐ RETENTION \$ ☐						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☒ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Lake Geneva is named as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Lake Geneva
626 Geneva St
Lake Geneva, WI 53147

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jodi Cordes



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: LAKE AIRE LLC (DBA: LAKE AIRE RESTAURANT)

Address: 804 W. MAIN ST., LAKE GENEVA, WI 53147

Suite/Unit#: —

Email: GARGIROPOULOS@WI.RR.COM

Phone: 262-248-9913

Owner/Contact Person: DEMETRIUS ARGIROPOULOS Phone: [REDACTED]

Type of Business: FAMILY RESTAURANT

Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required)

☐ No

Describe: FIVE TABLES - 20 SEATS

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: GEORGE D. ARGIROPOULOS

Phone: [REDACTED]

Email: _____

Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No

Are there any improvements planned to the existing property? ☐ Yes ☒ No

If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No

Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No

Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature]

Title: PRESIDENT

Date: 3-25-22

ETJ

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, GEORGE D. ARGIROPOULOS representing LAKE AIRE LLC as its
(FULL NAME) (ESTABLISHMENT)

VICE PRESIDENT agree to hold harmless and indemnify the City, its directors, officers, employees
(TITLE)
and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and
expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any
kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the
rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: George Argiropoulos DATE: 3/25/2022.

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

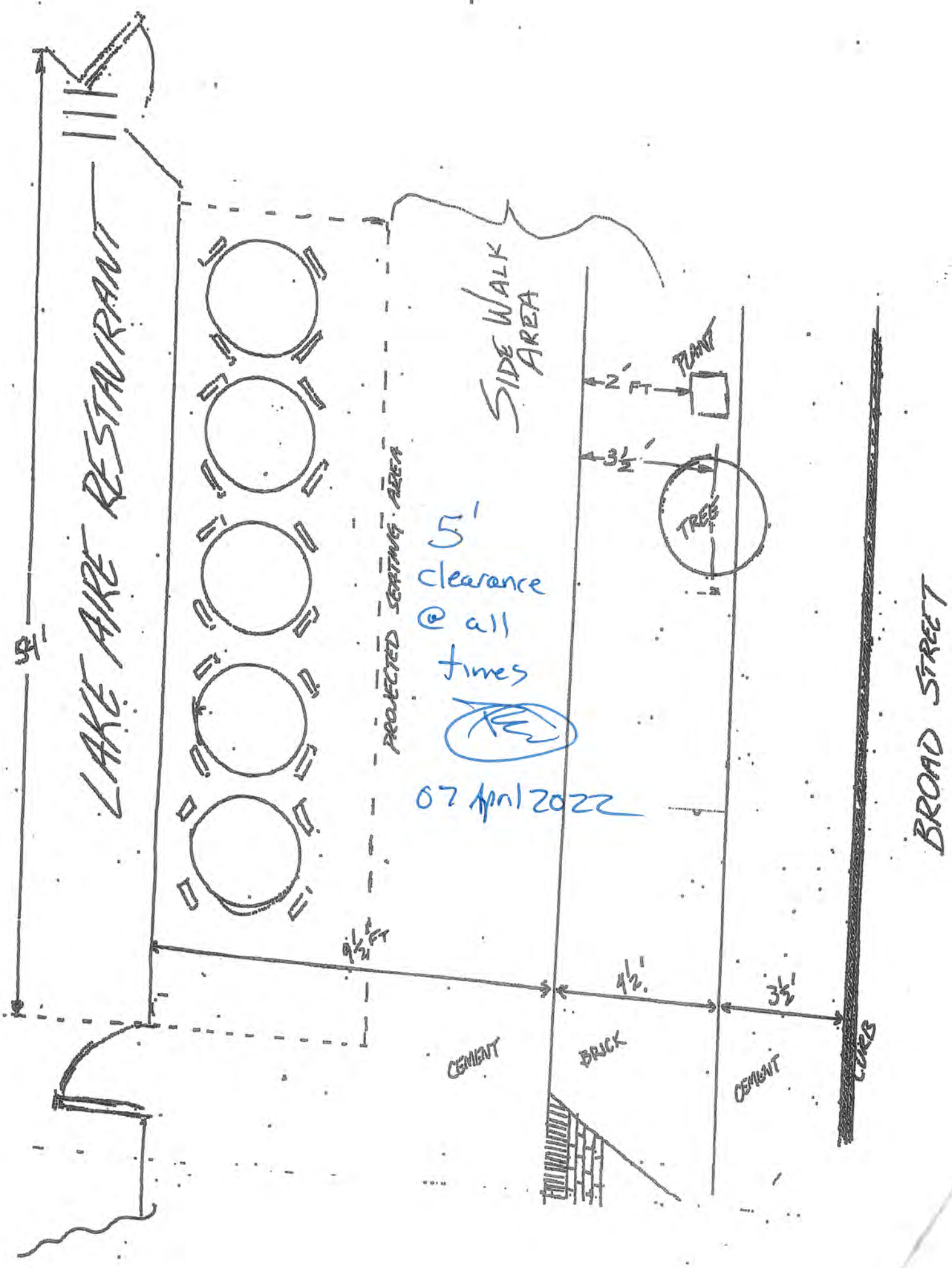
Liquor License Agent Name: GEORGE D. ARGIROPOULOS

Signature of Agent: George Argiropoulos Date: 3/25/22

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No



5'
clearance
@ all
times



07 April 2022



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: Oakfire LLC

Address: 831 Wrigley Dr

Suite/Unit#:

Email: PAULOAKFIRE@gmail.com

Phone: 262-812-8007

Owner/Contact Person: PAUL MECKLER

Type of Business: RESTAURANT

Furnishings on Sidewalk?



Yes (Proof of Liability Insurance Required)



No

Describe: PICNIC TABLES

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name:

Address:

City, State, Zip:

Contact Person:

Phone:

Email:

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☐ Local Business Address

☐ Corporate Address

☒ Other: PO Box 967, Lake Geneva, WI 53147

Building Information:

Owner: DAVID SCOTNEY

Has the Building Owner approved the use of the space for

Are there any improvements planned to the existing property?

☐ Yes

☒ No

If yes, please explain:

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No

Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No

Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: [Signature]

Title: OPERATIONS MANAGER Date: 3/30/22

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, PAUL MECKLER representing OAKFIRE LLC as its
(FULL NAME) (ESTABLISHMENT)

OPERATIONS MANAGER agree to hold harmless and indemnify the City, its directors, officers, employees
(TITLE)
and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and
expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any
kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the
rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: [Signature] DATE: 3/30/22

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: DAVID SCOTNEY

Signature of Agent: [Signature] Date: 3/30/22

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No

1st Floor

2 servers

3A

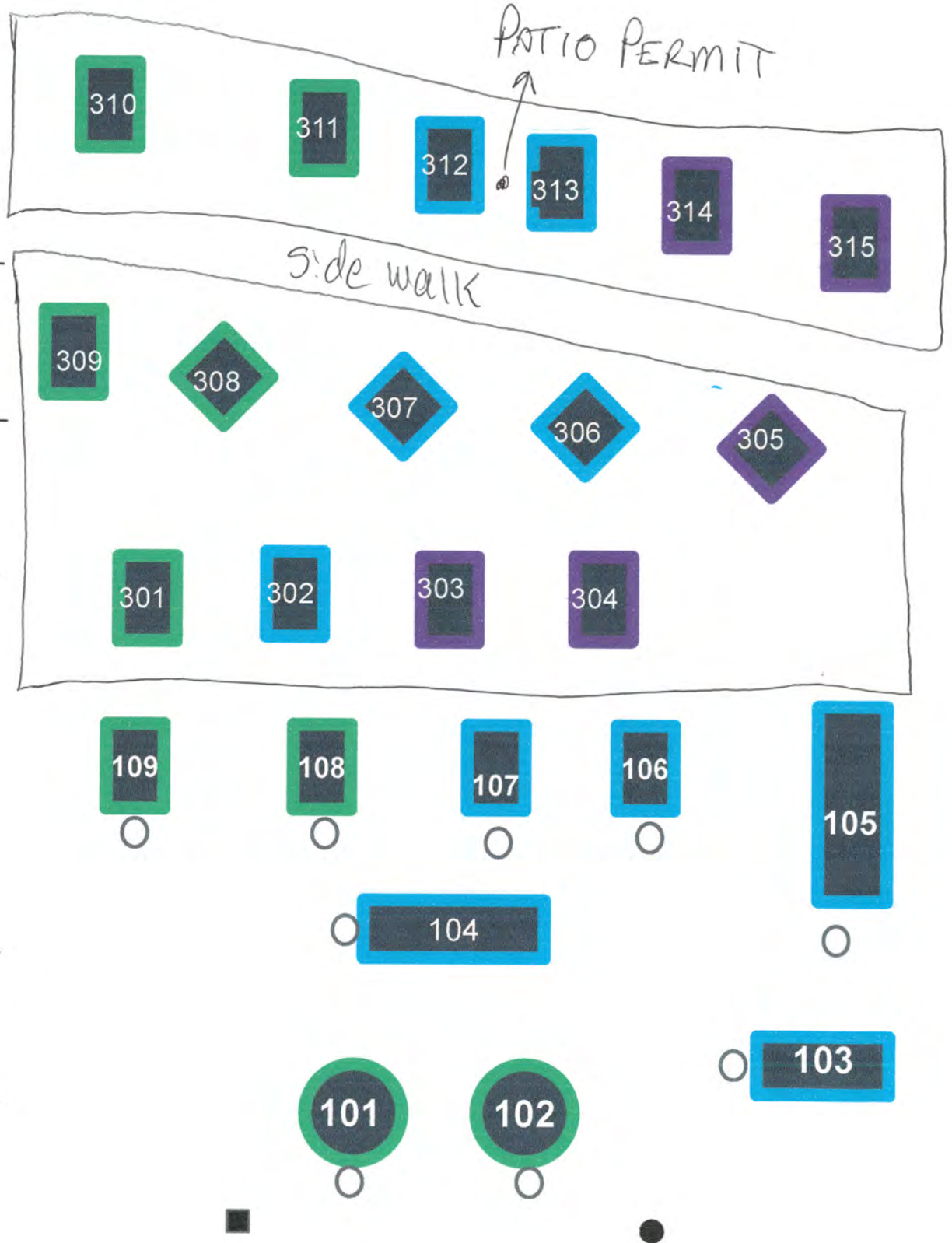
3B

3C

FLOOR 1
1B/s 1 Server

1A

1B





General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: POPEYES GALLEY & GROC, LTD.
Address: 811 WRIGLEY DR LAKE GENEVA WI 53147 Suite/Unit#: _____
Email: POPEYES@POPEYESILKG.COM Phone: 262 248-4381
Owner/Contact Person: Dimitrius Anagnos Ph: _____ Email: _____
Type of Business: RESTAURANT
Furnishings on Sidewalk? ☐ Yes (Proof of Liability Insurance Required) ☒ No
Describe: _____

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____ Phone: _____ Email: _____

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☐ Local Business Address ☐ Corporate Address
☒ Other: POPEYES GALLEY & GROC, LTD.
P.O. Box 1117 LAKE GENEVA WI 53147

Building Information:

Owner: VERONICA ANAGNOS Phone: 262 248 4381 Email: _____
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: _____

Title: Owner

Date: 3/30/22

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Dimitrius ANAGNOS representing Popeyes Galley: Grog Ltd as its
(FULL NAME) (ESTABLISHMENT)

Agent agree to hold harmless and indemnify the City, its directors, officers, employees
(TITLE)
and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and
expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any
kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the
rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: [Signature]

DATE: 3/30/28

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name:

Dimitrius ANAGNOS

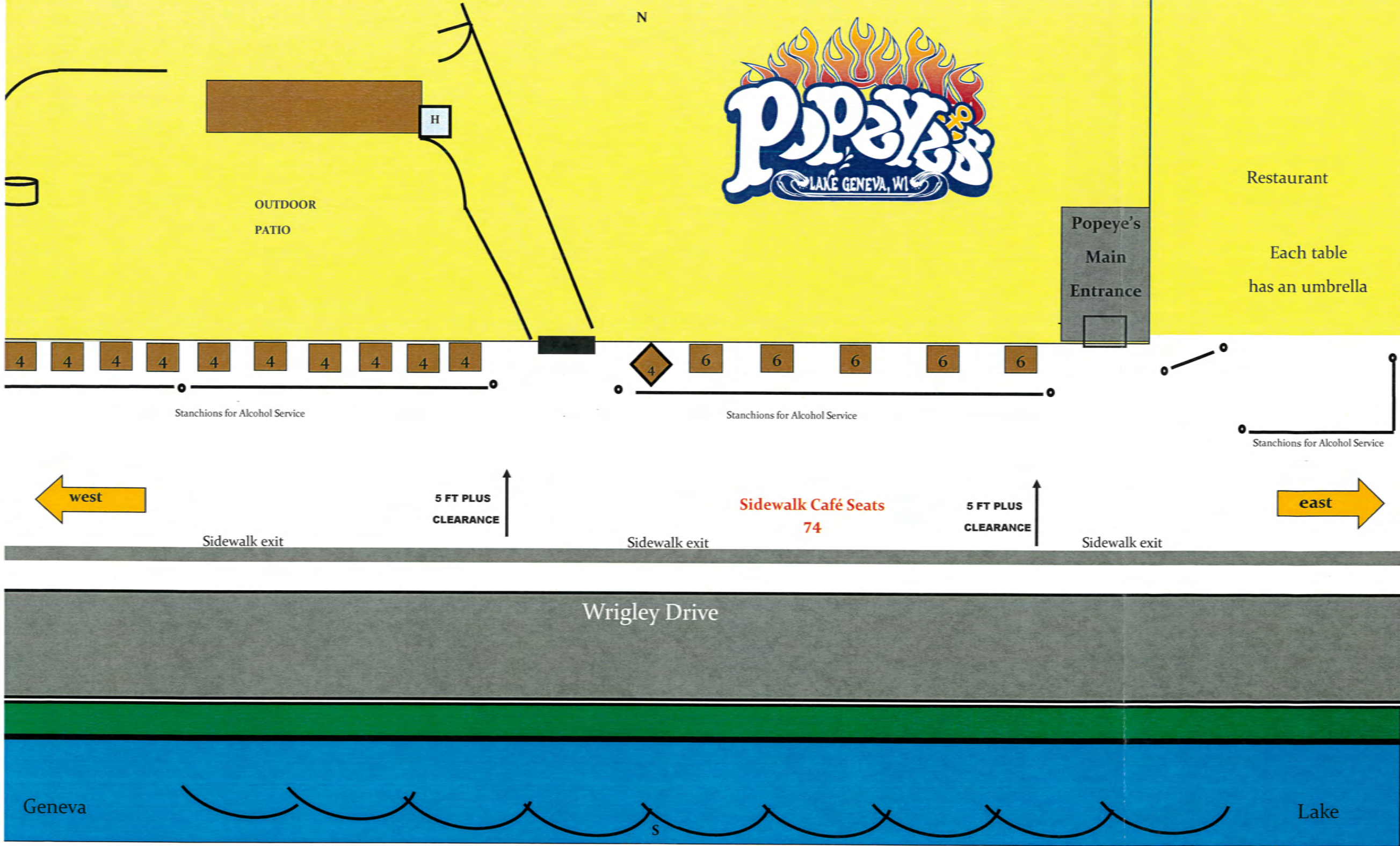
Signature of Agent: [Signature]

Date: 3/30/28

Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No





DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY Retail Food - Serving Meals - Moderate, Kitchens: 1	EXPIRATION DATE 30-Jun-2022	I.D. NUMBER DROS-8Y87NU
LICENSEE MAILING ADDRESS POPEYES GALLEY & GROG, LTD PO BOX 1117 LAKE GENEVA WI 53147-1117	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS POPEYES 811 WRIGLEY DR LAKE GENEVA WI 53147

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WDATECP-LICENSE RENEWAL
DRAWER 296
MILWAUKEE, WI 53293-0296
(608)224-4720

* Include the name of your facility and the ID number.



POPEGAL-01

NBAUMEISTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2022

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

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

PRODUCER Robertson Ryan - Weis Burlington 204 East Chestnut Street Burlington, WI 53105	CONTACT NAME: Nicole Baumeister	
	PHONE (A/C, No, Ext): (262) 342-1020	FAX (A/C, No):
E-MAIL ADDRESS: nbaumeister@robertsonryan.com		
INSURED Popeye's Galley And Grog Ltd 811 Wrigley Dr. Lake Geneva, WI 53147	INSURER(S) AFFORDING COVERAGE	
	INSURER A : ACUITY	
	NAIC #	
	14184	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

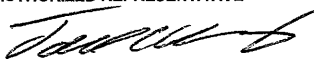
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	X		ZM0287	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			ZM0287	2/1/2022	2/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			ZM0287	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ZM0287	2/1/2022	2/1/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is listed as additional insured in regard to general liability.

CERTIFICATE HOLDER

CANCELLATION

City of Lake Geneva 626 Geneva St. Lake Geneva, WI 53147	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



General License Application

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: Simple Cafe Lake Geneva

Address: 525 Broad St., Lake Geneva

Suite/Unit#: NA

Email: tom@simplefoodgroup.com

Phone: 262-248-3556

Owner/Contact Person: Tom Hartz

Type of Business: Restaurant

Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required)

☐ No

Describe: 3 tables, 6 chairs

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Email: _____

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: 519 Broad St. LLC Phone: _____

Has the Building Owner approved the use of the space for you? _____

Are there any improvements planned to the existing property? _____

☐ Yes

☒ No

If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No

Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No

Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: Thomas Hartz

Title: Founding Partner

Date: 3.25.2022

- [illegible]



General License Application

City of Lake Geneva Clerk's Office
626 Geneva St
Lake Geneva, WI 53147

Renew by June 30. Applications received after March 1 will be valid through June 30 of the following year.

Please Check: ☐ New Business ☐ New Owner ☐ Name Change ☒ Renewal ☐ Location Change

Local Business Information

Trade Name/DBA: SOPRA
Address: 724 MAIN ST. LAKE GENEVA Suite/Unit#: _____
Email: ACUMMING@WI.RR.COM Phone: 312 560 7423
Owner/Contact Person: ALASTAIR CUMMING Phone: [REDACTED]
Type of Business: RESTAURANT
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: _____

Corporate Business/License Holder Information: If same as Trade name, you may leave this section blank

Organization Legal Name/Sole Proprietor Name: GLENEAGLES LLC
Address: 724 MAIN ST.
City, State, Zip: LAKE GENEVA, WI, 53147
Contact Person: ALASTAIR CUMMING Phone: [REDACTED]

Mailing Address: please specify where Licenses, Renewal notices, etc. should be mailed

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

Owner: 724 MAIN ST LLC / JOHN LAW Phone: 262 745 4500 Email: _____
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

The above information is true and correct to the best of my knowledge. The City of Lake Geneva is authorized to suspend or revoke a permit or license issued under the provision of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Lake Geneva Municipal or Zoning Code; including but not limited to Sec. 18-42 pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature: _____ Title: AGENT Date: 4/14/22

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, ALASTAIR MONRO CUMMING representing SOPRA as its
(FULL NAME) (ESTABLISHMENT)

AGENT

(TITLE)

agree to hold harmless and indemnify the City, its directors, officers, employees and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: _____

DATE: 4/14/22

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: ALASTAIR CUMMING

Signature of Agent: _____

Date: 4/14/22

Do food sales generate more than 50% of gross receipts?

☒ Yes

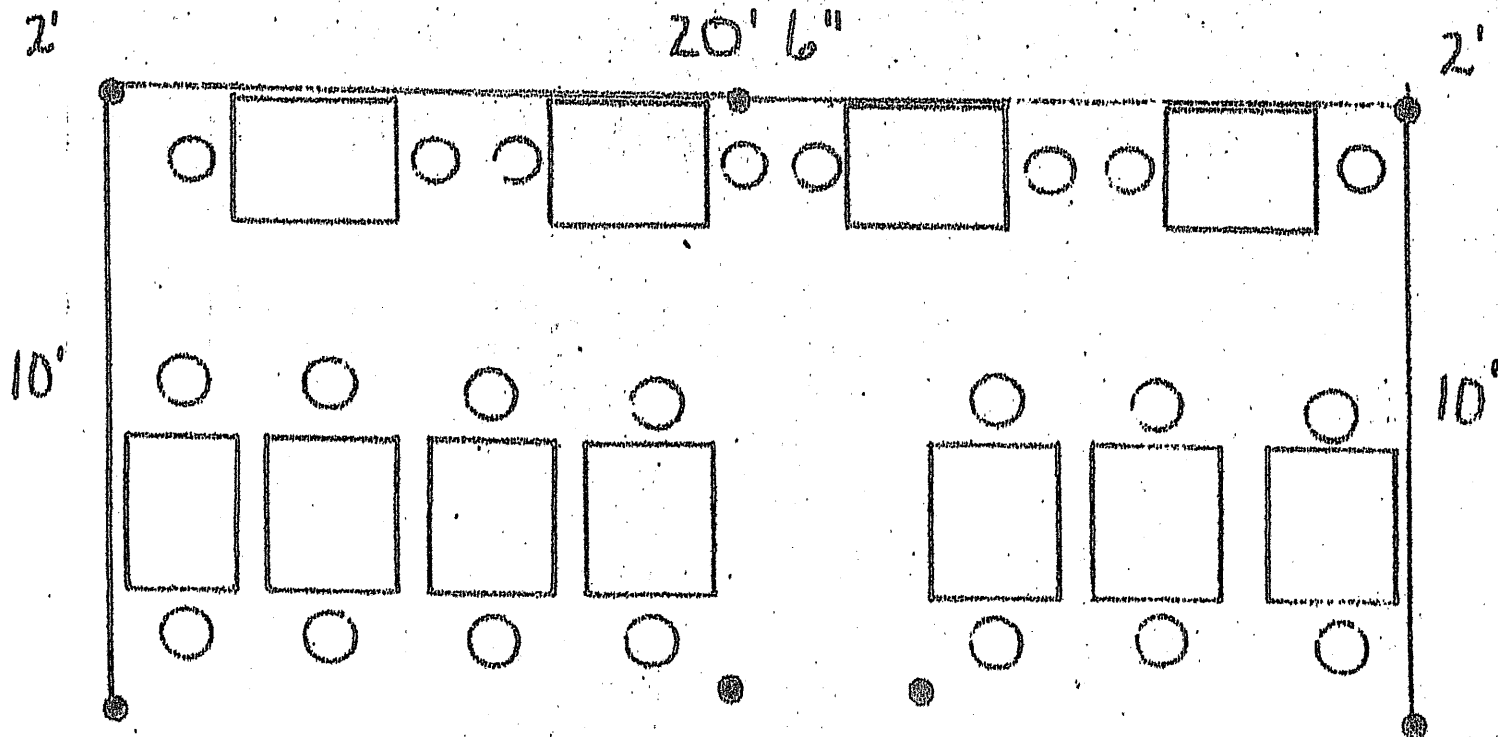
☐ No

GLLENHOLDS LLC

DEA SOPRA
124 Main St.
Lincoln, Nebraska

M. Ann St.

OLD PLAN B.



6' 3" Sidewalk

EXISTING
LAYOUT.

6' 3" Sidewalk

DOOR

FRONT OF SOPRA RESTAURANT

Sofa



DEPARTMENT OF AGRICULTURE,
TRADE AND CONSUMER PROTECTION

License, Permit or Registration

The person, firm, or corporation shown below has complied with the Wisconsin statutes and is authorized to engage in the activity indicated.

ACTIVITY Retail Food - Serving Meals - Moderate	EXPIRATION DATE 30-Jun-2022	I.D. NUMBER HSAT-7QWE87
LICENSEE MAILING ADDRESS GLENEAGLES, LLC 724 W MAIN LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS SOPRA 724 W MAIN ST LAKE GENEVA WI 53147

All Permits expire on June 30th; it is the responsibility of the licensee to make sure all applicable fees are received by the department before July 1st or a late payment fee will be assessed.

If you do not receive a renewal form prior to June 30th from your licensing authority, you should send in your payment for renewing your permit to the following address:

WDATCP-LICENSE RENEWAL
DRAWER 296
MILWAUKEE, WI 53293-0296
(608)224-4720

* Include the name of your facility and the ID number.

City Clerk

From: City Clerk
Sent: Tuesday, April 26, 2022 2:30 PM
To: 'acumming@wi.rr.com'
Subject: Sidewalk Cafe License

Hi Alastair,

We have reviewed your sidewalk café permit for 2022-2023; It was discussed that your alternative plan (labeled as "Plan A") cannot be approved, but your old site plan (Plan B) can. It was discussed at length and the consensus was that Plan B follows the ordinance as currently written and can be approved. That ordinance states that: "The use of sidewalks for restaurant tables shall only be permitted incidental to the operation of a restaurant which is contiguous to the sidewalk and within the side property lines of the contiguous restaurant..." We will move forward with the approval process of Plan B. If you have any questions feel free to email me.

Thank you!

Lana Kropf, WCMC

City Clerk
WMCA Secretary 2021/2022
City of Lake Geneva
626 Geneva St
Lake Geneva, WI 53147
p.262-249-4092
f.262-248-4715
Population: 8,233



Elected Officials and Members of City Committee or Commission: In order to comply with Open Meetings Requirements, please limit any reply to only the sender of this email.

OAX # 56

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
ALDI, INC. (WISCONSIN)

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

Agent Last Name	(First)	(Middle Name)
BUNKER	JAMES	

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

President / Member Last Name	(First)	(Middle Name)
BEHM	DAVID	KARL
Vice President / Member Last Name	(First)	(Middle Name)
-	-	-
Secretary / Member Last Name	(First)	(Middle Name)
RIEGGER	ERIC	
Treasurer / Member Last Name	(First)	(Middle Name)
RIEGGER	ERIC	
Directors / Managers Last Name	(First)	(Middle Name)
BUNKER	JAMES	
Directors / Managers Last Name	(First)	(Middle Name)
-	-	-

C. Business Information

- Trade Name ALDI #56 Business Phone Number 262-581-4107
- Address of Premises 200 NORTH EDWARDS BLVD Post Office & Zip Code LAKE GENEVA 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY BRICK BUILDING. ALCOHOL BEVERAGES WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE.

Applicant's Wisconsin Seller's Permit Number 456000008901401	
FEIN Number 36-3498392	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 1.00
☐ Class B beer	\$
☐ Class C wine	\$ 5.00
☒ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

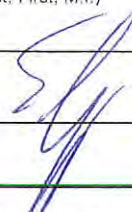
pd 4/12/22

276

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) ERIC RIEGGER	Title / Member SECRETARY/TREASURER	Date 3/21/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

County of Walworth

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

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

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

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

C. Business Information

- Trade Name BRUNO'S LIQUORS Business Phone Number 262-248-6407
- Address of Premises 524 Broad St. Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) THE ENTIRE PREMISES

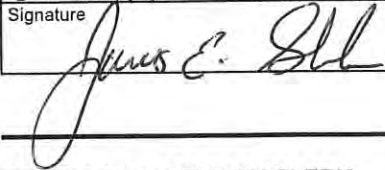
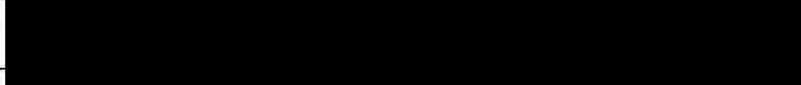
SEE MAP

Applicant's Wisconsin Seller's Permit Number <u>456-1027154523-03</u>	
FEIN Number <u>27-3223289</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>600.00</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625.00</u>

PAID 4/4/22

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☐ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) SHARKUS JAMES E.	Title / Member Owner	Date 3-22-2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 4, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2021 ending: 06 30 2022
(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 ☒ Limited Liability Company
☐ Partnership ☐ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>1111 N Edwards Blvd, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

Agent Last Name <u>Fierros</u>	(First) <u>Tina</u>	(Middle Name)
-----------------------------------	------------------------	---------------

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

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

C. Business Information

- Trade Name Fairfield Inn & Suites Business Phone Number 262-348-9000
- Address of Premises 1111 N Edwards Blvd Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) packaged goods sold - guest can consume sealed beverages in their guestrooms, 1st floor sitting (lounge area and outdoor patio. Retail liquor services for special events.

Applicant's Wisconsin Seller's Permit Number <u>436 102 984 393002</u>	
FEN Number <u>83-0543026</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100.00</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500.00</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25.00</u>
TOTAL FEE	<u>\$1025.00</u>

pt 5/12/22

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Pietrzykowski, Marta</i>	Title / Member <i>Authorized Signatory</i>	Date <i>5/5/22</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
SIMPLE SPIRITS INC

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

Agent Last Name SACHDEVA (First) RAJESH (Middle Name)

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

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

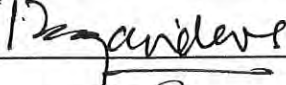
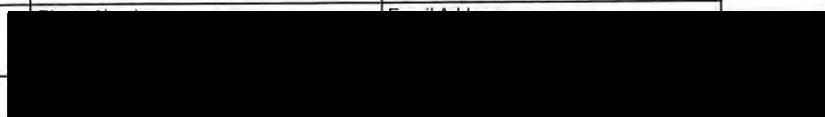
C. Business Information

- Trade Name GENEVA LIQUORS Business Phone Number 262 248 5000
- Address of Premises 797 S. WELLS STREET Post Office & Zip Code 53147
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.) 2500 Sq. ft Building
PLUS 300 Sq. ft BEER CAVE

Applicant's Wisconsin Seller's Permit Number <u>456102977191803</u>	
FEIN Number <u>83-2443203</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ <u>625</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- ALREADY FILED**
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) SACHDEVA RAJESH	Title / Member PRESIDENT	Date APR 29 - 2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-29-22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

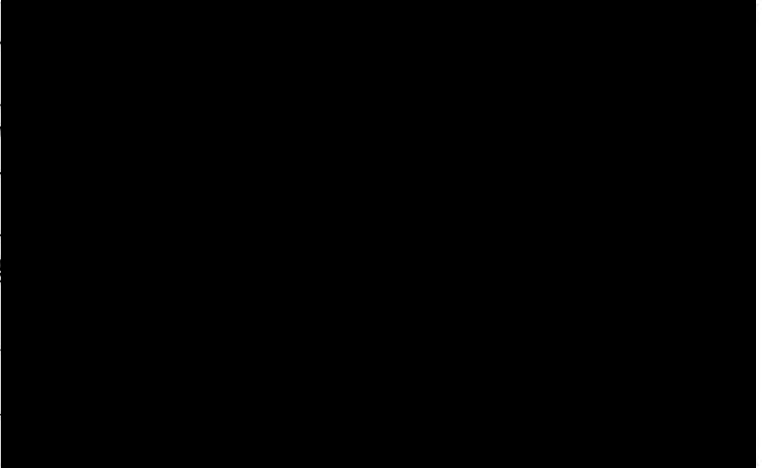
B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Hill Valley Dairy LLC

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

Agent Last Name	(First)	(Middle Name)
<u>Henningfeld</u>	<u>Josie</u>	<u>Masie</u>

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

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

C. Business Information

- Trade Name Hill Valley Dairy Business Phone Number 262-745-8699
- Address of Premises 510 and 512 Broad St., Lake Geneva Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) The premises includes the entire 1st floor and basement of 510 and 512 Broad St., Lake Geneva, WI. The 1st floor is 2 rooms and the basement is 3 rooms/areas.

Applicant's Wisconsin Seller's Permit Number <u>456-1029253532-02</u>	
FEIN Number <u>47-3449748</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☒ Class C wine	\$ <u>100</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

ETB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☒ Yes ☐ No
 - Question 4 - the description has changed because the premises has added new interior walls, creating more rooms.
 - Section B now Section B - update/new home address
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Henningfeld, Ron, J</i>	Title / Member <i>Cheesemaker</i>	Date <i>4-13-22</i>
Signature <i>Ron Henningfeld</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 13, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Kelley Williamson Company

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

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

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

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

C. Business Information

- Trade Name Kelley's Market Business Phone Number 262-248-2305
- Address of Premises 350 N Edwards Blvd 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.)

See Attached Map

Applicant's Wisconsin Seller's Permit Number 496-0000322069-03	
FEIN Number 36-1314080	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100 -
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500 -
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625.00

pd 2/30/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☒ Yes ☐ No
We added a new Director
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>Viederis, Debbie</u>	Title / Member <u>Admin Assist</u>	Date <u>3/21/22</u>
Signature <u>Debbie Viederis</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4 Mar 30, 2022</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

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

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

President / Member Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name <u>Wrobel</u>	(First) <u>Jeffrey</u>	(Middle Name) <u>James</u>
Directors / Managers Last Name <u>Zietlow</u>	(First) <u>Donald</u>	(Middle Name) <u>Paul</u>
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

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

2. Address of Premises 710 Williams St Post Office & Zip Code Lake Geneva 53147

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

4. Premise description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) One-story frame construction with storage in lockable walk-in cooler & cabinetry.

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

Applicant's Wisconsin Seller's Permit Number <u>456-0000287614-03</u>	
FEIN Number <u>39-1036365</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100⁰⁰</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500⁰⁰</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25⁰⁰</u>
TOTAL FEE	\$ <u>625⁰⁰</u>

pd 4/12/2022

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager, or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments, or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Zietlow, Donald P.	Title / Member President	Date 4-5-2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 07 01 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } LAKE GENEVA
☐ Village of }
☐ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
DADHWAL	SHIKHA		304 BOWING WAY LAKE GENEVA WI 53147
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
MAYA GENEVA INC	605 WILLIAMS ST LAKE GENEVA WI 53147

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

Agent Last Name	(First)	(Middle Name)
DADHWAL	VIKAS	

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

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

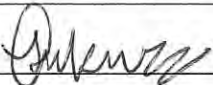
C. Business Information

- Trade Name MAYA GENEVA INC Business Phone Number 2622482248
- Address of Premises 605 WILLIAMS ST Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol beverage including Beer and Liquor are sold only inside the store area. Including walking cooler/behind counter and on the shelf.

Applicant's Wisconsin Seller's Permit Number 456102921698802	
FEIN Number 814710508	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) SHIKHA DADHWAL	Title / Member OWNER	Date 04/07/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 8, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Sibbing</u>	<u>Jerry</u>	<u>T</u>	<u>428 N Lakeshore Dr. Fontana WI 53125</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>New World Wine Shop Inc</u>	<u>830 W. Main St. Lake Geneva WI 53147</u>

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

Agent Last Name	(First)	(Middle Name)
<u>Conel</u>	<u>Terence</u>	<u>R</u>

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

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

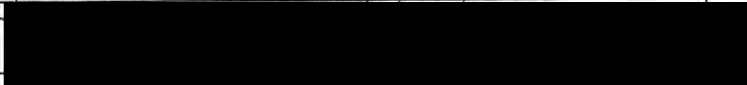
C. Business Information

- Trade Name New World Wine Shop Business Phone Number 262-812-4080
- Address of Premises 830 W. Main St Post Office & Zip Code Lake Geneva WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Wine Shop inside of Mall-830W Main St
Market of Lake Geneva
Display Sales floor & Store room

Applicant's Wisconsin Seller's Permit Number <u>456-1028896578-02</u>	
FEIN Number <u>47-3418492</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100.00</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500.00</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625.00</u>

5. Legal description (omit if street address is given on previous page): Wine Specialty Shop
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>Jerry Sibbings</u>	Title / Member <u>President</u>	Date <u>4/10/2022</u>
Signature <u>[Signature]</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-19-22</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>FONTANA PETRO Inc.</u>	<u>501 INTERCHANGE ROAD LAKE GENEVA WI 53149</u>

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

Agent Last Name	(First)	(Middle Name)
<u>THIND</u>	<u>PRABH</u>	<u>S</u>

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

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

C. Business Information

- Trade Name NORTHLIDE MOBIL Business Phone Number 262 248 2910
- Address of Premises 501 INTERCHANGE RD LAKE GENEVA Post Office & Zip Code 53149
- 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.) 50 mL stored & displayed behind the counter, 12 feet by 4 feet shelving by NW corner of store for 750 mL & above liquor wine display. Beer wine cooler by cross the liquor section.

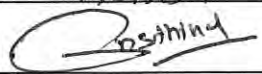
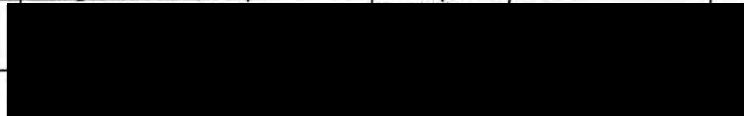
Applicant's Wisconsin Seller's Permit Number <u>456-1029471128-02</u>	
FEIN Number <u>82-1558004</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

11/12/22

256

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ Yes ☐ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) THIND PRABH S	Title / Member SECRETARY	Date 04/26/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Quick and Sane, LLC.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

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

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

President / Member Last Name <u>NARENDRA</u>	(First) <u>PATEL</u>	(Middle Name)	
Vice President / Member Last Name <u>ANITA</u>	(First) <u>PATEL</u>	(Middle Name)	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	

C. Business Information

- Trade Name Quick and Sane Business Phone Number 608-359-5110
- Address of Premises 1231 GRANT ST Post Office & Zip Code Lake Geneva, 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☐ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All Alcohol Sold on Main Register. Half of the Alcohol Store next to Register and Wine. Most of the Beer Store in the Cooler. Extra Inventory in the Back Room.

Applicant's Wisconsin Seller's Permit Number <u>456-1030187210-02</u>	
FEIN Number <u>83-2192427</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100-</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500-</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd 4/18/2022

EJB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) NARENDRA PATEL	Title / Member President	Date 4/14/21
Signature Narendra Patel		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 18, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

(Submit to municipal clerk.)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

Applicant's Wisconsin Seller's Permit Number 451102665004002	
FEIN Number 263523874	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

Stinebrink's Lake Geneva Foods LLC

President / Member Last Name	(First)	(Middle Name)
Stinebrink	Matthew	Edward
Vice President / Member Last Name	(First)	(Middle Name)
Stinebrink	Benjamin	Adam
Secretary / Member Last Name	(First)	(Middle Name)
Stinebrink	Timothy	Jon
Treasurer / Member Last Name	(First)	(Middle Name)
Stinebrink	Todd	Charles
Agent Last Name	(First)	(Middle Name)
Stinebrink	David	Jerome
Directors / Managers Last Name	(First)	(Middle Name)

Liquor and beer will be sold in the grocery store and available to buy in
liquor department. Beer will be stored in back room in designated area.

(b) If yes, under what name was license issued? Stinebrink's Lake Geneva Foods LLC

ΣΤΟ

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 11/08/08 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☒ Yes ☐ No
If yes, explain.
Matthew, Benajim, Timothy, Todd, David - Stinebrink's Delavan Foods LLC
Class A Combo License
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Stinebrink, Davdid J.</u>	Title/Member <u>Agent</u>	Date <u>4/12/22</u>
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 18, 2022</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
Johnston	Katherine	Patricia

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

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

C. Business Information

1. Trade Name Target Store T-2348 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.) one story building;

store in grocery department aisles and coolers; sold at front checklanes and dedicated guest pick-up

parking spaces in front of lot

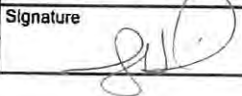
Applicant's Wisconsin Seller's Permit Number <u>456-0000026531-04</u>	
FEIN Number <u>41-0215170</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ <u>625</u>

pa 4/12/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Heredia, Anthony F.	Title / Member Vice President	Date 4/6/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
Borowiec	Zbigniew	J

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

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

C. Business Information

- Trade Name The Cheese Box Business Phone Number 248-3440
262-26658
- Address of Premises 801 S Wells St Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) on Retail floor
and in upper room - detail on file from us
Same as every year

Applicant's Wisconsin Seller's Permit Number <u>4561028621165102</u>	
FEIN Number <u>37-1759271</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100.00</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500.00</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625.00</u>

pd 4/4/22

EJ6

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

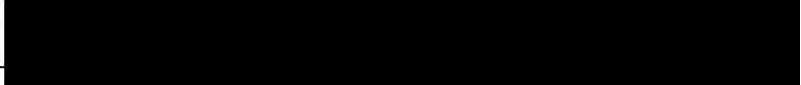
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Zbigniew J Borowiec	Title / Member owner	Date 3/25/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/1/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)
McCarthy	Patrick	J
Full Name (Last)	(First)	(Middle Name)
Full Name (Last)	(First)	(Middle Name)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Cove Condominium Association, Inc.

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

Agent Last Name	(First)	(Middle Name)
McCarthy	Patrick	J

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

President / Member Last Name	(First)	(Middle Name)
Patera	James	
Vice President / Member Last Name	(First)	(Middle Name)
Wadington	Sandra	
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Kane	Beth	
Directors / Managers Last Name	(First)	(Middle Name)
Lowman	Kaye	
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name The Cove of Lake Geneva Business Phone Number 262-249-9460
- Address of Premises 111 Center St Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) A. Gift Shop & Storage

The Cove (Class A)

Applicant's Wisconsin Seller's Permit Number <u>456-1020120042-03</u>	
FEIN Number <u>39-1819821</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100.00
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500.00
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625.00

pd 4/26/2022

ETB

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** _____

☐ Yes ☒ No

b. Are **charges** for any **offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** _____

☐ Yes ☒ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** _____

☐ Yes ☒ No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** _____

☒ Yes ☐ No

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? _____
[phone (608) 266-2776]

☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? _____

☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? _____

☒ Yes ☐ No

12. Does the applicant owe municipal property taxes, assessments, or other fees? _____

☐ Yes ☒ No

(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Patrick J. McCarthy	Title / Member	Date 4-18-22
Signature Patrick J. McCarthy		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 26, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2022 ending: 06/30/2023
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
<u>Tiedke</u>	<u>Suzanne</u>	<u>M.</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>Standley</u>	<u>John</u>	
Vice President / Member Last Name	(First)	(Middle Name)
<u>Badgley</u>	<u>Lisa</u>	
Secretary / Member Last Name	(First)	(Middle Name)
<u>Amsbary Jr.</u>	<u>Joseph</u>	
Treasurer / Member Last Name	(First)	(Middle Name)
<u>Gruener</u>	<u>Jeffery</u>	
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name Walgreens #05600 Business Phone Number (262) 248-7885
- Address of Premises 351 N. Edwards Blvd. Post Office & Zip Code 53147-4563
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Retail drug store with sundries in a one-story building of 15,796 sq. ft.

Applicant's Wisconsin Seller's Permit Number <u>456-0000455404-05</u>	
FEIN Number <u>36-1924205</u>	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>106-</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500-</u>
☒ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25-</u>
TOTAL FEE	\$ <u>625-</u>

pd 4/21/22

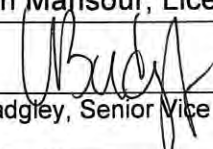
STB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☒ Yes ☐ No
Change in corporate officers

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Savannah Mansour, License Specialist	Title / Member Senior Vice President	Date
Signature 		

Lisa Badgley, Senior Vice President

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 21, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } LAKE GENEVA
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Wal-Mart Stores East, LP

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

Agent Last Name	(First)	(Middle Name)
<u>NICHOLS</u>	<u>BRIANNA</u>	

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

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

C. Business Information

- Trade Name WALMART #910 Business Phone Number 262-248-2266
- Address of Premises 201 SOUTH EDWARDS BLVD. 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.)
SEE ATTACHED PREMISES DESCRIPTION

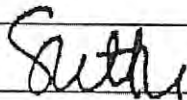
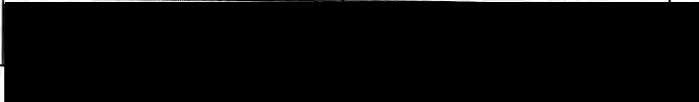
Wal-Mart #910

Applicant's Wisconsin Seller's Permit Number 456-1020028180-05	
FEIN Number 71-0862119	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ <u>100</u>
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ <u>500</u>
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd 3/3/22

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Sarah Little	Title / Member Assistant Secretary	Date 2-10-2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk March 3, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

County of Walworth Aldermanic Dist. No. N/A 3
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

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

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

President / Member Last Name	(First)	(Middle Name)
BENNETT	BRUCE	CHARLES
Vice President / Member Last Name	(First)	(Middle Name)
BENNETT	KARIN	MARIE
Secretary / Member Last Name	(First)	(Middle Name)
BENNETT	KARIN	MARIE
Treasurer / Member Last Name	(First)	(Middle Name)
BENNETT	BRUCE	CHARLES
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name CORNERSTONE SHOP GALLERY Business Phone Number 262-248-6988
- Address of Premises 214 BROAD ST. L.G. WI 53147 Post Office & Zip Code L.G. 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Retail Store 214 BROAD ST.
LAKE GENEVA WI
53147

Applicant's Wisconsin Seller's Permit Number 456-0000180942-03	
FEIN Number 39-1476289	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 525

pd 2130122

EJG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** *NA* ☐ Yes ☐ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☐ Yes ☒ No
- Did Not Sell to Public*
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
- [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
- (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>KARIN M. BENNETT</i>	Title / Member <i>VICE PRES.</i>	Date <i>3-29-2022</i>
Signature <i>K M Bennett</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Mar 30, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
LAKE GENEVA SCHOOL OF COOKING LLC

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

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

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

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

C. Business Information

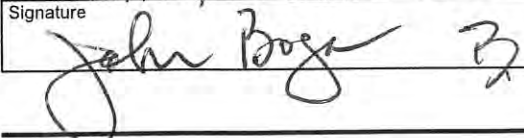
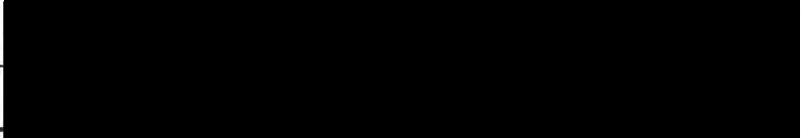
- Trade Name LAKE GENEVA SCHOOL OF COOKING LLC Business Phone Number 262-248-3933
- Address of Premises 127 GENEVA ST. Post Office & Zip Code LAKE GENEVA, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

RETAIL AREA WITHIN THE LAKE GENEVA SCHOOL OF COOKING
KITCHEN AND DINING AREA FOR COOKING
OFFICE AND BASEMENT FOR STORAGE.

Applicant's Wisconsin Seller's Permit Number 456-1026078393-03	
FEIN Number 26-2852617	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☒ Class A liquor	\$ 500.00
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 525.00

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) BOGAN, JOHN B.	Title / Member PRESIDENT	Date 4/14/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/18/2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Evergreen BP Operating Corp

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

Agent Last Name	(First)	(Middle Name)
Schwartz	Judith	Ann

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

President / Member Last Name	(First)	(Middle Name)
Schwartz	David	Carl
Vice President / Member Last Name	(First)	(Middle Name)
Schwartz	Kelly	Jo
Secretary / Member Last Name	(First)	(Middle Name)
Schwartz	Kelly	Jo
Treasurer / Member Last Name	(First)	(Middle Name)
Schwartz	David	Carl
Directors / Managers Last Name	(First)	(Middle Name)

Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
--------------------------------	---------	---------------	--

Applicant's Wisconsin Seller's Permit Number 456-1026055-137-03	
FEIN Number 20-4065434	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100
☐ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☒ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 125

pd 4/1/22

C. Business Information

- Trade Name Evergreen BP Business Phone Number 262-203-5375
- Address of Premises 300 Peller Rd Post Office & Zip Code Lake Geneva 53141
- 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.) 300 Peller Rd in Beer Cave & Sales Floor

ETC

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Schwartz, Judith A</i>	Title / Member <i>Agent</i>	Date <i>8/23/2022</i>
Signature <i>Judith Schwartz</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Apr 1, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Harbor Shores Hotel Mng Inc.</u>	<u>300 Wrigley Drive</u>

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

Agent Last Name	(First)	(Middle Name)
<u>Strohm</u>	<u>Shelley</u>	<u>J</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>Weaver</u>	<u>Samuel</u>	
Vice President / Member Last Name	(First)	(Middle Name)
<u>Eltoft</u>	<u>Kevin</u>	
Secretary / Member Last Name	(First)	(Middle Name)
<u>Walsh</u>	<u>George</u>	
Treasurer / Member Last Name	(First)	(Middle Name)
<u>Casini</u>	<u>Mark</u>	
Directors / Managers Last Name	(First)	(Middle Name)
<u>Carlsen</u>	<u>Tommy</u>	
Directors / Managers Last Name	(First)	(Middle Name)
<u>Strohm</u>	<u>Shelley</u>	

C. Business Information

- Trade Name: Harbor Shores on Lake Geneva Business Phone Number: 262-248-9181
- Address of Premises: 300 Wrigley Dr. Post Office & Zip Code: 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

Sold in Gino's East restaurant, hotel rooms (room service),
meeting rooms & pool service
Alcohol stored in lower level storage office (Gino's East)

Applicant's Wisconsin Seller's Permit Number <u>456-0000172568-02</u>	
FEIN Number <u>39.199.4766</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

Class B (cider only) 600 4/13/22

ETJ

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☒ No
- The Sales (income & expense) will appear
on Gino's East P&L
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>Corrison Tammie</u>	Title / Member <u>Dir. Operations</u>	Date <u>4/12/2022</u>
Signature <u>Tammie Corrison</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 13, 2022</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }
☐ Village of } Lake Geneva
☒ City of }

County of Walworth

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
McCarthy	Patrick	J	222 Midnight Pass #201, Verona, WI 53593
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Cove Condominium Association, Inc	

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

Agent Last Name	(First)	(Middle Name)
McCarthy	Patrick	J

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

President / Member Last Name	(First)	(Middle Name)
Patera	James	
Vice President / Member Last Name	(First)	(Middle Name)
Wadington	Sandra	
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Kane	Beth	
Directors / Managers Last Name	(First)	(Middle Name)
Lowman	Kaye	
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name The Cove of Lake Geneva Business Phone Number 262-249-9460
- Address of Premises 111 Center St Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) B. Indoor Pool, Outdoor Pool Meeting Rooms, and Storage

Applicant's Wisconsin Seller's Permit Number <u>456-1020120042-03</u>	
FEIN Number <u>39-1819821</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100.00
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500.00
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625.00

pd 4/26/2022

ETG

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

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

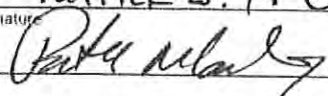
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Patrick J. McCarthy	Title / Member	Date 4/18/22
---	----------------	------------------------

Signature 
--



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 26, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
AMERICAN LEGION POST 24	735 HENRY ST. LAKE GENEVA, WI 53147

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

Agent Last Name	(First)	(Middle Name)
SCHLEHLEIN	CHARLES	JOHN

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

President / Member Last Name	(First)	(Middle Name)
JEGERSKI	LEONARD	
Vice President / Member Last Name	(First)	(Middle Name)
HIBBARD	TROY	
Secretary / Member Last Name	(First)	(Middle Name)
MILLER	ROBERT	
Treasurer / Member Last Name	(First)	(Middle Name)
SCHLEHLEIN	CHARLES	JOHN
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name AMERICAN LEGION POST 24 Business Phone Number 762-248-9767
- Address of Premises 735 HENRY 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 ☐

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.)

ALCOHOL STORED IN BARROOM & LOWER LEVEL
ALCOHOL SERVED IN BARROOM, HALL & OUTDOOR RESTRICTED AREA
RECORDS STORED ON LOWER LEVEL

Applicant's Wisconsin Seller's Permit Number <u>456-0000612400-03</u>	
FEIN Number <u>39-0407795</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100-
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 000-
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 125-

Ad
4/6/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>SCHLEIFER, CHARLES J.</i>	Title / Member <i>FINANCE OFFICER</i>	Date <i>4/4/2022</i>
Signature <i>[Signature]</i>	[Redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Apr 15, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Stone Soup LLC	327 Wrigley Dr. Lake Geneva

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

Agent Last Name	(First)	(Middle Name)
Lopez	Robert	

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

President / Member Last Name	(First)	(Middle Name)
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Wolff	Roland	C

C. Business Information

- Trade Name The Baker House Business Phone Number 262.248.4700
- Address of Premises 327 Wrigley Dr. Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

All areas of building, including gated
Lakefront garden
Excluding 3rd floor private residence

Applicant's Wisconsin Seller's Permit Number <u>600-1027045592</u> X02	
FEIN Number <u>27-1635015</u> X	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor <u>Combo</u>	\$ <u>600</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>625</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Roland Wolff	Title / Member manager	Date 4/17/2022
Signature		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 20, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number 456-00066714-03	
FEIN Number 39-1631275	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company 422 S. Wells St. LTD	Address of Corporation / Limited Liability Company (if different from licensed premises) 422 S. Wells St, Lake Geneva WI 53147
---	---

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

Agent Last Name Lorenzi	(First) Henri	(Middle Name) Charles
----------------------------	------------------	--------------------------

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

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

C. Business Information

1. Trade Name Celebration on Wells Business Phone Number 262-248-2555

2. Address of Premises 422 S Wells 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.)
First floor: including banquet hall, restaurant, kitchen, bar area and liquor storage. Also basement storage.

ETB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☐ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Lorcuzi, Henry, A</i>	Title / Member <i>Director of ops</i>	Date <i>4/15/22</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4/16/22</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-0000338-497-03</u>	
FEIN Number <u>39-1534508</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100.00</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>600.00</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>1025.00</u>

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

L & B Mainstreet

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

Agent Last Name <u>Christenson</u>	(First) <u>Jes</u>	(Middle Name) <u>Rae</u>
---------------------------------------	-----------------------	-----------------------------

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

President / Member Last Name <u>Bush</u>	(First) <u>Greg</u>	(Middle Name) <u>J</u>
Vice President / Member Last Name <u>Bush</u>	(First) <u>Jake</u>	(Middle Name) <u>E</u>
Secretary / Member Last Name <u>Christenson</u>	(First) <u>Jes</u>	(Middle Name) <u>R</u>
Treasurer / Member Last Name <u>BUSH</u>	(First) <u>Grace</u>	(Middle Name) <u>A</u>
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name Champs Sports Bar Business Phone Number 2622486008
- Address of Premises 747 W Main St Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Inside restaurant
+ in the beer garden

ETC

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Christenson, Jes, R</i>	Title / Member <i>Owner</i>	Date <i>3/31/22</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4-19-22</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Mangiamì Italiano LLC

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

Agent Last Name Webber (First) Eric (Middle Name) Lee

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

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

C. Business Information

1. Trade Name Cucina Pazzo Eat & Drink Business Phone Number 262-812-4050

2. Address of Premises 393 N. Edwards Blvd. 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, patio, dining rooms, Party Room, Gazebo, chef's table, cooler, dry storage, basement.

Applicant's Wisconsin Seller's Permit Number <u>456-1028545885-62</u>	
FEIN Number <u>47-2671461</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd 4/12/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Eric Webber, Eric L.	Title / Member OWNER	Date 4-11-2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 13, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>BASIL</u>	<u>MARK</u>	<u>D</u>	<u>1881 Dodge St. L.G. WI 53147</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Chubb's K. & P. L.L.C.</u>	<u>104 Broad St.</u>

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

Agent Last Name	(First)	(Middle Name)
<u>BASIL</u>	<u>MARK</u>	<u>D</u>

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

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

C. Business Information

1. Trade Name FAT CATS Business Phone Number 262 745 1213

2. Address of Premises 104 Broad St. L.G. 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.) 104 Broad St. L.G.
Storage - Behind Bar, Northeast Corner Cabinet, Downstairs
under staircase room, Cooler in basement.

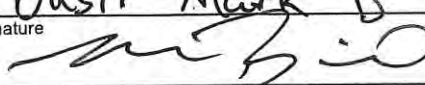
Applicant's Wisconsin Seller's Permit Number <u>X450-0274729082-02</u>	
FEIN Number <u>15-4497705</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100 -</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500 -</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd 4/20/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Basil Mark D	Title / Member Owner	Date 4/12/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/19/2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>HARRY'S CAFE & PLACE INC</u>	<u>808 MAIN ST LAKE GENEVA, WI</u>

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

Agent Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>JAMES</u>	<u>GEORGE</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>JAMES</u>	<u>GEORGE</u>
Vice President / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>HARRY</u>	<u>STEVE</u>
Secretary / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>HARRY</u>	<u>STEVE</u>
Treasurer / Member Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>JAMES</u>	<u>GEORGE</u>
Directors / Managers Last Name	(First)	(Middle Name)
<u>CHIRONIS</u>	<u>LOUIE</u>	<u>STEVE</u>
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name HARRY'S CAFE Business Phone Number 262-248-3494
- Address of Premises 808 MAIN ST Post Office & Zip Code LAKE GENEVA, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ONE STORY BRICK / RECORDS IN OFFICE, STORAGE IN OFFICE, UNDER BAR, BASEMENT, CAFE, KITCHEN, SIDEWALK CAFE AREA

Applicant's Wisconsin Seller's Permit Number <u>456000060124103</u>	
FEIN Number <u>39150551</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor COMBO	\$ <u>600.00</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625.00</u>

EJB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) CHIRONIS HARRY S	Title / Member VICE PRESIDENT	Date 4-4-2022
Signature <i>Harry S. Chironis</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 4, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(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 ☐ Limited Liability Company
☐ Partnership ☒ Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>HOGS & KISSES, INC</u>	

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

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

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

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

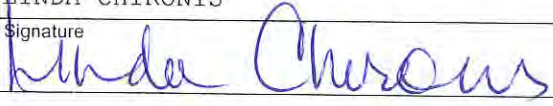
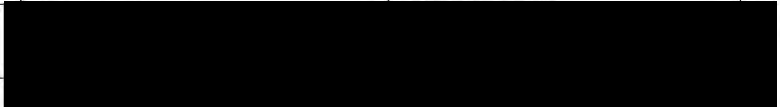
C. Business Information

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

Applicant's Wisconsin Seller's Permit Number <u>456000047935803</u>	
FEIN Number <u>391353912</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) LINDA CHIRONIS	Title / Member OFFICER	Date 03/25/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/28/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
Capital Geneva LLC	111 Center Street Lake Geneva WI 53147

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

Agent Last Name	(First)	(Middle Name)
Schroeder	Stephen	James

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

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

C. Business Information

1. Trade Name Lake City Social Business Phone Number (262) 248-7047

2. Address of Premises 111 Center Street Post Office & Zip Code Lake Geneva 53147

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

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

Main service bar, liquor room, beverage cooler lower level, private banquet room lower level (Map Room), 3 Tier outdoor patio, lower level retail store and lower level manager office (Record Storage). Including use of adjacent parking lot for a pop-up beer garden to be held on

Applicant's Wisconsin Seller's Permit Number 456-1027263323-03	
FEIN Number 27-2378492	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 600
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/18/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Schroeder, Stephen, J</i>	Title / Member <i>Owner Operator</i>	Date <i>4/14/2022</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>4/18/22</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }
☐ Village of } Lake Geneva
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Sandal Inc., DBA Lake Geneva Lanes</u>	<u>192 E. Main St., Lake Geneva WI 53157</u>

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

Agent Last Name	(First)	(Middle Name)
<u>Guske</u>	<u>Franklin</u>	<u>Delano</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>Guske</u>		<u>Christ</u>
Vice President / Member Last Name	(First)	(Middle Name)
<u>Urbahn</u>	<u>Jacquelyn</u>	<u>Ann</u>
Secretary / Member Last Name	(First)	(Middle Name)
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>
Treasurer / Member Last Name	(First)	(Middle Name)
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>
Directors / Managers Last Name	(First)	(Middle Name)
<u>See attached list</u>		
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name Lake Geneva Lane\$ Business Phone Number (262) 248-4805
- Address of Premises 192 E. Main St, Lake Geneva WI Post Office & Zip Code PO Box 366, 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.) Please see attached diagram. Building has 16 bowling lanes with a bar, kitchen and arcade area. Storage of alcohol is in bar area, liquor dry storage area on the main level and walk-in cooler in the basement. Basement also stores soda for soda system and liquor for liquor system

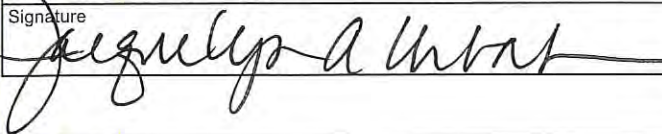
Applicant's Wisconsin Seller's Permit Number 456-0000060940-03	
FEIN Number 39-1225711	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd 4/21/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Urbahn, Jacquelyn A.	Title / Member Vice President	Date 04/26/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

County of Walworth

Aldermanic Dist. No. _____
(if required by ordinance)

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Maxwell Pub, LLC</u>	

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

Agent Last Name	(First)	(Middle Name)
<u>Pfeifer</u>	<u>Monica</u>	<u>J</u>

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

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

C. Business Information

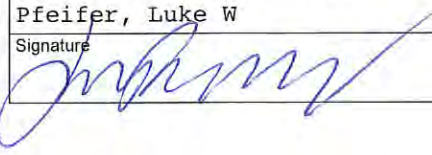
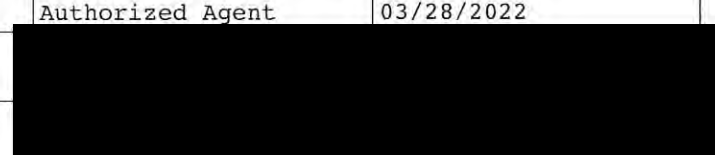
- Trade Name Maxwell Mansion Business Phone Number 262-248-9711
- Address of Premises 304 S Wells / 421 Baker St Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) ALCOHOL WILL BE SOLD FROM THE BARS AND EVENT SPACE WITHIN THE MANSION BUILDING, SEASONAL & TEMPORARY OUTDOOR BAR LOCATED IN THE GARAGE & GAZEBO, AND PORTABLE BARS ON THE GROUNDS FOR SPECIAL EVENTS. ALCOHOL WILL BE STORED IN THE BAR LOCATIONS AND LOCKED STORE ROOMS IN THE BASEMENT.

Applicant's Wisconsin Seller's Permit Number 456-103048224-02	
FEIN Number 85-3196056	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Pfeifer, Luke W	Title / Member Authorized Agent	Date 03/28/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Mar 28, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company DCR Restaurant Group, LLC Address of Corporation / Limited Liability Company (if different from licensed premises) 411 Interchange N. Lake Geneva, WI

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

Agent Last Name Bittner (First) Chad (Middle Name)

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

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

C. Business Information

- Trade Name Next Door Pub & Pizzeria Business Phone Number 262-248-9551
- Address of Premises 411 Interchange N. 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 ☐

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

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

Applicant's Wisconsin Seller's Permit Number <u>456-0002343182-02</u>	
FEIN Number <u>20-3313403</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

pd
4/13/22

ETJG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Bittner, Chad	Title / Member President	Date 4/12/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/13/22	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
SAMSON ENTERPRISES LLC	642 W. MAIN ST. LA

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

Agent Last Name SERNA	(First) TAL	(Middle Name) STAR
--------------------------	----------------	-----------------------

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

President / Member Last Name <i>TREBLE</i>	(First) <i>BRONKON</i>	(Middle Name)
Vice President / Member Last Name <i>SILVESTRI</i>	(First) <i>ANTHONY</i>	(Middle Name) <i>ROSEN</i>
Secretary / Member Last Name <i>SERNA</i>	(First) <i>TAE</i>	(Middle Name) <i>STARR</i>
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Home Address (Street, City or Post Office, & Zip Code)		

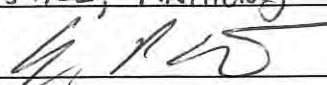
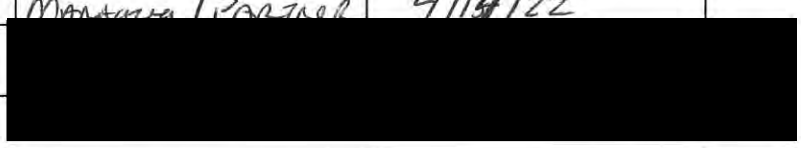
C. Business Information

1. Trade Name MAGPIE'S DEN & PEN Business Phone Number 262 249 2302
2. Address of Premises 642 W. MAIN ST Post Office & Zip Code LAKE GENEVA 53147
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1st Floor - BAR COOLERS AND SHELVES
BREWERY LIQUOR STORAGE AREA, BEER COOLER, KEY STORAGE COOLER,
OUTSIDE LARGE BEER COOLER, EXTERIOR BAR IN COOLERS AND ON SHELVES

Applicant's Wisconsin Seller's Permit Number 456-1030826793-04	
FEIN Number 87-3422936	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100-
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500-
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 1025

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) SILVESTRE, ANTHONY R	Title / Member MANAGER / PARTNER	Date 4/14/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Oakfire LLC</u>	<u>831 Wrigley Dr Lake Geneva WI 53147</u>

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

Agent Last Name	(First)	(Middle Name)
<u>Scotney</u>	<u>David</u>	

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

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

C. Business Information

- Trade Name Oakfire LLC Business Phone Number 262 812 8007
- Address of Premises 831 Wrigley Dr. 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.) 1ST FLOOR BAR, 2ND FLOOR BAR, OUTDOOR KEG COOLER, BASEMENT WALKIN COOLER, LIQUOR ROOM, 1ST FLOOR DINING ROOM, 2ND FLOOR DINING ROOM, OUTDOOR PATIO

Applicant's Wisconsin Seller's Permit Number <u>456-10286597-02</u>	
FEIN Number <u>47-161401</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) MECKLER, PAUL, G	Title / Member OPERATIONS MANAGER	Date 3/30/22
Signature 		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

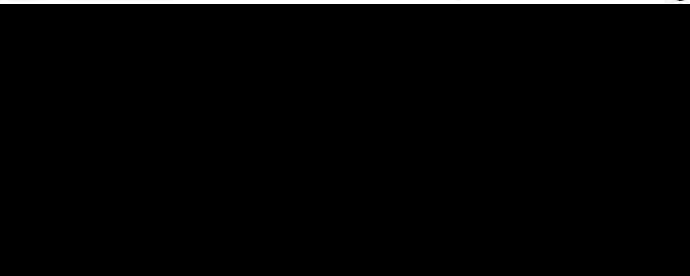
B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
POPEYES GALLEY & GROC, LTD.	PO BOX 1117, LAKE GENEVA WI 53147

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

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

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

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

C. Business Information

1. Trade Name Popeyes Galleys & GROC, Ltd. Business Phone Number 262 248-4381
2. Address of Premises 811 Wingley Dr. LAKE GENEVA WI Post Office & Zip Code 53147

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

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

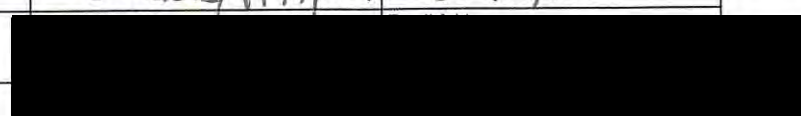
Applicant's Wisconsin Seller's Permit Number 456-1027844309-02	
FEIN Number 45-4669918	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/7/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Dimitrius ANAGNOS	Title / Member OWNER/PRG/LET	Date 3/30/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 7, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
GLENEAGLES LLC dba SOPRA	724 MAIN ST. LAKE GENEVA, 53147

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

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

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

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

C. Business Information

1. Trade Name SOPRA Business Phone Number 262 249 0800

2. Address of Premises 724 MAIN ST. Post Office & Zip Code LAKE GENEVA, 53147

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

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

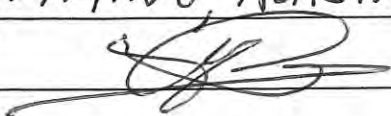
Applicant's Wisconsin Seller's Permit Number	
456-1026406069-02	
FEIN Number	
26-1269448	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/14/22

ETB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) CUMMING ALASAIR M	Title / Member AGENT	Date 4/14/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Mercedes or Bust, LLC

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

Agent Last Name	(First)	(Middle Name)
Tomas	Elizabeth	A

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

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

C. Business Information

1. Trade Name The Bottle Shop Business Phone Number 262-348-9463

2. Address of Premises 617 W. Main St. Post Office & Zip Code Lake Geneva, WI 53147

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

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

Wine Bar, lounge, store rooms & patio

Applicant's Wisconsin Seller's Permit Number 456-1026436119-02	
FEIN Number 47-4458435	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 650.25

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☐ Yes ☒ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☒ Yes ☐ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Tomas, Elizabeth A.	Title / Member owner	Date 4-18-22
Signature Elizabeth Tomas		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Two Thumbs Up LLC

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

Agent Last Name (First) (Middle Name)
Dawson Kimberly C

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

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

C. Business Information

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

Applicant's Wisconsin Seller's Permit Number <u>456-1027919952-02</u>	
FEIN Number <u>46-2429666</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500-</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625-</u>

pd 4/27/22

ETB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Dawson, Kimberly C.	Title / Member Owner	Date 4/26/22
Signature K. Dawson		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 27, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of }
☐ Village of } Lake Geneva
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
Georgalus	James	

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

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

C. Business Information

- Trade Name Tuscan Tavern And Grill Business Phone Number 1-262-248-0888
- Address of Premises 430 Broad St Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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.) Dining room, first floor bar
1st floor storage, outdoor seating area, lower level bar

Applicant's Wisconsin Seller's Permit Number	
BCombo 17 <u>456108706172603</u>	
FEIN Number	
27-2243807	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Remond Thomas A	Title / Member President	Date 03/30/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Apr 1, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Applicant's Wisconsin Seller's Permit Number 456-1030363273-02	
FEIN Number 83-1709227	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: Ovalle - Perez LLC
Address of Corporation / Limited Liability Company (if different from licensed premises): 820 Williams St Lake Geneva WI 53147

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

Agent Last Name	(First)	(Middle Name)
Perez	Cynthia	E

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

President / Member Last Name	(First)	(Middle Name)
Perez	Cynthia	E
Vice President / Member Last Name	(First)	(Middle Name)
Ovalle	Efren	
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name: Laqueria el gallo de oro Business Phone Number: (262) 729 4055
2. Address of Premises: 820 Williams St Post Office & Zip Code: 53147

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

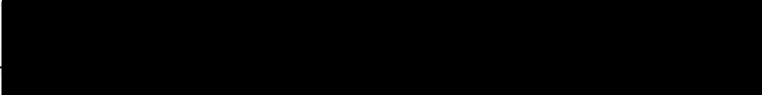
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

We store our Alcohol in our back storage room close to the bathroom. we serve/sell alcohol in dining room and increased outdoor patio.

ETC

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☒ Yes ☐ No
We bought our 3rd partner back in 2021, the reason why he no longer is part of this application -
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
 [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Perez, Cynthia, E</i>	Title / Member <i>Manager</i>	Date <i>04/26/2022</i>
Signature <i>Cynthia Perez</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 27, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
<u>Trilla</u>	<u>Dana</u>	<u>M</u>

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

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

C. Business Information

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

2. Address of Premises 835 Wrigley Drive, Lake Geneva Post Office & Zip Code 53148

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.)

1st Floor Dining Area, Kitchen, 2 Restrooms, Outdoor Patio plus Seasonal Cafe Seating
and Basement Storage

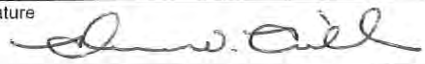
Applicant's Wisconsin Seller's Permit Number 456 102813491802	
FEIN Number 46 2588851	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☒ Reserve Class B liquor	\$ 500
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/1/22

ETJ6

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Trilla, Thomas W	Title / Member Owner	Date 03/23/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Apr 1, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning 07 01 2022 ending 06 30 2023

To the Governing Body of the ☐ Town of ☐ Village of ☒ City of Lake Geneva

County of Walworth

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Bella Vista Suites on the Shores of Lake Geneva Hotel Corporation</u>	<u>100 Lake Geneva</u>

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

Agent Last Name	(First)	(Middle Name)
<u>LORENZI</u>	<u>Charles</u>	

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

President / Member Last Name	(First)	(Middle Name)
<u>Maksumovic</u>	<u>Ljiljana</u>	
Vice President / Member Last Name	(First)	(Middle Name)
<u>LORENZI</u>	<u>Charles</u>	
Secretary / Member Last Name	(First)	(Middle Name)
<u>Cortez</u>	<u>Gloria</u>	
Treasurer / Member Last Name	(First)	(Middle Name)
<u>POWELL</u>	<u>Thomas</u>	
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name Bella Vista Suites Business Phone Number 262-248-2100

2. Address of Premises 335 W. Maple Dr Post Office & Zip Code 53147

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

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

Alcohol to be stored, sold and served within entire premises of hotel, including guest rooms and common areas.

ETB

Applicant's Wisconsin Seller's Permit Number <u>456-000087600-03</u>	
FEIN Number <u>39-1946040</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ <u>500</u>
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$ <u>625</u>

pd 4/25/22

5. Legal description (omit if street address is given on previous page) _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☒ Yes ☐ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** ☐ Yes ☒ No
see stipulation attached
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain.** ☒ Yes ☐ No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
 (phone (608) 265-2776)
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
 (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application, that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.)	Title / Member	Date
Signature	Phone Number	Email Address

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
HARBORSIDE PubnGrill LLC	100 BROAD ST, LAKE GENEVA

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

Agent Last Name	(First)	(Middle Name)
CONDO S	SPYRO	George

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

President / Member Last Name	(First)	(Middle Name)
CONDO S	SPYRO	George
Vice President / Member Last Name	(First)	(Middle Name)
CONDO S	PATRICIA	LEE
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name HARBORSIDE PubnGrill LLC Business Phone Number 262 248-3835
- Address of Premises 100 BROAD STREET Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

CEMENT BLOCK STRUCTURE - BASEMENT STORAGE
100 BROAD STREET, LAKE GENEVA

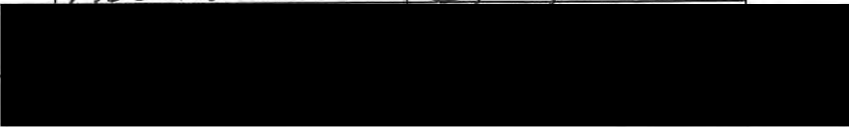
Applicant's Wisconsin Seller's Permit Number <u>4561029969354-02</u>	
FEIN Number <u>82-4462437</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100.00</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☒ Reserve Class B liquor	\$ <u>500.00</u>
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>625.00</u>

PA 3/28/22

ETG

5. Legal description (omit if street address is given on previous page): NA
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>CONNOR SPYRO G</u>	Title / Member <u>PRESIDENT</u>	Date <u>3/24/22</u>
Signature <u>[Signature]</u>		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
LAKE AIRE LLC	804 W. MAIN ST., LAKE GENEVA, WI 53147

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

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

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

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

C. Business Information

- Trade Name LAKE AIRE RESTAURANT Business Phone Number 262-248-9913
- Address of Premises 804 W. MAIN 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.) STORED IN BASEMENT AND DINING ROOM. SOLD IN DINING ROOM AND SIDEWALK CAFE.

Applicant's Wisconsin Seller's Permit Number	
456-1028914898-02	
FEIN Number	
81-0928145	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100.00
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☒ Reserve Class B liquor	\$ 500.00
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625.00

pd 3/24/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) ARGIROPOULOS, GEORGE, D.	Title / Member VICE PRESIDENT	Date 3-25-2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Mar 24, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
B & B Lake Geneva LLC

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

Agent Last Name (First) (Middle Name)
Selby Julie P

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

President / Member Last Name	(First)	(Middle Name)
Selby	Julie	P
Vice President / Member Last Name	(First)	(Middle Name)
Selby	Curtis	E
Secretary / Member Last Name	(First)	(Middle Name)

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

C. Business Information

- Trade Name Board & Brush Lake Geneva Business Phone Number 262-409-1639
- Address of Premises 262 Center St. Lake Geneva, WI 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.) Alcohol is stored in back room of studio on shelves and in 2 small beverage refrigerators.

Applicant's Wisconsin Seller's Permit Number 456-1028888977-02	
FEIN Number 47-5316798	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100.00
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 125.00

pd 4/20/22

256

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Sellay, Curtis E	Title / Member ov.P. / member	Date 4/12/22
Signature Curt Sellay		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 20, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Applicant's Wisconsin Seller's Permit Number 456-0003399252-02	
FEIN Number 26 12376	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 125

B. LLC or Corporation (and Agent):

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

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

Agent Last Name <u>Jackson</u>	(First) <u>Kathleen</u>	(Middle Name) <u>Ann</u>
-----------------------------------	----------------------------	-----------------------------

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

President / Member Last Name <u>Jackson</u>	(First) <u>Kathleen</u>	(Middle Name) <u>Ann</u>
--	----------------------------	-----------------------------

Vice President / Member Last Name <u>Jackson</u>	(First) <u>Douglas</u>	(Middle Name) <u>Albert</u>
---	---------------------------	--------------------------------

Secretary / Member Last Name	(First)	(Middle Name)
------------------------------	---------	---------------

Treasurer / Member Last Name	(First)	(Middle Name)
------------------------------	---------	---------------

Directors / Managers Last Name	(First)	(Middle Name)
--------------------------------	---------	---------------

Directors / Managers Last Name	(First)	(Middle Name)
--------------------------------	---------	---------------

Home Address (Street, City or Post Office, & Zip Code)

Home Address (Street, City or Post Office, & Zip Code)

Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name Studio Winery + Geneva Lake Distilling Business Phone Number 262-348-9100
- Address of Premises 401 Sheridan Springs Road Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
The lower level of 401 Sheridan Springs Road, including Patio.

ETG

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

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

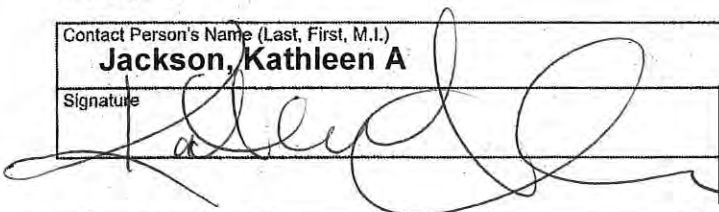
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Jackson, Kathleen A	Title / Member Member	Date 4/29/2022
---	---------------------------------	--------------------------

Signature 	
---	--

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 29, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

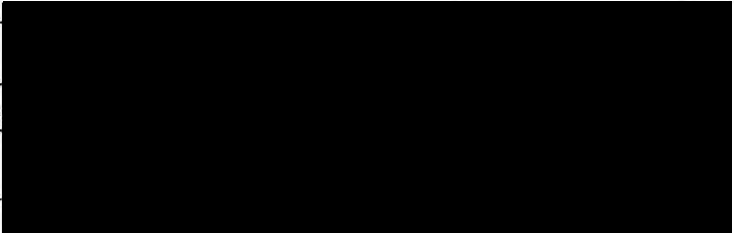
B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>DCRB Incorporated</u>	<u>234 Broad St Lake Geneva WI 53147</u>

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

Agent Last Name	(First)	(Middle Name)
<u>GRUBER</u>	<u>Andrew</u>	

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

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

C. Business Information

- Trade Name Avant Cycle Cafe Business Phone Number (262) 203-5141
- Address of Premises 234 Broad St Post Office & Zip Code Lake Geneva WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
see attached

Applicant's Wisconsin Seller's Permit Number <u>456102970428502</u>	
FEIN Number <u>83-2278727</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☒ Class C wine	\$ <u>100</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ <u>N/A</u>
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>ESARCO, Ann</i>	Title / Member <i>President</i>	Date <i>4.24.2022</i>
Signature <i>Ann Esarco</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 29, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>The Candle Mercantile</u>	

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

Agent Last Name	(First)	(Middle Name)
<u>Doyle</u>	<u>Elizabeth</u>	<u>Rose</u>

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

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

C. Business Information

- Trade Name The Candle Mercantile Business Phone Number 262-203-5557
- Address of Premises 870 W Main St. Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Beer & Wine will be consumed throughout the candle studio (including the restroom), outdoor rocking chairs and on tables on the outdoor brick patio. We will have an outdoor cooler for beer/wine. The beer and wine will be stored in the back room, two refrigerators in the studio.

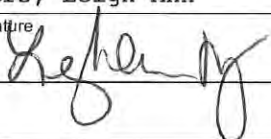
Applicant's Wisconsin Seller's Permit Number <u>456-1030367646-02</u>	
FEIN Number <u>83-4401693</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☒ Class C wine	\$ <u>100</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

paid 4/25/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Myers, Leigh Ann	Title / Member Member	Date 04/22/2022
Signature 	Address 	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 25, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
El Zacatecano LLC	627 Williams St Lake Geneva WI 53142

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

Agent Last Name	(First)	(Middle Name)
Ovalle	Christian	Maricela

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

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

C. Business Information

1. Trade Name El Zacatecano Business Phone Number (262) 812-8059
2. Address of Premises 627 Williams St Post Office & Zip Code 53142

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Building is divided in two sections. one side (right) is store and left side is dining room. alcohol is served in dining room and stored in back storage space garage on the left side of building.

Applicant's Wisconsin Seller's Permit Number 456-1029714934-02	
FEIN Number 84-4651926	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☒ Class C wine	\$ 100
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

206

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Qualle Christian M.</i>	Title / Member <i>owner</i>	Date <i>4-24-2022</i>
Signature <i>Christian Qualle</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 28, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name Robens (First) Daniel (Middle Name) R

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

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

C. Business Information

- Trade Name THE FARMSTAND Business Phone Number 262-203-5844
- Address of Premises 707 W MAIN ST, LAKE GENEVA, WI 53147 Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

be sold at the back bar and on shelves in front of store
Storage will be in basement of store & hall closet

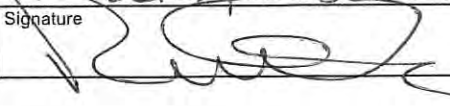
Applicant's Wisconsin Seller's Permit Number <u>450-102949732-02</u>	
FEIN Number <u>84-4526145</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>1.00</u>
☒ Class C wine	\$ <u>1.00</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

per 4/29/22

236

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Roberts, Roberta L	Title / Member OWNER/OPERATOR	Date 4/27/22
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 29, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

D+D Restaurant Group, Inc

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

Agent Last Name	(First)	(Middle Name)
Hutner	Tyler	T

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

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

C. Business Information

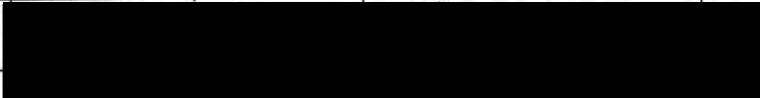
- Trade Name Flat Iron Tap Business Phone Number 762-812-4064
- Address of Premises 150 Center St Post Office & Zip Code Lake Geneva, 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) First Floor, Dining Areas
Bar, Coolers Stored in Basement, Records in Basement, Sidewalk + Patio

Applicant's Wisconsin Seller's Permit Number <u>456-1029433039-02</u>	
FEIN Number <u>5116545</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>106-</u>
☒ Class C wine	\$ <u>106-</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>226-</u>

mt 4/21/22

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Wingate David James</i>	Title / Member <i>President</i>	Date <i>4-27-22</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

Plaza Media LLC

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

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

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

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

C. Business Information

- Trade Name Geneva Stage Business Phone Number 262-210-1362
- Address of Premises 244 Broad St Post Office & Zip Code Lake Geneva WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Throughout Geneva Stage premises, including the bar/concessions area, the entire lobby, the auditorium, and second floor meeting/party/VIP spaces.

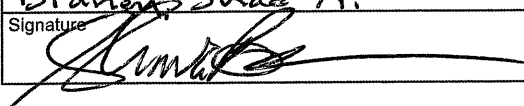
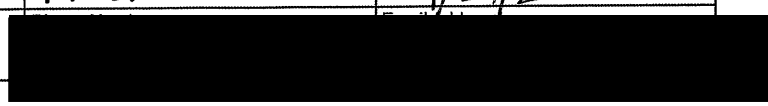
Applicant's Wisconsin Seller's Permit Number <u>456-1027144852-03</u>	
FEIN Number <u>27-2952942</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☒ Class C wine	\$ <u>100-</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225-</u>

PAID 9/22

ETB

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Brannan, Shad A.	Title / Member President	Date 4/29/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 9, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
GRIFFITH	CATHERINE	LYNN

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

President / Member Last Name	(First)	(Middle Name)
GRIFFITH	CATHERINE	LYNN
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
OCHALEK	PAUL	DAVID
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name GREAT EGGS Business Phone Number 262-812-4077
- Address of Premises 200 COOK STREET #101 Post Office & Zip Code LAKE GENEVA 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) FIRST FLOOR UNIT 101, KITCHEN, DINING ROOM, CLOSET AND OUTDOOR SEATING

Applicant's Wisconsin Seller's Permit Number 456102961262702	
FEIN Number 82136877	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100.00
☒ Class C wine	\$ 100.00
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225.00

pd 4/20/22

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) OCHALEK, PAUL, D	Title / Member MANAGER	Date 4-16-22
Signature <i>Paul Ochalek</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 20, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name	(First)	(Middle Name)
<u>SCHROFF</u>	<u>DONNA</u>	<u>RENCE</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>SINGH</u>	<u>KEVIN</u>	
Vice President / Member Last Name	(First)	(Middle Name)
<u>ECHVERRIA</u>	<u>GILBERTO</u>	
Secretary / Member Last Name	(First)	(Middle Name)
<u>GARCIA</u>	<u>FELIPE</u>	<u>JESUS</u>
Treasurer / Member Last Name	(First)	(Middle Name)
<u>ALVAREZ</u>	<u>FRANKLIN</u>	
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name COUAC STAR Business Phone Number 847-322-9008
- Address of Premises 120/122 BROAD ST Post Office & Zip Code LAKE GENOVA 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.) ENTIRETY OF 120
AND 122 BROAD ST USED FOR STORAGE INCLUDING SIDEWALK DIRECTLY IN
FRONT OF BUSINESS

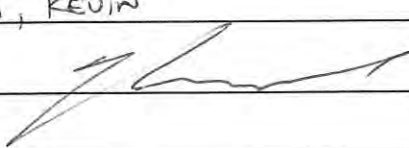
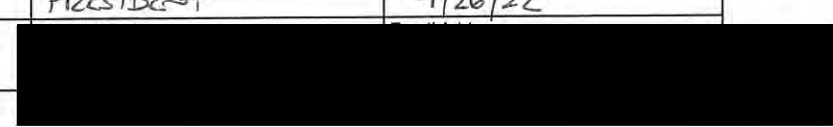
Applicant's Wisconsin Seller's Permit Number <u>456-1030843076-04</u>	
FEIN Number <u>87-3863950</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☒ Class C wine	\$ <u>100-</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

PAID 12/28/22

206

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☐ Yes ☒ No
- WE HAVEN'T OFFICIALLY OPENED FOR BUSINESS
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <u>SINGH, KEVIN</u>	Title / Member <u>PRESIDENT</u>	Date <u>4/26/22</u>
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 28, 2022</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name KERRIOS (First) KERRY (Middle Name) JOHN

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

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

C. Business Information

- Trade Name MAMA CIMINDS LLC Business Phone Number 262-348-9077
- Address of Premises 131 S. WELLS ST. Post Office & Zip Code LAKE GENEVA, 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) HALF OF BUILDING ON WELLS ST. - BEER & WINE SERVED AND STORED EXCLUSIVELY IN DINING ROOM -

Applicant's Wisconsin Seller's Permit Number <u>450-1027448838-04</u>	
FEIN Number <u>45-4048327</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100</u>
☒ Class C wine	\$ <u>100</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

dash122

ETC

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) CIMINO, NICK	Title / Member OWNER	Date 5/1/2022
Signature 		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
MOD Super Fast Pizza (Wisconsin), LLC

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

Agent Last Name	(First)	(Middle Name)
Henneberry	Benjamin	Joseph

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

President / Member Last Name	(First)	(Middle Name)	
[CEO] Svenson	Scott	Trimble	
Vice President / Member Last Name	(First)	(Middle Name)	
[COO] Guenser	Joshua	John	
Secretary / Member Last Name	(First)	(Middle Name)	
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

- Trade Name MOD Pizza Business Phone Number (262) 374-5440
- Address of Premises 281 N Edwards Blvd 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.) See attached.

Applicant's Wisconsin Seller's Permit Number 456-1029252619-02	
FEIN Number 81-2562202	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☒ Class C wine	\$ 100
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

pd 4/20/2022

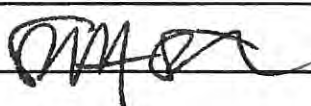
ET6

5. Legal description (omit if street address is given on previous page): See 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, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete page 3. ☐ Yes ☒ No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on page 3. ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain ☒ Yes ☐ No
John Maguire is no longer with the company.
Benjamin Henneberry is appointed as new agent.

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Svenson, Scott, T	Title / Member CEO	Date 4/11/2022
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 20, 2022</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number <u>456-1029039444-02</u>	
FEIN Number <u>39-1991315</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☒ Class C wine	\$ <u>100-</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>MARTIN'S OLYMPIC RESTAURANT LLC.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
--	--

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

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

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

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

C. Business Information

- Trade Name OLYMPIC RESTAURANT Business Phone Number (262) 248-6541
- Address of Premises 748 W. MAIN ST. Post Office & Zip Code LAKE GENEVA WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ALL ALCOHOL WILL BE KEPT IN ONE BUILDING (748 MAIN ST.) THE BUILDING CONSIST OF FRONT DINING AREA STAFF PREP SECTION, KITCHEN AND BASEMENT. ALCOHOL STORED FOR SALE IS KEPT IN STAFF SECTION COOLER. ALCOHOL INVENTORY STORED IN LOCKED ROOM IN BASEMENT

EJG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Solanda Zavala</i>	Title / Member <i>AGENT</i>	Date <i>21-27-22</i>
Signature <i>Solanda Zavala</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 27, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

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

County of Walworth

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

O2 Lounge, LLC

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

Agent Last Name (First) (Middle Name)
Guerrero Lindsey Sue

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

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

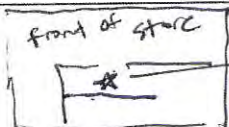
C. Business Information

- Trade Name O2 Lounge Business Phone Number 262-812-8237
- Address of Premises 647 main St. Ste 100 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.)

Alcohol is stored in a locked cooler where only staff can access.

Applicant's Wisconsin Seller's Permit Number 436-1030734676-04	
FEIN Number 81-0939459	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100.00
☒ Class C wine	\$ 100.00
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

pd 4/19/22



EJB

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☐ Yes ☒ No
7. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No
9. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 4/18/2022 May 2021 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** ☐ Yes ☒ No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☐ Yes ☒ No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) <u>Mr Guerrero, Lindsey, S</u>	Title/Member <u>Agent</u>	Date <u>4/18/2022</u>
Signature <u>Lindsey Guerrero</u>		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

Applicant's Wisconsin Seller's Permit Number 456-1030157049-02	
FEIN Number 823871988	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☒ Class C wine	\$ 100
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

pd 3/25/22

B. LLC or Corporation (and Agent):

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

Sabai Sabai Thai Cuisine

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

Agent Last Name Cox	(First) Jirapa	(Middle Name) -
------------------------	-------------------	--------------------

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

President / Member Last Name Cox	(First) Jirapa	(Middle Name) -
-------------------------------------	-------------------	--------------------

Vice President / Member Last Name Berner	(First) Sumalee	(Middle Name) -
---	--------------------	--------------------

Secretary / Member Last Name	(First)	(Middle Name)
------------------------------	---------	---------------

Treasurer / Member Last Name	(First)	(Middle Name)
------------------------------	---------	---------------

Directors / Managers Last Name	(First)	(Middle Name)
--------------------------------	---------	---------------

Directors / Managers Last Name	(First)	(Middle Name)
--------------------------------	---------	---------------

Home Address (Street, City or Post Office, & Zip Code)

Home Address (Street, City or Post Office, & Zip Code)

Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Sabai Sabai Thai Cuisine Business Phone Number 262-812-4114

2. Address of Premises 306 Center 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.) Bars, Dining area 1st and 2nd floor, outdoor, basement.

EJG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Cox Jilapa	Title / Member Co-owner	Date 3/25/22
Signature Jilapa Cox		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk MAR 25, 2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

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

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

Agent Last Name (First) (Middle Name)
Hartz Thomas Andrew

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

President / Member Last Name (First) (Middle Name)
Hartz Thomas Andrew

Vice President / Member Last Name (First) (Middle Name)
Hartz Lori

Secretary / Member Last Name (First) (Middle Name)

Treasurer / Member Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

C. Business Information

- Trade Name Simple Cafe LLC Business Phone Number 262-248-3556
- Address of Premises 525 Broad St. Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Alcohol is stored in a locked cabinet underneath the basement stairs. Alcohol is served in the dining room and on the patio.

Applicant's Wisconsin Seller's Permit Number <u>456-1027064196-03</u>	
FEIN Number <u>27-1031204</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100 -</u>
☒ Class C wine	\$ <u>100 -</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225</u>

pd 4/7/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Hartz, Thomas A.</i>	Title / Member <i>Founding Partner</i>	Date <i>3-25-2022</i>
Signature <i>Thomas A. Hartz</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 7, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
RL KL Company INC

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

Agent Last Name	(First)	(Middle Name)
Lei	Ransi	

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

President / Member Last Name	(First)	(Middle Name)
Same as Agent		
Vice President / Member Last Name	(First)	(Middle Name)
Lei	Kelly	
Secretary / Member Last Name	(First)	(Middle Name)
Lei	Sianming	
Treasurer / Member Last Name	(First)	(Middle Name)
Same as Secretary		
Directors / Managers Last Name	(First)	(Middle Name)
Same as Agent		
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name RL KL Company INC Business Phone Number 262-248-1178
2. Address of Premises 743 North St Post Office & Zip Code Lake Geneva, WI 53147
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

Bar, Back room, Dining Room, office, kitchen, side walk

Applicant's Wisconsin Seller's Permit Number <u>456-1029849437-</u>	
FEIN Number <u>84-4884871</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☒ Class C wine	\$ <u>100-</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>225-</u>

pdf 4/1/22

ETG

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) <i>Lei Jianming</i>	Title / Member <i>Secretary</i>	Date <i>3/31/22</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company
Tristan Crist Magic Theatre LLC

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

Agent Last Name (First) (Middle Name)
Christ Tristan Samuel

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

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

C. Business Information

1. Trade Name Tristan Crist Magic Theatre Business Phone Number 262 248 0505
2. Address of Premises 100 N Edwards Blvd 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.) Theatre lobby, bathrooms, seating, hallways, stage, backstage, closets, patio

Applicant's Wisconsin Seller's Permit Number 456-1029715309-02	
FEIN Number 82-4292838	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 160
☒ Class C wine	\$ 100
☐ Class A liquor	\$
☐ Class A liquor (cider only)	N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 225

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** ☐ Yes ☒ No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** ☒ Yes ☐ No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Chris Tristano S	Title / Member owner	Date 4/14/22
Signature [Signature]	[Redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4-14-2022	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Lake Geneva

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Lake Geneva Egg Harbor, LLC</u>	

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

Agent Last Name	(First)	(Middle Name)
<u>Buffa</u>	<u>Adeline</u>	

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

President / Member Last Name	(First)	(Middle Name)	
<u>Farrell</u>	<u>Michael</u>	<u>J</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Farrell</u>	<u>Aimee</u>	<u>W</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>Wright</u>	<u>John</u>	<u>R</u>	
Treasurer / Member Last Name	(First)	(Middle Name)	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

1. Trade Name Egg Harbor Cafe Business Phone Number 262-248-1207

2. Address of Premises 827 Main Street, Lake Geneva, WI 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.)

Alcohol is served in dining room/outdoor area, floor plans attached

Applicant's Wisconsin Seller's Permit Number	
<u>456-1026548060-04</u>	
FEIN Number	
<u>26-0559178</u>	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☐ Class B beer	\$
☒ Class C wine	\$ <u>100</u>
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ <u>N/A</u>
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>125</u>

ETB

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

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** ☐ Yes ☒ No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** ☐ Yes ☒ No

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) Farrell, Aimee, W	Title / Member Owner	Date 04/26/21
Signature <i>Aimee W. Farrell</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 28, 2022</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RESOLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper city official(s) to issue the Liquor License renewals for the period of July 1, 2022, to June 30, 2023			
Committee Action: Finance, Licensing, and Regulation Committee to consider May 19, 2022			
Fiscal Impact: Class A Beer=\$100; Class A Liquor=\$500; Class B Beer & Liquor=\$600; Class C Wine=\$100; Publication fee=\$20			
File Number:	22-R33	Date Introduced:	June 7, 2022

WHEREAS the City Clerk’s office has received applications for Liquor License renewals for the period of July 1, 2022, to June 30, 2022, for the following businesses:

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

- Aldi Inc (Wisconsin) d/b/a Aldi #56, 2027 E Geneva St, James Bunker, Agent
- Brutap LLC d/b/a Bruno’s Liquors, 524 Broad St, James Sharkus, Agent
- Queso LLC d/b/a The Cheese Box, 801 S Wells St, Zbigniew Boroweic, Agent
- Cove Condominium Association Inc d/b/a The Cove of Lake Geneva (Gift Shop), 111 Center St, Patrick McCarthy, Agent
- 1111 N Edwards Blvd, LLC d/b/a Fairfield Inn & Suites, 1111 N Edwards Blvd, Tina Fierros, Agent
- Simple Spirits Inc d/b/a Geneva Liquors, 797 S Wells St, Rajesh Sachdeva, Agent
- Kelley Williamson Company d/b/a Kelley’s Market, 350 N Edwards Blvd, Suzanne Dorsey-Sterling, Agent
- Kwik Trip Inc d/b/a Kwik Trip 219, 710 Williams St, Laura Meinen, Agent
- Maya Geneva Inc d/b/a Maya Geneva Inc, 605 Williams St, Vikas Dadhwal, Agent
- New World Wine Shop INC d/b/a New World Wine Shop, 830 W Main St Suite G, Terence Conell, Agent
- Fontana Petro, Inc d/b/a Northside Mobil, 501 Interchange North, Prabh Thind , Agent
- Quick and Save LLC d/b/a Quick and Save, 1231 Grant St, Pradip Patel, Agent
- Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink’s Piggly Wiggly, 100 East Geneva Sq, David Stinebrink, Agent
- Target Corp d/b/a Target Store T2348, 660 N Edwards Blvd, Katherine Johnson, Agent
- Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
- Walmart Stores INC d/b/a Walmart Store #910, 201 S Edwards Blvd, Brianna Nichols, Agent

“Class A” Intoxicating Liquor:

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

Class “A” Fermented Malt Beverage:

- Evergreen BP Operating Corp d/b/a Evergreen BP, 300 Peller Rd, Judith Schwartz, Agent

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

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

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

- American Legion Post #24 d/b/a American Legion Post #24, 735 Henry St, Charles Schlehlein, Agent
- Stone Soup LLC d/b/a Baker House, 327 Wrigley Dr, Robert Lopez, Agent
- 422 S. Wells St. LTD d/b/a Celebration on Wells, 422 S Wells St, Henri Lorenzi, Agent
- L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jes Christenson, Agent
- Mangiami Italiano LLC d/b/a Cuoco Pazzo Eat & Drinkz, 393 N Edwards Blvd, Eric Webber, Agent
- Chubby Kitty LLC d/b/a Fat Cat’s, 104 Broad St, Mark Basil, Agent
- Harry’s Café & Place, INC d/b/a Harry’s Café, 808 Main St, James Chironis, Agent
- Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- Capitol Geneva LLC d/b/a Lake City Social, 111 Center St, Stephen Schroeder, Agent
- Sandal Inc d/b/a Lake Geneva Lanes, 192 E Main St, Franklin Guske, Jr, Agent
- Maxwell Pub LLC d/b/a Maxwell Mansion, 304 S Wells St, Monica Pfeifer
- DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
- Samson Enterprises LLC d/b/a Magpie’s Pen & Den, 642 W Main St, Tai Serna, Agent
- Oakfire LLC d/b/a Oakfire, 831 Wrigley Dr, David Scotney, Agent
- Popeyes Galley & Grog LTD d/b/a Popeye’s on Lake Geneva, 811 Wrigley Dr, Dimitrius Anagnos, Agent
- Gleneagles LLC d/b/a Sopra, 724 W Main St, Alastair Cumming, Agent
- Mercedes or Bust LLC d/b/a The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
- Two Thumbs Up LLC d/b/a Thumbs Up, 260 Broad St, Kimberly Dawson, Agent
- LG Hospitality Group LLC d/b/a Tuscan Tavern & Grill, 430 Broad St, James Georgalus, Agent
- Ovalle- Perez, LLC d/b/a Taqueria El Gallo de Oro, 820 Williams St, Cynthia Perez, Agent

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

- Beachside Hospitality Inc d/b/a Barrique Bistro & Wine Bar, 835 Wrigley Dr, Dana Trilla, Agent
- Bella Vista Suites on the Shores of Lake Geneva, INC d/b/a Bella Vista Suites on the Shores of Lake Geneva, 335 Wrigley Dr, Charles Lorenzi, Agent
- Harborside Pub & Grill LLC d/b/a Harborside Pub & Grill, 100 Broad St, Spyro Condos, Agent
- Lake Aire LLC d/b/a Lake Aire Restaurant, 804 W Main St, George Argiropoulos, Agent

Class “B” Fermented Malt Beverage:

- B & B Lake Geneva LLC d/b/a Board & Brush Lake Geneva, 262 Center St, Julie Selby, Agent
- Jackson Wine, LLC d/b/a Studio Winery/Geneva Lake Distillery, 401 Sheridan Springs Rd, Kathleen Jackson, Agent

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

- DCRB Inc d/b/a Avant Cycle Café, 234 Broad St, Andrew Gruber, Agent
- The Candle Mercantile LLC d/b/a The Candle Mercantile, 870 W Main St, Eizabeth Doyle, Agent
- El Zacatecano LLC d/b/a El Zacatecano, 627/629 Williams St, Christian Ovalle, Agent

- The Farmstand LLC d/b/a The Farmstand, 707 W Main St, Daniel Robers, Agent
- D & D Restaurant Group Inc d/b/a Flat Iron Tap, 150 Center St, Tyler Huttner, Agent
- Plaza Media LLC d/b/a Geneva Stage, 244 Broad St, Shad Branen, Agent
- Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Catherine Griffith, Agent
- Guac Star LLC d/b/a Guac Star, 120/122 Broad St, Kevin Singh, Agent
- Mama Cimino's LLC d/b/a Mama Cimino's, 131 S Wells St, Kerry Kerros, Agent
- MOD Super Fast Pizza (Wisconsin) LLC d/b/a MOD Pizza, 281 N Edwards Blvd, Benjamin Henneberry, Agent
- Martins Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 W Main St, Yolanda Zavaleta, Agent
- O2 Lounge LLC d/b/a O2 Lounge, 647 Main St Ste #100, Lindsey Guerro, Agent
- Sabai Sabai Thai Cuisine Inc d/b/a Sabai Sabai Thai Cuisine, 306 Center St, Jirapa Cox, Agent
- Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
- RL KL Company Inc d/b/a SuWing's Chinese Restaurant, 743 North St, Ransi Lei, Agent
- Tristan Crist Magic Theatre LLC d/b/a Tristan Crist Magic Theatre, 100 N Edwards Blvd, Tristan Christ, Agent

Class "C" Wine:

- Lake Geneva Egg Harbor LLC d/b/a Egg Harbor Café, 827 Main St, Adeline Buffa, Agent

WHEREAS, your Finance, Licensing, and Regulation Committee met on May 18, 2021, to consider the terms of the Liquor License renewal applications and, upon advisement from the Police Chief, recommends approval all of a licenses; now therefore

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

Approved this 7th day of June, 2022.

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

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

Charlene Klein, Mayor

Date

Attest:

Lana Kropf, City Clerk

Date

RESOLUTION OF THE COMMON COUNCIL			
Resolution authorizing a 2022 Budget Amendment for the use of Contingency funds for a traffic signal warrant study on Interchange North at Center Street to be split equally with Walworth County; City portion to be paid from the Contingency fund in an amount not to exceed \$4,000.00			
Committee:	Finance considered on May 17, 2022		
Fiscal Impact:	N/A		
File Number:	22-R31	Date:	May 23, 2022

Whereas, the Lake Geneva Common Council approved the 2022 Operating Budget for the General Fund, Fund, and,

Whereas, a Contingency account was budgeted at \$137,715 for 2022 unbudgeted, approved expenditures, and, the current balance in that account is \$137,715.

Whereas, the Finance, Licensing and Regulation Committee approved the request for the traffic signal warrant study on Interchange North at Center Street to be split equally with Walworth County, with an amount not to exceed \$4,000, and

Whereas, this expenditure was not included in the 2022 General Fund Operating Budget and utilizing Contingency funds for this purpose would be appropriate, and

Now Therefore be it Resolved that the Lake Geneva Common Council approve this resolution to adopt a budget amendment allowing for a transfer in the 2022 General Fund Operating Budget as follows:

Increase Acct #11-34-10-52600, Repairs-Traffic Signals, Etc., by \$4,000
Decrease Acct #11-10-00-57800, Contingency Fund, by \$4,000

Granted by action of the Common Council of the City of Lake Geneva this 23rd day of May, 2022.

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

Mayoral Action: ☐ Accept ☐ Veto

Charlene Klein, Mayor

Date

Attest:

Lana Kropf, City Clerk

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY INSTITUTION 4/30/2022		
Institution	Account Name	Balances 4/30/2022
Cash on Hand	Cash Drawer-Change Bank	200.00
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond Change Fund	500.00
	Launch Ramp Change Fund	-
	Beach Change Fund	-
	Parking-Petty Cash	100.00
	Library-Petty Cash	500.00
	Tax-Petty Cash	-
		<u>1,685.00</u>
First National Bank	General Fund Checking	740,469.70
	Donations Checking	64,564.78
	Credit Card Account	2,050.95
	Beach Account - VIPLY App	100.02
	Parking Fund Checking	1,831.32
		<u>809,016.77</u>
Local Government Investment Pool	Investment Pool #1-General	11,998,453.06
	Investment Pool #2-2021 GO Notes-2021A	2.80
	Investment Pool #3-2021 GO Notes-2021B	2,859,732.92
	Investment Pool #4-Tax	0.04
	Investment Pool #5 - Park Impact Fees	101,903.29
	Investment Pool #6 - Library Special Projects	165,748.68
	Investment Pool #7 - Parks	46,954.99
	Investment Pool #8 - Equip Replacement	2,202,284.63
	Investment Pool #9 - Library	5.05
	Investment Pool #10 - ARPA	424,503.68
	Investment Pool #11 - Capital Projects	202,748.30
	Investment Pool #12 - Debt Service	313,584.33
		<u>18,315,921.77</u>
US Bank	Tax Checking	<u>50.57</u>
Edward Jones	Cemetery Perpetual Care	<u>768,051.81</u>
BMO Harris	Donations Checking	<u>83,267.12</u>
Fidelity Investments	Investments-Swanson Fund	143,437.98
	Investments-Special Projects	128.19
	Investments-Voyager Fund	30,367.50
		<u>173,933.67</u>
	Total Cash and Investments	<u>20,151,926.71</u>

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY FUND 4/30/2022		
Institution	Account Name	Balances 4/30/2022
General Fund	Cash Drawer-Change Bank	200.00
	General Checking-shared cash	740,469.70
	Donations Checking	64,564.78
	Credit Card Account	2,050.95
	Investment Pool #1 - General	11,998,453.06
	Investment Pool #4 - Tax	0.04
	Investment Pool #7 - Parks	46,954.99
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond-Change Fund	500.00
		<u>12,853,578.52</u>
Debt Service	LGIP #12-Debt Service	<u>313,584.33</u>
Lakefront	Launch Ramp Change Fund	-
	Beach Account - VIPLY App	100.02
	Beach Change Fund	-
		<u>100.02</u>
Parking	Parking Fund Checking	1,831.32
	Parking-Petty Cash	100.00
		<u>1,931.32</u>
Capital Projects	Investment Pool #11 - 2020 Capital Projects	202,748.30
	Investment Pool #2-2021 GO Notes-2021A	2.80
	Investment Pool #3-2021 GO Notes-2021B	2,859,732.92
		<u>3,062,484.02</u>
Impact Fees	Investment Pool #5 - Park Impact Fees	<u>101,903.29</u>
ARPA	Investment Pool #10 - American Rescue Plan	<u>424,503.68</u>
Cemetery Perpetual Care	Cemetery Perpetual Care-Edward Jones	<u>768,051.81</u>
Equip Replacement	Investment Pool #8 - Equipment Replacement	<u>2,202,284.63</u>
Tax Agency Fund	Tax-Petty Cash	-
	Tax Agency Fund Tax Checking Account	50.57
		<u>50.57</u>
Library Operating	Library-Petty Cash	<u>500.00</u>
Library Investments	Investment Pool #9 - Library	5.05
	Investment Pool #6 - Library Special Projects	165,748.68
	Library Donations	83,267.12
	Investments-Swanson Fund	143,437.98
	Investments-Special Projects	128.19
	Investments-Voyager Fund	30,367.50
		<u>422,954.52</u>
	Total Cash and Investments	<u>20,151,926.71</u>

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
GENERAL FUND						
GENERAL FUND						
GENERAL FUND						
11-00-00-41110	GENERAL PROPERTY TAXES	92,030.86	3,003,969.31	5,561,477.00	2,557,507.69	54.01
11-00-00-41120	TID #4 INCREMENT-CLOSING REV	.00	.00	.00	.00	.00
11-00-00-41130	OMITTED & MISC TAX REVENUE	.00	1,659.48	.00	1,659.48-	.00
11-00-00-41140	MOBILE HOME PARK FEES	.00	715.71	5,400.00	4,684.29	13.25
11-00-00-41150	PERSONAL PROPERTY TAXES	.00	.00	.00	.00	.00
11-00-00-41160	USE VALUE CONVERSION TAX	.00	.00	.00	.00	.00
11-00-00-41210	ROOM TAX	75,819.72	195,142.70	330,255.00	135,112.30	59.09
11-00-00-41212	ROOM TAX-MARKETPLACE PROVIDE	146,570.32	146,570.32	163,665.00	17,094.68	89.56
11-00-00-41220	SALES TAX DISCOUNT	92.45	215.12	650.00	434.88	33.10
11-00-00-41310	TAXES FROM WATER UTILITY	23,803.33	95,213.32	305,000.00	209,786.68	31.22
11-00-00-41800	INT & PENALTY ON TAXES	142.55	312.45	1,000.00	687.55	31.25
11-00-00-41810	ROOM TAX LATE FEES	.00	.00	1,800.00	1,800.00	.00
11-00-00-41820	ROOM TAX INTEREST	.00	.00	25.00	25.00	.00
11-00-00-42620	SPEC ASSMTS-CURB & GUTTER	.00	.00	.00	.00	.00
11-00-00-42630	SPEC ASSMTS-ROADS	.00	.00	77,780.00	77,780.00	.00
11-00-00-42640	SPEC ASSMTS-SIDEWALKS	.00	.00	12,000.00	12,000.00	.00
11-00-00-43400	MUNICIPAL RECYCLING GRANT	.00	.00	24,000.00	24,000.00	.00
11-00-00-43410	STATE SHARED REVENUE	.00	.00	108,682.00	108,682.00	.00
11-00-00-43430	EXPENDITURE RESTRAINT PROGRA	.00	.00	.00	.00	.00
11-00-00-43530	STATE AID FOR HIGHWAYS	185,671.65	371,343.30	744,611.00	373,267.70	49.87
11-00-00-43540	OTHER STATE GRANTS	.00	.00	.00	.00	.00
11-00-00-43600	PYMT MUNI SERVICES-CONSERVATN	.00	3,878.01	3,533.00	345.01-	109.77
11-00-00-43610	STATE COMPUTER AID	.00	.00	19,204.00	19,204.00	.00
11-00-00-43612	STATE PERSONAL PROPERTY AID	.00	24,259.81	24,260.00	.19	100.00
11-00-00-43615	VIDEO SERVICE PROVIDER AID	.00	.00	26,741.00	26,741.00	.00
11-00-00-43620	AIDS IN LIEU OF TAXES-PILOT	940.56	10,940.56	10,236.00	704.56-	106.88
11-00-00-43670	LOTTERY CREDIT	.00	.00	.00	.00	.00
11-00-00-43680	GLLEA ACCOUNTING SERVICES	.00	.00	.00	.00	.00
11-00-00-43690	FEMA DISASTER AID & RELIEF	.00	.00	.00	.00	.00
11-00-00-43695	OTHER FEDERAL AIDS	.00	.00	.00	.00	.00
11-00-00-44100	LIQUOR & MALT BEVERAGE LICENSE	34,875.00	39,470.00	40,000.00	530.00	98.68
11-00-00-44110	OPERATOR LICENSES	2,415.00	4,750.00	25,000.00	20,250.00	19.00
11-00-00-44120	BUS LIC-CIG,TAXI,AMUSE,BILLARD	3,965.00	8,460.00	18,000.00	9,540.00	47.00
11-00-00-44130	PERMITS-SELL,CAFE,ROOM,MASSAG	4,025.00	5,630.00	7,000.00	1,370.00	80.43
11-00-00-44140	PERMITS-SHORT-TERM RENTALS	800.00	11,600.00	26,250.00	14,650.00	44.19
11-00-00-44150	CABLE TV FRANCHISE FEES	.00	.00	105,000.00	105,000.00	.00
11-00-00-44200	NONBUS LIC-DOGS/CATS	120.00	1,221.00	1,750.00	529.00	69.77
11-00-00-44250	OTHER LICENSES \$ FEES-WEIGHTS	2,620.00	3,324.00	6,000.00	2,676.00	55.40
11-00-00-44900	WORK PERMITS	15.00	55.00	400.00	345.00	13.75
11-00-00-44950	OTHER PERMITS-PARADES,BANNER	140.00	140.00	.00	140.00-	.00
11-00-00-45100	ANNEXATION FILING FEES	.00	.00	.00	.00	.00
11-00-00-45220	RESTITUTION	.00	.00	.00	.00	.00
11-00-00-46000	CASH DRAWER OVERAGES/UNDERA	.00	.00	.00	.00	.00
11-00-00-46100	GENERAL GOV'T MISC REVENUE	278.22	492.21	2,000.00	1,507.79	24.61
11-00-00-46110	SPECIAL ASSMT LETTERS FEES	1,385.00	5,135.00	12,000.00	6,865.00	42.79
11-00-00-46741	CHG FOR SVCS-CELEBRATIONS	.00	.00	.00	.00	.00
11-00-00-46900	MISCELLANEOUS SALES	.00	.00	200.00	200.00	.00
11-00-00-47300	DONATIONS	.00	11,250.00	.00	11,250.00-	.00
11-00-00-47400	DONATIONS-FIRST RESPOND FUND	.00	.00	.00	.00	.00
11-00-00-47800	INTDEPART CHGS FOR SVC TOURISM	.00	.00	.00	.00	.00
11-00-00-47900	INTDEPART CHGS FOR SVC UTILITY	.00	.00	20,000.00	20,000.00	.00
11-00-00-48110	INTEREST INCOME	2,071.60	4,731.04	10,000.00	5,268.96	47.31

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-00-00-48120	A/R FINANCE CHARGES	.00	.00	.00	.00	.00
11-00-00-48130	INTEREST ON SPECIAL ASSESSMENT	.00	.00	8,290.00	8,290.00	.00
11-00-00-48190	DISCOUNTS EARNED	.00	.00	.00	.00	.00
11-00-00-48300	SALE OF CITY EQUIPMENT	.00	.00	.00	.00	.00
11-00-00-48320	SALE OF CITY REAL ESTATE	.00	.00	.00	.00	.00
11-00-00-48350	ROOM RENTAL FEES	.00	1.00	1.00	.00	100.00
11-00-00-48370	HILLMOOR LEASE	.00	.00	.00	.00	.00
11-00-00-48400	INSURANCE REIMBURSEMENTS	.00	.00	30,000.00	30,000.00	.00
11-00-00-48450	INSURANCE REBATE-LEAGUE	.00	.00	12,000.00	12,000.00	.00
11-00-00-48510	OTHER PARK DONATIONS	.00	.00	.00	.00	.00
11-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
11-00-00-49100	APPL.PRIOR YRS APPROPRIATION	.00	.00	872,978.64	872,978.64	.00
11-00-00-49200	DEBT SERVICE REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49220	TID ADMIN REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49300	TRANSFER FROM LAKEFRONT	.00	.00	531,953.00	531,953.00	.00
11-00-00-49400	TRANSFER FROM UTILITY	.00	.00	.00	.00	.00
11-00-00-49500	TRANSFER FROM PARKING FUND	.00	.00	1,538,665.00	1,538,665.00	.00
11-00-00-49610	TRANSFER FROM LAKEFRONT RES	.00	.00	.00	.00	.00
Total GENERAL FUND:		577,781.26	3,950,479.34	10,687,806.64	6,737,327.30	36.96
Total GENERAL FUND:		577,781.26	3,950,479.34	10,687,806.64	6,737,327.30	36.96
GENERAL GOVERNMENT						
GENERAL GOVERNMENT						
11-10-00-51330	LIFE INSURANCE POLICY FEES	177.04	706.58	2,100.00	1,393.42	33.65
11-10-00-51390	STAFF APPRECIATION	54.26	54.26	3,000.00	2,945.74	1.81
11-10-00-51395	CUSTOMER SERVICE TRAINING	.00	.00	.00	.00	.00
11-10-00-51400	CYBER SECURITY TRAINING	.00	.00	.00	.00	.00
11-10-00-51500	OTHER PROFESSIONAL SERVICES	.00	.00	35,000.00	35,000.00	.00
11-10-00-51540	UNEMPLOYMENT COMPENSATION	.00	1,913.00	10,000.00	8,087.00	19.13
11-10-00-52140	LABOR NEGOTIATIONS	.00	.00	.00	.00	.00
11-10-00-52160	OFFICIAL MAP	.00	.00	.00	.00	.00
11-10-00-52450	EXPENSES SUBJECT TO INS CLAIM	.00	250.00	30,000.00	29,750.00	.83
11-10-00-53140	OFFICIAL PUBLICATIONS & NOTICE	799.91	1,973.49	10,000.00	8,026.51	19.73
11-10-00-53150	PUBLICATION FEES REIMBURSABLE	.00	597.23	2,500.00	1,902.77	23.89
11-10-00-53160	RECORDING FEES	.00	.00	100.00	100.00	.00
11-10-00-53980	BANK CHARGES	59.10	640.67	1,200.00	559.33	53.39
11-10-00-53990	GENERAL GOV'T MISC EXPENSES	100.00	100.00	250.00	150.00	40.00
11-10-00-55000	COVID-19 EXPENDITURES	168.83	.00	.00	.00	.00
11-10-00-57300	SPECIAL LITIGATIONS	.00	.00	.00	.00	.00
11-10-00-57400	PERSONAL PROPERTY WRITEOFFS	.00	.00	3,000.00	3,000.00	.00
11-10-00-57410	ILLEGAL TAXES & REFUNDS	.00	.00	.00	.00	.00
11-10-00-57420	P.P. WRITE-OFFS REIMBURSED	.00	.00	.00	.00	.00
11-10-00-57800	CONTINGENCY ACCOUNT	.00	.00	137,715.00	137,715.00	.00
11-10-00-59100	PURCHASE OF REAL ESTATE	.00	.00	.00	.00	.00
11-10-00-59200	TRANSFER TO CEMETERY FUND	.00	.00	.00	.00	.00
11-10-00-59250	TRANSFER TO IMPACT FEES FUND	.00	.00	.00	.00	.00
11-10-00-59300	TRANSFER TO DEBT SERVICE	.00	.00	.00	.00	.00
11-10-00-59350	TRANSFER TO TOURISM	.00	.00	.00	.00	.00
11-10-00-59400	TRANSFER TO CAPITAL FUND	.00	.00	.00	.00	.00
11-10-00-59500	TRANSFER TO LIBRARY FUND	.00	.00	.00	.00	.00
11-10-00-59600	TRANSFER TO EQUIP REPLACEMENT	.00	.00	.00	.00	.00
Total GENERAL GOVERNMENT:		1,021.48	6,235.23	234,865.00	228,629.77	2.65

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
INSURANCE						
11-10-10-55090	INS REIMB-OTHER DEPTS	.00	27,560.03-	112,950.00-	85,389.97-	24.40
11-10-10-55120	GENERAL LIABILITY INSURANCE	.00	160,261.50	215,000.00	54,738.50	74.54
11-10-10-55130	BOILER & MACHINERY INS	.00	464.25	1,000.00	535.75	46.43
11-10-10-55160	WORKERS COMPENSATION	.00	97,103.50	138,500.00	41,396.50	70.11
11-10-10-55170	WORKERS COMP WAGES PAID/REIM	.00	.00	.00	.00	.00
Total INSURANCE:		.00	230,269.22	241,550.00	11,280.78	95.33
HEALTH INSURANCE						
11-10-20-51110	HEALTH & DENTAL REIMBURSABLE	4,300.61-	19,313.57-	50,945.00-	31,631.43-	37.91
11-10-20-51120	HEALTH REIMBURSE-EMPLOYEE	.00	.00	.00	.00	.00
11-10-20-51320	HEALTH AND DENTAL ADMIN CHGS	6,573.97	11,302.96	47,000.00	35,697.04	24.05
11-10-20-51330	HEALTH AND DENTAL CLAIMS	.00	.00	.00	.00	.00
11-10-20-51335	DIFFERENCE CARD CLAIMS	13,266.67	34,373.79	200,000.00	165,626.21	17.19
11-10-20-51337	RETIREE HEALTH INS PREMIUMS	10,685.48	46,017.80	155,725.00	109,707.20	29.55
11-10-20-51340	DISABILITY PREMIUMS CITY	.00	.00	.00	.00	.00
11-10-20-51350	EAP PROGRAM	937.50	1,875.00	3,800.00	1,925.00	49.34
11-10-20-51520	OPT OUT SOCIAL SECURITY EXP	.00	.00	.00	.00	.00
Total HEALTH INSURANCE:		27,163.01	74,255.98	355,580.00	281,324.02	20.88
Total GENERAL GOVERNMENT:		28,184.49	310,760.43	831,995.00	521,234.57	37.35
COMMON COUNCIL						
COMMON COUNCIL						
11-11-00-51140	COUNCIL SALARIES	2,987.74	12,895.54	40,000.00	27,104.46	32.24
11-11-00-51200	PART TIME WAGES	.00	.00	1,650.00	1,650.00	.00
11-11-00-51520	COUNCIL SOCIAL SECURITY	228.57	986.53	3,186.00	2,199.47	30.96
11-11-00-52140	VIDEOTAPING EXPENSES	.00	.00	.00	.00	.00
11-11-00-53100	COMPUTER & OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-11-00-53200	COUNCIL WIS LEAGUE MEMBERSHIP	.00	5,016.86	5,017.00	.14	100.00
11-11-00-53310	COUNCIL MEALS & LODGING	.00	.00	500.00	500.00	.00
11-11-00-53320	COUNCIL CONFERENCES & SCHOOL	.00	158.15	600.00	441.85	26.36
11-11-00-53990	COUNCIL MISCELLANEOUS EXPENSE	.00	60.00	2,000.00	1,940.00	3.00
Total COMMON COUNCIL:		3,216.31	19,117.08	52,953.00	33,835.92	36.10
Total COMMON COUNCIL:		3,216.31	19,117.08	52,953.00	33,835.92	36.10
MUNICIPAL COURT						
MUNICIPAL COURT						
11-12-00-45100	COURT PENALTIES & FINES	13,025.84	44,126.78	135,000.00	90,873.22	32.69
11-12-00-45120	CIRCUIT COURT FORFEITURES	.00	.00	.00	.00	.00
11-12-00-45130	PARKING CITATION COLLECTIONS	1,420.00	6,960.00	15,000.00	8,040.00	46.40
11-12-00-45140	COURT CITATION COLLECTN-STARK	.00	236.00	100.00	136.00-	236.00
11-12-00-46400	REIMBURSEMENTS BY DEFENDANTS	.00	96.00	500.00	404.00	19.20
11-12-00-48110	MUNICIPAL CT INTEREST INCOME	.00	.00	.00	.00	.00
Total MUNICIPAL COURT:		14,445.84	51,418.78	150,600.00	99,181.22	34.14
MUNICIPAL COURT						
11-12-00-51140	MUNICIPAL COURT SALARIES	1,216.08	5,472.36	15,810.00	10,337.64	34.61
11-12-00-51200	MUNICIPAL COURT WAGES-CLERK	4,628.48	18,324.40	76,890.00	58,565.60	23.83
11-12-00-51250	MUNICIPAL CT OVERTIME	.00	.00	.00	.00	.00
11-12-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-12-00-51340	MUNICIPAL CT LIFE INSURANCE	22.33	89.32	305.00	215.68	29.29
11-12-00-51345	MUNICIPAL CT HEALTH INSURANCE	1,958.47	7,833.88	23,625.00	15,791.12	33.16
11-12-00-51350	MUNICIPAL CT DENTAL INSURANCE	110.00	440.00	1,320.00	880.00	33.33
11-12-00-51355	MUNICIPAL CT VISION INSURANCE	5.72	22.88	70.00	47.12	32.69
11-12-00-51360	MUNICIPAL CT RETIREMENT FUND	300.85	1,186.68	3,090.00	1,903.32	38.40
11-12-00-51370	MUNICIPAL CT DISABILITY INS	13.25	53.00	175.00	122.00	30.29
11-12-00-51520	MUNICIPAL CT SOCIAL SECURITY	440.62	1,768.54	7,095.00	5,326.46	24.93
11-12-00-52140	COLLECTION FEES	.00	44.84	100.00	55.16	44.84
11-12-00-52210	MUNICIPAL CT TELEPHONE	86.85	314.38	1,100.00	785.62	28.58
11-12-00-52900	CARE OF PRISONERS	30.00	60.00	500.00	440.00	12.00
11-12-00-53100	MUNICIPAL CT OFFICE SUPPLIES	.00	224.87	1,500.00	1,275.13	14.99
11-12-00-53120	POSTAGE-MUNICIPAL COURT	.00	361.75	1,500.00	1,138.25	24.12
11-12-00-53300	MUNICIPAL CT TRAVEL-MILEAGE	.00	.00	600.00	600.00	.00
11-12-00-53310	MUN CT-MEALS & LODGING	.00	.00	1,400.00	1,400.00	.00
11-12-00-53320	MUN CT CONFERENCES & SCHOOL	.00	800.00	1,570.00	770.00	50.96
11-12-00-53400	OPERATING SUPPLIES-CITATIONS	.00	.00	.00	.00	.00
11-12-00-53610	EQUIPMENT MAINT SERVICE COSTS	29.00	5,950.26	6,000.00	49.74	99.17
11-12-00-53810	MUNICIPAL COURT OPERATIONS	190.01	190.01	500.00	309.99	38.00
11-12-00-53990	MUNICIPAL CT MISCELLANEOUS EXP	.00	.00	250.00	250.00	.00
Total MUNICIPAL COURT:		9,031.66	43,137.17	143,400.00	100,262.83	30.08
Total MUNICIPAL COURT:		23,477.50	94,555.95	294,000.00	199,444.05	32.16

CITY ATTORNEY**CITY ATTORNEY**

11-13-00-51130	CITY ATTORNEY SALARY	6,334.38	30,064.42	83,907.00	53,842.58	35.83
11-13-00-51150	LABOR NEGOTIATIONS	.00	.00	.00	.00	.00
11-13-00-51340	CITY ATTORNEY LIFE INSURANCE	40.65	162.60	500.00	337.40	32.52
11-13-00-51345	CITY ATTORNEY HEALTH INSURANCE	.00	.00	.00	.00	.00
11-13-00-51355	CITY ATTORNEY VISION INSURANCE	.00	.00	.00	.00	.00
11-13-00-51360	CITY ATTORNEY RETIREMENT FUND	411.74	1,954.21	5,454.00	3,499.79	35.83
11-13-00-51520	CITY ATTORNEY SOCIAL SECURITY	484.56	2,299.84	6,419.00	4,119.16	35.83
11-13-00-52130	CITY ATTORNEY SERVICES	.00	.00	.00	.00	.00
11-13-00-53100	CITY ATTORNEY OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-13-00-53300	CITY ATTORNEY TRAVEL-MILEAGE	.00	.00	.00	.00	.00
11-13-00-53310	CITY ATTORNEY MEALS & LODGING	.00	.00	450.00	450.00	.00
11-13-00-53320	CITY ATTORNEY SCHOOL/CONFER	.00	.00	450.00	450.00	.00
11-13-00-53990	CITY ATTORNEY MISC EXPENSES	.00	.00	300.00	300.00	.00
Total CITY ATTORNEY:		7,271.33	34,481.07	97,480.00	62,998.93	35.37

OUTSIDE ATTORNEYS EXPENDITURES

11-13-10-52140	OUTSIDE ATTORNEYS FEES	.00	87.36	25,000.00	24,912.64	.35
Total OUTSIDE ATTORNEYS EXPENDITURES:		.00	87.36	25,000.00	24,912.64	.35

Total CITY ATTORNEY:		7,271.33	34,568.43	122,480.00	87,911.57	28.22
----------------------	--	----------	-----------	------------	-----------	-------

GENERAL ADMINISTRATION**MAYOR**

11-14-10-51140	MAYOR SALARY	563.77	2,410.16	7,486.00	5,075.84	32.20
11-14-10-51520	MAYOR SOCIAL SECURITY	63.29	184.31	573.00	388.69	32.17
11-14-10-53100	MAYOR OFFICE SUPPLIES	.00	.00	300.00	300.00	.00
11-14-10-53310	MAYOR MEALS, LODGING, ETC	.00	.00	500.00	500.00	.00
11-14-10-53990	MAYOR MISC EXPENSE	.00	.00	1,000.00	1,000.00	.00

Period: 04/22

May 09, 2022 05:27PM

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total MAYOR:		627.06	2,594.47	9,859.00	7,264.53	26.32
CITY ADMINISTRATOR						
11-14-20-51100	CITY ADMINISTRATOR SALARY	9,734.96	43,807.32	126,555.00	82,747.68	34.62
11-14-20-51330	REIMB OF INSURANCE DEDUCTIBLE	.00	.00	.00	.00	.00
11-14-20-51340	CITY ADMIN LIFE INSURANCE	48.55	194.20	585.00	390.80	33.20
11-14-20-51345	CITY ADMIN HEALTH INSURANCE	1,015.52	4,062.08	12,300.00	8,237.92	33.03
11-14-20-51350	CITY ADMIN DENTAL INSURANCE	35.00	140.00	420.00	280.00	33.33
11-14-20-51355	CITY ADMIN VISION INSURANCE	.00	.00	.00	.00	.00
11-14-20-51360	CITY ADMIN RETIREMENT	632.78	2,847.51	8,230.00	5,382.49	34.60
11-14-20-51370	CITY ADMIN DISABILITY INS	34.20	136.80	415.00	278.20	32.96
11-14-20-51520	CITY ADMIN SOCIAL SECURITY	741.57	3,326.04	9,685.00	6,358.96	34.34
11-14-20-53100	CITY ADMIN OFFICE SUPPLIES	.00	.00	200.00	200.00	.00
11-14-20-53240	DUES,BOOKS,PUBLICATIONS	1,012.46	1,207.99	1,250.00	42.01	96.64
11-14-20-53300	CITY ADMIN TRAVEL-MILEAGE	.00	.00	300.00	300.00	.00
11-14-20-53310	CITY ADMIN MEALS/LODGING	.00	.00	400.00	400.00	.00
11-14-20-53320	CITY ADMIN CONFR/SCHOOLS	.00	240.00	1,000.00	760.00	24.00
11-14-20-53990	CITY ADMIN MISC EXPENSE	.00	.00	13,100.00	13,100.00	.00
Total CITY ADMINISTRATOR:		13,255.04	55,961.94	174,440.00	118,478.06	32.08
CITY CLERK						
11-14-30-43520	GRANTS & REIMB-ELECTION	.00	.00	.00	.00	.00
Total CITY CLERK:		.00	.00	.00	.00	.00
CITY CLERK						
11-14-30-51100	CITY CLERK SALARY	5,535.66	24,910.48	71,965.00	47,054.52	34.61
11-14-30-51110	ASSISTANT CLERK WAGES	4,100.89	16,403.57	55,620.00	39,216.43	29.49
11-14-30-51200	CITY CLERK STAFF WAGES	1,824.88	8,159.41	21,860.00	13,700.59	37.33
11-14-30-51260	CITY CLERK SEASONAL WAGES	.00	.00	.00	.00	.00
11-14-30-51330	INS DEDUCTIBLE REIMBURSE	.00	.00	.00	.00	.00
11-14-30-51340	CITY CLERK LIFE INSURANCE	10.70	42.80	130.00	87.20	32.92
11-14-30-51345	CITY CLERK HEALTH INSURANCE	3,651.87	14,607.48	44,065.00	29,457.52	33.15
11-14-30-51350	CITY CLERK DENTAL INSURANCE	145.00	580.00	1,740.00	1,160.00	33.33
11-14-30-51355	CITY CLERK VISION INSURANCE	11.54	46.16	140.00	93.84	32.97
11-14-30-51360	CITY CLERK RETIREMENT FUND	626.38	2,680.84	8,295.00	5,614.16	32.32
11-14-30-51370	CITY CLERK DISABILITY INS	38.14	152.56	460.00	307.44	33.17
11-14-30-51520	CITY CLERK SOCIAL SECURITY	1,017.28	3,971.72	11,435.00	7,463.28	34.73
11-14-30-51900	POLL WORKERS FEES	1,994.97	3,712.74	17,000.00	13,287.26	21.84
11-14-30-52180	MUNICIPAL CODIFICATION	.00	1,195.00	5,000.00	3,805.00	23.90
11-14-30-53100	CITY CLERK OFFICE SUPPLIES	.00	468.30	2,000.00	1,531.70	23.42
11-14-30-53110	BALLOTS/OTHER ELECTION EXPENS	.00	2,917.63	15,000.00	12,082.37	19.45
11-14-30-53120	POSTAGE-CITY CLERK	7.38	1,489.94	10,000.00	8,510.06	14.90
11-14-30-53140	RECALL ELECTION EXPENDITURES	.00	222.14	.00	222.14-	.00
11-14-30-53300	CITY CLERK TRAVEL-MILEAGE	.00	.00	800.00	800.00	.00
11-14-30-53310	CITY CLERK MEALS,LODGING	90.00	90.00	900.00	810.00	10.00
11-14-30-53320	CITY CLERK CONFERENCES & DUES	.00	809.00	1,500.00	691.00	53.93
11-14-30-53820	LICENSE/SUPPORT EXPENSE	.00	1,020.00	200.00	820.00-	510.00
11-14-30-53990	CITY CLERK MISCELLANEOUS EXP	.00	63.99	600.00	536.01	10.67
11-14-30-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
Total CITY CLERK:		19,054.69	83,543.76	268,710.00	185,166.24	31.09

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total GENERAL ADMINISTRATION:		32,936.79	142,100.17	453,009.00	310,908.83	31.37
ACCOUNTING						
ACCOUNTING						
11-15-10-51100	ACCOUNTING SALARY	6,035.98	28,431.97	79,740.00	51,308.03	35.66
11-15-10-51200	ACCOUNTING WAGES	11,927.58	47,280.91	150,545.00	103,264.09	31.41
11-15-10-51260	ACCTG PART TIME WAGES	313.14	1,159.48	4,090.00	2,930.52	28.35
11-15-10-51330	ACCTG INS DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-15-10-51340	ACCTG LIFE INSURANCE	83.64	334.56	970.00	635.44	34.49
11-15-10-51345	ACCTG HEALTH INSURANCE	6,357.45	25,429.80	74,290.00	48,860.20	34.23
11-15-10-51350	ACCTG DENTAL INSURANCE	410.50	1,642.00	4,795.00	3,153.00	34.24
11-15-10-51355	ACCTG VISION INSURANCE	14.70	58.77	175.00	116.23	33.58
11-15-10-51360	ACCTG RETIREMENT EXP	1,167.64	4,908.11	14,970.00	10,061.89	32.79
11-15-10-51370	ACCTG DISABILITY INS	70.95	283.80	1,020.00	736.20	27.82
11-15-10-51520	ACCTG SOCIAL SECURITY	1,373.45	5,687.64	17,930.00	12,242.36	31.72
11-15-10-52120	ACCTG CONSULTANT FEES	.00	1,000.00	5,000.00	4,000.00	20.00
11-15-10-52130	INDEPENDENT AUDIT FEES	12,000.00	17,000.00	25,000.00	8,000.00	68.00
11-15-10-53100	ACCTG OFFICE SUPPLIES	105.53	482.18	3,000.00	2,517.82	16.07
11-15-10-53200	ACCTG PROFESSIONAL DUES	60.00	85.00	750.00	665.00	11.33
11-15-10-53320	ACCTG CONFERENCES/TRAINING	392.15	637.15	1,800.00	1,162.85	35.40
11-15-10-53990	ACCTG MISC EXPENSE	44.77	512.94	1,500.00	987.06	34.20
11-15-10-54150	TUITION & BOOKS REIMB	.00	.00	.00	.00	.00
11-15-10-54500	COMPUTER IT SVC & EQUIPMENT	8,957.21	19,839.86	90,000.00	70,160.14	22.04
Total ACCOUNTING:		49,314.69	154,774.17	475,575.00	320,800.83	32.54
ASSESSOR						
11-15-40-51200	ASSESSOR WAGES & SALARIES	.00	.00	.00	.00	.00
11-15-40-51260	ASSESSOR SEASONAL WAGES	.00	.00	.00	.00	.00
11-15-40-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-15-40-51340	ASSESSOR LIFE INSURANCE	.00	.00	.00	.00	.00
11-15-40-51345	ASSESSOR HEALTH INSURANCE	.00	.00	.00	.00	.00
11-15-40-51355	ASSESSOR VISION INSURANCE	.00	.00	.00	.00	.00
11-15-40-51360	ASSESSOR RETIREMENT FUND	.00	.00	.00	.00	.00
11-15-40-51520	ASSESSOR SOCIAL SECURITY	.00	.00	.00	.00	.00
11-15-40-52100	ASSESSOR CONTRACTED SERVICES	.00	22,245.85	47,500.00	25,254.15	46.83
11-15-40-52110	ASSESSOR CONTRACT-COMMERCIA	.00	.00	.00	.00	.00
11-15-40-52130	MANUFACTURING ASSESSMENT	.00	.00	2,300.00	2,300.00	.00
11-15-40-52140	OUTSIDE ATTORNEYS FEES	.00	.00	.00	.00	.00
11-15-40-53100	ASSESSOR OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-15-40-53120	ASSESSOR POSTAGE	.00	.00	.00	.00	.00
11-15-40-53200	ASSESSOR PROFESSIONAL DUES	.00	.00	.00	.00	.00
11-15-40-53300	ASSESSOR TRAVEL-MILEAGE	.00	.00	.00	.00	.00
11-15-40-53310	ASSESSOR MEALS & LODGING	.00	.00	.00	.00	.00
11-15-40-53320	ASSESSOR CONFERENCES & SCHO	.00	.00	.00	.00	.00
11-15-40-53980	BOARD OF REVIEW MISC EXPENSES	.00	.00	300.00	300.00	.00
11-15-40-53990	ASSESSOR MISCELLANEOUS EXPEN	.00	.00	.00	.00	.00
11-15-40-54100	ASSESSOR CERTIFICATIONS	.00	.00	.00	.00	.00
11-15-40-54500	ASSESSOR PROGRAMMING	.00	.00	.00	.00	.00
Total ASSESSOR:		.00	22,245.85	50,100.00	27,854.15	44.40
Total ACCOUNTING:		49,314.69	177,020.02	525,675.00	348,654.98	33.67

CITY HALL BUILDING

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
CITY HALL BUILDING						
11-16-10-51200	CITY HALL MAINT WAGES	3,974.60	17,155.08	52,930.00	35,774.92	32.41
11-16-10-51250	CITY HALL MAINT OVERTIME	204.94	586.87	1,530.00	943.13	38.36
11-16-10-51340	CITY HALL MAINT LIFE INS	27.23	108.92	330.00	221.08	33.01
11-16-10-51345	CITY HALL MAINT HEALTH INSUR	1,958.47	7,833.88	23,625.00	15,791.12	33.16
11-16-10-51350	CITY HALL MAINT DENTAL INSUR	110.00	440.00	1,320.00	880.00	33.33
11-16-10-51355	CITY HALL MAINT VISION INS	5.72	22.88	70.00	47.12	32.69
11-16-10-51360	CITY HALL MAINT RETIREMENT	271.67	1,148.02	3,540.00	2,391.98	32.43
11-16-10-51370	CITY HALL MAINT DISABILITY INS	16.12	64.48	195.00	130.52	33.07
11-16-10-51520	CITY HALL MAINT SOCIAL SEC	313.24	1,305.28	4,165.00	2,859.72	31.34
11-16-10-52210	CITY HALL TELEPHONE	1,011.22	3,718.69	12,000.00	8,281.31	30.99
11-16-10-52220	CITY HALL ELECTRICITY	3,177.41	9,065.14	45,000.00	35,934.86	20.14
11-16-10-52240	CITY HALL GAS HEAT	2,049.27	8,463.05	10,000.00	1,536.95	84.63
11-16-10-52260	CITY HALL WATER & SEWER EXP	490.79	490.79	2,650.00	2,159.21	18.52
11-16-10-52400	CITY HALL BUILDING REPAIRS	1,293.25	9,437.86	29,000.00	19,562.14	32.54
11-16-10-53100	CITY HALL OFFICE SUPPLIES	58.68	667.21	3,900.00	3,232.79	17.11
11-16-10-53500	CITY HALL BLDG MAINT SUPPLIES	514.33	2,493.87	5,500.00	3,006.13	45.34
11-16-10-53600	CITY HALL MAINT SERVICE COSTS	576.28	2,218.66	17,000.00	14,781.34	13.05
11-16-10-53990	CITY HALL MISC EXP	.00	.00	.00	.00	.00
11-16-10-55310	CH OFFICE EQUIPMENT CONTRACTS	357.40	1,867.72	3,000.00	1,132.28	62.26
11-16-10-55320	CH POSTAGE METER RENT & EXP	.00	1,027.25	4,000.00	2,972.75	25.68
Total CITY HALL BUILDING:		16,410.62	68,115.65	219,755.00	151,639.35	31.00
Total CITY HALL BUILDING:		16,410.62	68,115.65	219,755.00	151,639.35	31.00
POLICE DEPARTMENT						
POLICE DEPARTMENT						
11-21-00-43520	LAW ENFORCEMENT TRAINING AIDS	.00	.00	4,960.00	4,960.00	.00
11-21-00-43530	FEDERAL GRANTS & REIMBURSEME	.00	.00	.00	.00	.00
11-21-00-43540	STATE GRANTS & REIMBURSEMENTS	.00	.00	8,000.00	8,000.00	.00
11-21-00-46200	SEIZURES	.00	.00	3,500.00	3,500.00	.00
11-21-00-46210	MISCELLANEOUS REVENUE	50.75	404.36	1,500.00	1,095.64	26.96
11-21-00-46220	WAGE REIMBURSEMENTS	772.32	1,029.76	69,385.00	68,355.24	1.48
11-21-00-46222	TRAINING REIMBURSEMENTS	.00	11,000.00	.00	11,000.00-	.00
11-21-00-46230	MISC TAXABLE REVENUES	.00	.00	250.00	250.00	.00
11-21-00-46240	FINGERPRINTING	241.74	426.60	800.00	373.40	53.33
11-21-00-46250	VEHICLE LOCKOUT FEE	237.00	1,407.78	5,200.00	3,792.22	27.07
11-21-00-46260	BLOOD DRAW REIMBURSEMENT	56.20	791.20	1,700.00	908.80	46.54
11-21-00-47300	DONATIONS	.00	1,551.00	1,500.00	51.00-	103.40
11-21-00-47350	COMMUNICATIONS REIMB-FIRE DEPT	49,370.00	49,370.00	49,370.00	.00	100.00
11-21-00-47370	SOFTVEST DONATIONS/GRANTS	.00	.00	2,400.00	2,400.00	.00
11-21-00-48190	DISCOUNTS EARNED-PD	.00	.00	.00	.00	.00
11-21-00-48300	SALE OF POLICE EQUIPMENT	8,957.35-	.00	.00	.00	.00
11-21-00-48310	SALE OF 1033 PROPERTY	.00	.00	.00	.00	.00
Total POLICE DEPARTMENT:		41,770.66	65,980.70	148,565.00	82,584.30	44.41
POLICE DEPARTMENT						
11-21-00-51100	POLICE FT SALARIES	182,410.61	792,562.34	2,467,264.00	1,674,701.66	32.12
11-21-00-51200	POLICE PT WAGES	7,739.09	35,912.86	122,290.00	86,377.14	29.37
11-21-00-51250	POLICE OVERTIME WAGES	1,470.49	2,448.93	35,175.00	32,726.07	6.96
11-21-00-51270	PD COMPENSATION PER CONTRACT	9,669.24	27,060.45	138,112.00	111,051.55	19.59
11-21-00-51340	PD LIFE INSURANCE	287.06	1,136.74	3,740.00	2,603.26	30.39
11-21-00-51345	PD HEALTH INSURANCE	57,785.77	226,931.32	748,926.00	521,994.68	30.30
11-21-00-51347	PD HEALTH INS OPT OUT	975.00	8,450.00	31,200.00	22,750.00	27.08

Period: 04/22

May 09, 2022 05:27PM

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-21-00-51350	PD DENTAL INSURANCE	2,475.00	9,685.00	31,920.00	22,235.00	30.34
11-21-00-51355	PD VISION INSURANCE	120.76	471.64	1,591.00	1,119.36	29.64
11-21-00-51360	PD RETIREMENT FUND	23,909.47	101,904.74	319,809.00	217,904.26	31.86
11-21-00-51370	PD DISABILITY INS	677.65	2,761.96	8,880.00	6,118.04	31.10
11-21-00-51380	PD UNIFORM ALLOWANCE	1,465.43	10,522.22	35,400.00	24,877.78	29.72
11-21-00-51390	PART TIME UNIFORM EXPENSE	1,425.82	1,926.91	5,900.00	3,973.09	32.66
11-21-00-51400	PD INTERPRETERS FEES	.00	.00	1,000.00	1,000.00	.00
11-21-00-51410	PD OUTSIDE OFFICERS	.00	.00	.00	.00	.00
11-21-00-51520	PD SOCIAL SECURITY	15,325.59	65,318.95	213,744.00	148,425.05	30.56
11-21-00-51522	PD OPT OUT SOCIAL SECURITY	.00	.00	.00	.00	.00
11-21-00-51900	PFC COMMISSION EXPENSES	.00	.00	600.00	600.00	.00
11-21-00-52140	OUTSIDE LEGAL EXPENSES	.00	.00	1,200.00	1,200.00	.00
11-21-00-52210	PD TELEPHONE EXPENSE	2,324.06	7,681.94	27,440.00	19,758.06	28.00
11-21-00-52220	POLICE IMPOUND BLDG ELECTRIC	57.42	273.10	1,400.00	1,126.90	19.51
11-21-00-52450	EQUIPMENT REPAIRS-INS CLAIMS	.00	.00	2,000.00	2,000.00	.00
11-21-00-52620	PD COMMUNICATION SYS MAINT FEE	2,916.72	6,411.72	44,900.00	38,488.28	14.28
11-21-00-52900	CARE OF PRISONERS	.00	.00	1,000.00	1,000.00	.00
11-21-00-52910	CARE OF STRAY ANIMALS	.00	.00	400.00	400.00	.00
11-21-00-53050	DATA PROCESSING	4,906.93	8,939.25	24,000.00	15,060.75	37.25
11-21-00-53100	PD OFFICE SUPPLIES	646.44	1,627.03	7,000.00	5,372.97	23.24
11-21-00-53120	PD POSTAGE	54.98	559.87	1,600.00	1,040.13	34.99
11-21-00-53160	CRIME PREVENTION PROGRAM	.00	42.20	6,000.00	5,957.80	.70
11-21-00-53300	PD MILEAGE/TRAVEL	.00	91.00	2,200.00	2,109.00	4.14
11-21-00-53310	PD MEALS & LODGING	1,939.05	5,598.96	6,500.00	901.04	86.14
11-21-00-53410	PD FUEL EXPENSE	3,879.59	14,948.64	39,450.00	24,501.36	37.89
11-21-00-53420	PD SPECIAL EQUIPMENT	1,056.00	4,770.92	13,700.00	8,929.08	34.82
11-21-00-53610	PD EQUIP MAINT SERV COSTS	1,820.79	7,492.05	25,200.00	17,707.95	29.73
11-21-00-53700	PD MEDICAL SUPPLIES	.00	.00	5,000.00	5,000.00	.00
11-21-00-53800	PD SPECIAL INVESTIGATIONS	212.43	6,608.44	12,835.00	6,226.56	51.49
11-21-00-53990	PD MISCELLANEOUS EXP	101.22	1,142.90	4,000.00	2,857.10	28.57
11-21-00-54100	PD TRAINING EXPENSES	4,666.98	29,619.82	63,699.51	34,079.69	46.50
11-21-00-54110	PD APPLICATION PROCESS	318.08	2,288.08	8,000.00	5,711.92	28.60
11-21-00-54120	TRNG & TRAVEL-REIMBURSEABLE	.00	1,100.58	.00	1,100.58	.00
11-21-00-54150	TUITION & BOOKS PER CONTRACT	.00	4,444.62	17,800.00	13,355.38	24.97
11-21-00-54500	PRO-PHOENIX MAINT CONTRACT	.00	32,247.47	35,631.00	3,383.53	90.50
11-21-00-55000	COVID-19 EXPENDITURES	.00	.00	.00	.00	.00
11-21-00-55310	COPY MACHINE & SHREDDING SVC	.00	569.52	4,200.00	3,630.48	13.56
11-21-00-55330	TELETYPE EXPENSE	.00	9,435.00	11,353.00	1,918.00	83.11
11-21-00-57340	GRANT PURCHASES-FEDERAL	.00	.00	.00	.00	.00
11-21-00-57350	GRANT PURCHASES-STATE	.00	.00	.00	.00	.00
11-21-00-57360	DONOR PURCHASES	.00	.00	.00	.00	.00
11-21-00-57365	DONATION PURCHASES-FIRST RESP	.00	7,916.62	.00	7,916.62	.00
11-21-00-57370	BODY ARMOR EXPENDITURES	.00	.00	5,200.00	5,200.00	.00
11-21-00-57380	EXPENDITURES-SEIZURE \$	.00	.00	.00	.00	.00
11-21-00-57390	1033 EXPENDITURES	.00	.00	.00	.00	.00
11-21-00-58100	EQUIPMENT OUTLAY	2,919.20	35,440.31	50,729.13	15,288.82	69.86
Total POLICE DEPARTMENT:		333,556.87	1,474,142.94	4,587,988.64	3,113,845.70	32.13
Total POLICE DEPARTMENT:		375,327.53	1,540,123.64	4,736,553.64	3,196,430.00	32.52
FIRE DEPARTMENT						
FIRE DEPARTMENT						
11-22-00-43400	EMS PROV SUPP-ACT 102 EQUIP	.00	4,067.30	4,320.00	252.70	94.15
11-22-00-43410	EMS PROV SUPP-ACT 102 TRAIN	.00	2,842.07	1,307.00	1,535.07	217.45
11-22-00-43420	FIRE DUES FROM STATE	.00	.00	56,076.00	56,076.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-22-00-43440	FIRE DUES FROM TOWN OF GENEVA	.00	.00	.00	.00	.00
11-22-00-43450	TOWN OF LINN CONTRACT STAFFING	38,105.85	38,105.85	187,078.00	148,972.15	20.37
11-22-00-43455	TOWN OF LINN ADMIN FEE	.00	.00	38,938.00	38,938.00	.00
11-22-00-43540	STATE GRANTS & REIMBURSEMENTS	.00	.00	.00	.00	.00
11-22-00-43542	FEDERAL GRANTS & REIMBURSE	.00	.00	.00	.00	.00
11-22-00-44710	FIRE DEPT BURNING PERMIT	200.00	350.00	1,000.00	650.00	35.00
11-22-00-46100	MISCELLANEOUS REVENUE	.00	.00	5,000.00	5,000.00	.00
11-22-00-46200	FIRE WAGE INCOME	.00	.00	.00	.00	.00
11-22-00-46210	VEHICLE/CHARGES	.00	.00	.00	.00	.00
11-22-00-46220	EMS WAGE INCOME	.00	.00	.00	.00	.00
11-22-00-46230	INSPECTION FEES	.00	.00	61,500.00	61,500.00	.00
11-22-00-46240	FIRE/EMS BILLING REVENUE	69,486.06	225,551.80	599,871.00	374,319.20	37.60
11-22-00-46245	ALS INTERCEPT FEE	3,900.00	3,900.00	15,000.00	11,100.00	26.00
11-22-00-46250	PLAN REVIEW/SPRINKLER SYSTEMS	2,700.00	5,350.00	9,000.00	3,650.00	59.44
11-22-00-47300	TOWNSHIPS FIRE SERVICES	.00	3,479.00	62,400.00	58,921.00	5.58
11-22-00-47400	EMS TRANSPORT/VEHICLE CHARGE	.00	.00	.00	.00	.00
11-22-00-47500	VIOLATION FEES	.00	.00	.00	.00	.00
11-22-00-48110	INTEREST	.00	.00	1,000.00	1,000.00	.00
11-22-00-48300	SALE OF FIRE DEPT EQUIPMENT	.00	.00	.00	.00	.00
11-22-00-48510	FIRE DEPT DONATIONS	.00	1,100.00	2,000.00	900.00	55.00
11-22-00-48550	DONATIONS-CPR CLASSES	180.00	505.00	2,200.00	1,695.00	22.95
11-22-00-49100	APPROP FROM ASSIGNED FB A/C	.00	.00	.00	.00	.00
Total FIRE DEPARTMENT:		114,571.91	285,251.02	1,046,690.00	761,438.98	27.25

FIRE DEPARTMENT

11-22-00-51130	FIRE OFFICER SALARIES	3,353.70	15,091.65	46,405.00	31,313.35	32.52
11-22-00-51140	FIRE/EMS STIPEND PAY	.00	7,771.88	27,560.00	19,788.12	28.20
11-22-00-51150	FIRE SAFETY/PUBLIC ED WAGES	109.34	232.00	4,895.00	4,663.00	4.74
11-22-00-51155	FIRE SAFETY/PUBLIC ED EXP	.00	.00	1,000.00	1,000.00	.00
11-22-00-51160	FIRE/EMS OTHER PAY	442.76	2,755.02	5,660.00	2,904.98	48.68
11-22-00-51220	PAID ON PREMISE WAGES	53,644.25	217,329.63	582,576.00	365,246.37	37.30
11-22-00-51230	FULL-TIME WAGES	.00	.00	194,108.00	194,108.00	.00
11-22-00-51240	TOWN OF LINN STAFFING WAGES	7,581.16	29,389.62	101,575.00	72,185.38	28.93
11-22-00-51250	OVERTIME WAGES	.00	.00	10,000.00	10,000.00	.00
11-22-00-51290	EMS LINN CALL PAY	.00	.00	.00	.00	.00
11-22-00-51300	EMS CITY CALL PAY	739.02	3,333.06	21,746.00	18,412.94	15.33
11-22-00-51310	EMS GENEVA TWP CALL PAY	.00	118.83	1,602.00	1,483.17	7.42
11-22-00-51330	FD LIFE INSURANCE EXP	106.60	452.74	2,050.00	1,597.26	22.08
11-22-00-51340	FD WORKMEN DISABILITY INS	10.60	41.20	26,700.00	26,658.80	.15
11-22-00-51345	FD HEALTH INSURANCE	.00	.00	158,850.00	158,850.00	.00
11-22-00-51350	FD DENTAL INSURANCE	.00	.00	2,100.00	2,100.00	.00
11-22-00-51355	FD VISION INSURANCE	.00	.00	6,600.00	6,600.00	.00
11-22-00-51360	FIRE/EMS RETIREMENT EXP	18,886.73	37,232.35	198,721.00	161,488.65	18.74
11-22-00-51380	FIRE DEPT UNIFORMS	1,712.44	7,160.11	12,095.00	4,934.89	59.20
11-22-00-51400	FIRE CITY CALL PAY	2,377.53	7,262.65	69,371.00	62,108.35	10.47
11-22-00-51410	FIRE GENEVA TWP CALL PAY	.00	95.21	7,463.00	7,367.79	1.28
11-22-00-51420	FIRE LINN TWP CALL PAY	.00	.00	.00	.00	.00
11-22-00-51430	FIRE WALWORTH CTY CALL PAY	.00	.00	.00	.00	.00
11-22-00-51440	FD TRAVEL/MEAL EXPENSES	.00	.00	500.00	500.00	.00
11-22-00-51520	FD SOCIAL SECURITY EXP	6,363.55	25,113.70	94,495.00	69,381.30	26.58
11-22-00-51900	FIRE COMMISSION MISC EXP	.00	.00	.00	.00	.00
11-22-00-52140	OUTSIDE BILLING SERVICES	6,084.84	6,084.84	33,818.00	27,733.16	17.99
11-22-00-52150	FIRE INSPECTORS WAGES	3,750.68	12,115.80	43,541.00	31,425.20	27.83
11-22-00-52160	FIRE/EMS DATA ENTRY WAGES	2,025.15	8,130.91	33,261.00	25,130.09	24.45
11-22-00-52170	FIRE INVESTIGATION PAY	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-22-00-52180	CONTRACTUAL SERVICES-PARATEC	.00	.00	.00	.00	.00
11-22-00-52190	OTHER PROFESSIONAL SERVICES	.00	.00	35,000.00	35,000.00	.00
11-22-00-52210	FIRE TELEPHONE EXPENSE	1,941.18	3,996.56	9,922.00	5,925.44	40.28
11-22-00-52220	FIREHOUSE ELECTRICITY	1,351.51	4,161.15	15,244.00	11,082.85	27.30
11-22-00-52240	FIREHOUSE GAS HEAT	701.16	3,701.20	7,649.00	3,947.80	48.39
11-22-00-52260	FIREHOUSE WATER/SEWER BILLS	554.76	554.76	1,407.00	852.24	39.43
11-22-00-52400	EQUIPMENT REPAIRS-FIRE DEPT	2,046.30	4,958.47	26,000.00	21,041.53	19.07
11-22-00-52410	FIREHOUSE REPAIRS	.00	.00	10,000.00	10,000.00	.00
11-22-00-52620	FD-COMMUNICATION SYS MAINT FEE	.00	210.00	3,536.00	3,326.00	5.94
11-22-00-52650	PD COMMUNICATION SERVICES	49,370.00	49,370.00	49,370.00	.00	100.00
11-22-00-53100	OFFICE SUPPLIES	109.10	380.59	1,500.00	1,119.41	25.37
11-22-00-53120	POSTAGE EXPENSE	76.76	133.16	500.00	366.84	26.63
11-22-00-53200	MEMBERSHIP DUES & FEES	.00	.00	2,200.00	2,200.00	.00
11-22-00-53320	FIRE DEPT CONFERENCES/SCHOOLS	.00	.00	1,500.00	1,500.00	.00
11-22-00-53400	OPERATING SUPPLIES	746.15	1,193.45	5,000.00	3,806.55	23.87
11-22-00-53410	FD FUEL EXPENSE	2,397.77	8,322.69	12,000.00	3,677.31	69.36
11-22-00-53500	BLDG MAINT SUPPLIES-FIREHOUSE	1,890.92	5,622.73	5,000.00	622.73-	112.45
11-22-00-53510	EQUIP MAINT SUPPLIES-FIRE DEPT	2,404.48	4,192.15	5,500.00	1,307.85	76.22
11-22-00-53600	FIREHOUSE MAINT SERVICE COSTS	.00	.00	6,132.00	6,132.00	.00
11-22-00-53610	FD-EQUIP MAINT SERV COST	.00	.00	.00	.00	.00
11-22-00-53970	BAD DEBT EXPENSE/ADJUSTMENTS	.00	.00	.00	.00	.00
11-22-00-53980	FIRE FILM DEVELOPING	.00	.00	.00	.00	.00
11-22-00-53990	FIRE MISCELLANEOUS EXP	280.32	1,869.44	1,000.00	869.44-	186.94
11-22-00-54100	FIRE TRAINING PAY	7,044.37	15,971.85	73,868.00	57,896.15	21.62
11-22-00-54120	TUITION REIMB PER CONTRACT	.00	.00	20,000.00	20,000.00	.00
11-22-00-54150	EXPENSE REIMB PER CONTRACT	.00	.00	1,500.00	1,500.00	.00
11-22-00-54500	FIRE IT SERVICES	2,527.21	12,859.86	23,225.00	10,365.14	55.37
11-22-00-54550	LEXIPOL	.00	5,285.00	5,578.00	293.00	94.75
11-22-00-54600	PRO PHOENIX SUPPORT CONTRACT	.00	7,752.09	7,752.00	.09-	100.00
11-22-00-55000	COVID-19 EXPENDITURES	.00	188.26	.00	188.26-	.00
11-22-00-55100	EMS TRAINING PAY	4,100.49	13,053.00	34,596.00	21,543.00	37.73
11-22-00-55320	FD VOICE MAIL LEASE	.00	.00	.00	.00	.00
11-22-00-56100	CPR CLASS PAY	110.00	423.16	2,500.00	2,076.84	16.93
11-22-00-57350	GRANT PURCHASES	.00	3,000.00	3,000.00	.00	100.00
11-22-00-57360	DONATION PURCHASES	.00	.00	2,000.00	2,000.00	.00
11-22-00-57365	DONATION PURCHASES-FIRST RESP	.00	.00	.00	.00	.00
11-22-00-57500	SPRINKLER SYSTEMS EXPENSES	765.00	1,857.50	5,200.00	3,342.50	35.72
11-22-00-58000	FIRE EQUIPMENT/SUPPLIES	.00	2,555.71	5,000.00	2,444.29	51.11
11-22-00-58100	EMS EQUIPMENT/SUPPLIES	5,734.09	10,507.12	22,500.00	11,992.88	46.70
11-22-00-58200	STATE MANDATED EQUIP TESTING	2,207.80	2,906.74	49,452.00	46,545.26	5.88
11-22-00-58300	ACT 102 EXPENSES	.00	.00	5,627.00	5,627.00	.00
11-22-00-58400	PRE-EMPLOYMENT TESTING	.00	.00	2,500.00	2,500.00	.00
11-22-00-58410	EMPLOYEE HEALTH & WELLNESS	.00	.00	2,095.00	2,095.00	.00
11-22-00-58500	EQUIPMENT OUTLAY	2,642.32	2,642.32	30,500.00	27,857.68	8.66
Total FIRE DEPARTMENT:		196,190.04	547,380.16	2,182,045.00	1,634,664.84	25.09
PROGRAM: 10						
11-22-10-52290	FIRE PROTECTION-HYDRANT RENTA	.00	.00	.00	.00	.00
Total PROGRAM: 10:		.00	.00	.00	.00	.00
Total FIRE DEPARTMENT:		310,761.95	832,631.18	3,228,735.00	2,396,103.82	25.79

BUILDING AND ZONING

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
BUILDING AND ZONING						
11-24-00-44300	BUILDING PERMITS	17,064.11	67,105.34	250,000.00	182,894.66	26.84
11-24-00-44310	ELECTRICAL PERMITS	7,441.84	27,436.08	90,000.00	62,563.92	30.48
11-24-00-44320	PLUMBING PERMITS	8,123.00	19,176.00	60,000.00	40,824.00	31.96
11-24-00-44330	HVAC PERMITS	5,856.52	16,066.36	55,000.00	38,933.64	29.21
11-24-00-44340	UTILITY PERMITS	.00	.00	.00	.00	.00
11-24-00-44360	MISCELLANEOUS FEES	.00	.00	.00	.00	.00
11-24-00-44400	ZONING PERMITS & FEES	5,275.61	13,170.61	55,000.00	41,829.39	23.95
11-24-00-46300	TRASH PICK-UP REVENUE	.00	.00	.00	.00	.00
Total BUILDING AND ZONING:		43,761.08	142,954.39	510,000.00	367,045.61	28.03
BUILDING AND ZONING						
11-24-00-51100	BUILDING INSPECTOR SALARIES	6,018.20	28,838.48	79,995.00	51,156.52	36.05
11-24-00-51200	BUILDING INSPECTION WAGES	8,245.71	29,932.65	99,075.00	69,142.35	30.21
11-24-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-24-00-51340	BLDG INSPECTOR LIFE INSURANCE	50.07	200.28	600.00	399.72	33.38
11-24-00-51345	BLDG INSPECTOR HEALTH INSUR	3,725.99	14,903.97	49,885.00	34,981.03	29.88
11-24-00-51350	BLDG INSPECTOR DENTAL INSUR	244.28	977.12	2,930.00	1,952.88	33.35
11-24-00-51355	BLDG INSPECTOR VISION INS	8.25	33.00	135.00	102.00	24.44
11-24-00-51360	BLDG INSPECTOR RETIREMENT FUN	937.99	3,897.93	11,640.00	7,742.07	33.49
11-24-00-51370	BLDG INSPECTOR DISABILITY INS	52.91	211.64	635.00	423.36	33.33
11-24-00-51520	BLDG INSPECTOR SOCIAL SECURITY	1,079.15	4,443.47	13,700.00	9,256.53	32.43
11-24-00-52170	CONTRACT-ELEVATOR INSPECTION	.00	.00	.00	.00	.00
11-24-00-52180	CONTRACTS-WEIGHTS & MEASURES	.00	.00	4,800.00	4,800.00	.00
11-24-00-52190	CONTRACT BUILDING INSPECTOR	.00	1,120.00	11,000.00	9,880.00	10.18
11-24-00-52620	TELEPHONE EXPENSE	36.97	206.68	1,200.00	993.32	17.22
11-24-00-53100	BLDG INSPECTOR OFFICE SUPPLIES	146.63	950.78	7,500.00	6,549.22	12.68
11-24-00-53200	MEMBERSHIP DUES & FEES	.00	165.02	600.00	434.98	27.50
11-24-00-53300	BLDG INSPECTOR TRAVEL-MILEAGE	380.78	1,670.67	6,500.00	4,829.33	25.70
11-24-00-53310	BLDG INSP-MEALS & LODGING	82.00	245.80	2,500.00	2,254.20	9.83
11-24-00-53320	CONFERENCES & SCHOOL	.00	600.00	2,500.00	1,900.00	24.00
11-24-00-53350	OTHER PROFESSIONAL FEES	.00	.00	24,800.00	24,800.00	.00
11-24-00-53990	BLDG INSPECTOR MISC EXPENSES	.00	.00	100.00	100.00	.00
11-24-00-54500	COMPUTER IT SVC & EQUIPMENT	.00	9,204.44	8,000.00	1,204.44	115.06
11-24-00-58100	EQUIPMENT OUTLAY	.00	.00	.00	.00	.00
Total BUILDING AND ZONING:		21,008.93	97,601.93	328,095.00	230,493.07	29.75
Total BUILDING AND ZONING:		64,770.01	240,556.32	838,095.00	597,538.68	28.70
EMERGENCY MANAGEMENT						
EMERGENCY MANAGEMENT						
11-29-00-43530	FEDERAL GRANTS	.00	.00	.00	.00	.00
11-29-00-43540	STATE GRANTS	.00	.00	.00	.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	.00	.00	.00
EMERGENCY MANAGEMENT						
11-29-00-51200	EMER MGMT PART TIME WAGES	.00	.00	2,000.00	2,000.00	.00
11-29-00-51360	EMER MGMT RETIREMENT	.00	.00	345.00	345.00	.00
11-29-00-51520	EMER MGMT SOCIAL SEC	.00	.00	153.00	153.00	.00
11-29-00-52100	SIREN REPAIRS	.00	3,928.50	3,360.00	568.50	116.92
11-29-00-52210	EMER MGMT TELEPHONE EXP	.00	38.01	600.00	561.99	6.34
11-29-00-52220	SIRENS ELECTRICITY	52.48	149.63	600.00	450.37	24.94
11-29-00-52500	FIRE SIREN REPAIRS	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-29-00-53100	EMER MGMT OFFICE SUPPLIES	.00	.00	500.00	500.00	.00
11-29-00-53310	EMER MGMT MEALS, LODGING, ETC	.00	.00	500.00	500.00	.00
11-29-00-53400	EMER MGMT SUPPLIES	1,301.00	1,301.00	3,000.00	1,699.00	43.37
11-29-00-53600	ONE CALL NOW PROGRAM	.00	.00	600.00	600.00	.00
11-29-00-53610	EMER MGMT VEHICLE MAINT/SVC	.00	.00	1,000.00	1,000.00	.00
11-29-00-53990	EMER MGMT MISC EXP	.00	119.95	500.00	380.05	23.99
11-29-00-54100	EMER MGMT TRAINING EXP	.00	.00	500.00	500.00	.00
11-29-00-54130	PUBLIC EDUCATION	.00	.00	800.00	800.00	.00
11-29-00-54140	MEDICAL RESERVE CORPS	.00	245.94	1,900.00	1,654.06	12.94
11-29-00-54150	OUTSOURCED-COOP/COG	.00	.00	10,000.00	10,000.00	.00
11-29-00-55310	EMER MGMT COPYING COSTS	.00	.00	.00	.00	.00
11-29-00-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
11-29-00-58000	FIRE SIRENS	.00	.00	.00	.00	.00
11-29-00-58100	EQUIPMENT OUTLAY	.00	.00	.00	.00	.00
Total EMERGENCY MANAGEMENT:		1,353.48	5,783.03	26,358.00	20,574.97	21.94
Total EMERGENCY MANAGEMENT:		1,353.48	5,783.03	26,358.00	20,574.97	21.94
DPW AND ENGINEERING						
DPW AND ENGINEERING						
11-30-00-52160	CITY ENGINEERING FEES	2,353.70	8,822.73	25,000.00	16,177.27	35.29
11-30-00-52170	SURVEYING	.00	.00	800.00	800.00	.00
Total DPW AND ENGINEERING:		2,353.70	8,822.73	25,800.00	16,977.27	34.20
Total DPW AND ENGINEERING:		2,353.70	8,822.73	25,800.00	16,977.27	34.20
STREET DEPARTMENT						
STREET DEPARTMENT						
11-32-10-43550	MISC STREET DEPT GRANTS	.00	.00	.00	.00	.00
11-32-10-43695	OTHER FEDERAL AIDS	.00	.00	.00	.00	.00
11-32-10-44350	PUBLIC WORKS CONST PERMIT	500.00	1,225.00	3,500.00	2,275.00	35.00
11-32-10-45220	RESTITUTION-STREET DEPT PROP	.00	.00	.00	.00	.00
11-32-10-46300	MISC STREET DEPT REVENUE	.00	1,547.68	1,500.00	47.68-	103.18
11-32-10-46440	GRASS/WEED CUTTING	.00	.00	.00	.00	.00
11-32-10-47300	STREET DEPT DONATIONS	.00	.00	.00	.00	.00
Total STREET DEPARTMENT:		500.00	2,772.68	5,000.00	2,227.32	55.45
STREET DEPARTMENT						
11-32-10-51000	DIRECTOR OF PUBLIC WORKS	7,204.64	32,420.89	93,660.00	61,239.11	34.62
11-32-10-51100	ASST PW DIRECTOR SALARY	.00	.00	.00	.00	.00
11-32-10-51110	REDISTRIBUTABLE ST DEPT LABOR	.00	.00	.00	.00	.00
11-32-10-51200	ST DEPT WAGES	32,003.72	123,492.19	337,225.00	213,732.81	36.62
11-32-10-51250	ST DEPT OVERTIME WAGES	157.22	407.77	20,465.00	20,057.23	1.99
11-32-10-51260	ST DEPT SEASONAL LABOR	.00	335.70	75,000.00	74,664.30	.45
11-32-10-51270	ST DEPT OFFICE ADMIN ASST	1,575.29	2,368.31	21,025.00	18,656.69	11.26
11-32-10-51330	INS DEDUCTIBLE REIMBURSEMENT	.00	.00	.00	.00	.00
11-32-10-51340	ST DEPT LIFE INSURANCE	118.75	474.77	1,215.00	740.23	39.08
11-32-10-51345	ST DEPT HEALTH INSURANCE	16,789.70	59,272.27	183,255.00	123,982.73	32.34
11-32-10-51350	ST DEPT DENTAL INSURANCE	939.79	3,355.12	9,825.00	6,469.88	34.15
11-32-10-51355	ST DEPT VISION INSURANCE	38.21	130.51	350.00	219.49	37.29
11-32-10-51360	ST DEPT RETIREMENT FUND	2,661.18	10,824.24	30,705.00	19,880.76	35.25
11-32-10-51370	ST DEPT DISABILITY INS	183.00	732.00	1,600.00	868.00	45.75
11-32-10-51380	ST DEPT UNIFORM ALLOW	.00	8,400.00	9,300.00	900.00	90.32

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-32-10-51520	ST DEPT SOCIAL SECURITY	3,065.39	12,296.45	41,875.00	29,578.55	29.36
11-32-10-52050	DRUG AND MEDICAL TESTING	217.00	437.00	1,000.00	563.00	43.70
11-32-10-52210	ST DEPT TELEPHONE EXPENSE	385.03	1,496.53	4,500.00	3,003.47	33.26
11-32-10-52220	ST DEPT BLDG ELECTRICITY	1,029.62	3,207.84	11,000.00	7,792.16	29.16
11-32-10-52240	ST DEPT BLDG GAS HEAT	934.96	5,856.96	11,000.00	5,143.04	53.25
11-32-10-52260	ST DEPT BLDG-WATER & SEWER	318.93	318.93	1,500.00	1,181.07	21.26
11-32-10-52400	ST DEPT BUILDING REPAIRS	1,222.99	2,105.71	7,250.00	5,144.29	29.04
11-32-10-52500	ST DEPT EQUIPMENT REPAIRS	951.97	2,059.54	86,000.00	83,940.46	2.39
11-32-10-52620	ST DEPT COMM SYSTEM MAINT FEES	.00	.00	2,500.00	2,500.00	.00
11-32-10-52700	SIDEWALK REPAIRS	.00	.00	22,500.00	22,500.00	.00
11-32-10-53300	MILEAGE/TRAVEL	.00	.00	500.00	500.00	.00
11-32-10-53310	MEALS/LODGING	.00	.00	750.00	750.00	.00
11-32-10-53320	CONFERENCES/DUES	150.00	485.00	1,500.00	1,015.00	32.33
11-32-10-53400	OPERATING SUPPLIES-STREET DEPT	521.11	5,220.01	20,000.00	14,779.99	26.10
11-32-10-53410	VEHICLE-FUEL & OIL	3,735.54	15,548.44	57,000.00	41,451.56	27.28
11-32-10-53420	MOSQUITO CONTROL	.00	.00	5,500.00	5,500.00	.00
11-32-10-53440	WEED CUTTING	.00	.00	500.00	500.00	.00
11-32-10-53450	SAFETY GRANT EXPENDITURES	.00	1,378.80	.00	1,378.80-	.00
11-32-10-53500	BLDG MAINT SUPPLIES-STR DEPT	109.14	3,239.72	2,300.00	939.72-	140.86
11-32-10-53510	VEHICLE/EQUIPMENT MAINTENANCE	5,257.18	20,049.79	30,000.00	9,950.21	66.83
11-32-10-53600	ST DEPT BLDG MAINT SERV COSTS	38.55	2,080.74	4,500.00	2,419.26	46.24
11-32-10-53700	ROAD MAINTENANCE SUPPLIES	21.98	21.98	59,500.00	59,478.02	.04
11-32-10-53750	STREET CRACK FILLING	.00	.00	.00	.00	.00
11-32-10-53900	FIRST AID AND SAFETY SUPPLIES	97.34	510.27	2,500.00	1,989.73	20.41
11-32-10-53990	ST DEPT MISCELLANEOUS EXP	666.67	735.28	3,000.00	2,264.72	24.51
11-32-10-55000	COVID-19 EXPENDITURES	.00	.00	.00	.00	.00
11-32-10-57360	DONATION PURCHASES	.00	.00	.00	.00	.00
Total STREET DEPARTMENT:		72,923.82	319,262.76	1,160,300.00	841,037.24	27.52
SNOW AND ICE						
11-32-12-46310	SNOW & ICE CONTROL	.00	6,120.00	20,000.00	13,880.00	30.60
Total SNOW AND ICE:		.00	6,120.00	20,000.00	13,880.00	30.60
SNOW AND ICE						
11-32-12-51200	SNOW & ICE CONTROL WAGES	113.43	20,398.21	41,150.00	20,751.79	49.57
11-32-12-51250	SNOW & ICE CONTROL OVERTIME	245.88	10,722.44	32,330.00	21,607.56	33.17
11-32-12-51340	SNOW & ICE LIFE INSURANCE	1.30	42.50	120.00	77.50	35.42
11-32-12-51345	SNOW & ICE HEALTH INSURANCE	70.79	8,789.74	15,155.00	6,365.26	58.00
11-32-12-51350	SNOW & ICE DENTAL INSURANCE	7.85	435.98	905.00	469.02	48.17
11-32-12-51355	SNOW & ICE VISION INSURANCE	.21	20.31	20.00	.31-	101.55
11-32-12-51360	SNOW & ICE RETIREMENT FUND	23.35	2,008.27	4,780.00	2,771.73	42.01
11-32-12-51370	SNOW & ICE DISABILITY INS	.00	.00	140.00	140.00	.00
11-32-12-51520	SNOW & ICE SOCIAL SECURITY	27.24	2,273.09	5,620.00	3,346.91	40.45
11-32-12-52200	CONTRACT HAULING SERVICES	.00	.00	47,000.00	47,000.00	.00
11-32-12-52500	SNOW & ICE CONTROL-REPAIRS	139.23	6,735.26	6,500.00	235.26-	103.62
11-32-12-53100	SNOW & ICE OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-32-12-53400	OPERATING SUPPLIES-SNOW & ICE	.00	18,364.47	80,000.00	61,635.53	22.96
11-32-12-53440	SNOW REMOVAL EXPENSES	.00	21,854.61	20,000.00	1,854.61-	109.27
11-32-12-53510	EQUIP MAINT SUPPL-SNOW & ICE	.00	1,993.06	7,000.00	5,006.94	28.47
Total SNOW AND ICE:		629.28	93,637.94	260,720.00	167,082.06	35.92
TREE AND BRUSH						
11-32-13-46440	BRUSH PICKUP CHARGES	.00	.00	500.00	500.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-32-13-46810	SALE OF TREES	.00	.00	.00	.00	.00
11-32-13-48510	DONATIONS TO TREE PROGRAM	400.00	400.00	1,000.00	600.00	40.00
Total TREE AND BRUSH:		400.00	400.00	1,500.00	1,100.00	26.67
TREE AND BRUSH						
11-32-13-51200	TREE & BRUSH WAGES	11,165.15	30,318.23	98,730.00	68,411.77	30.71
11-32-13-51250	TREE & BRUSH OVERTIME	127.61	230.62	1,565.00	1,334.38	14.74
11-32-13-51340	TREE & BRUSH LIFE INSURANCE	25.34	91.41	370.00	278.59	24.71
11-32-13-51345	TREE & BRUSH HEALTH INSURANCE	4,707.22	15,610.41	54,895.00	39,284.59	28.44
11-32-13-51350	TREE & BRUSH DENTAL INSURANCE	228.23	758.07	2,640.00	1,881.93	28.71
11-32-13-51355	TREE & BRUSH VISION INSURANCE	12.59	37.34	140.00	102.66	26.67
11-32-13-51360	TREE & BRUSH RETIREMENT FUND	734.03	1,975.29	6,520.00	4,544.71	30.30
11-32-13-51370	TREE & BRUSH DISABILITY INS	17.96	71.84	400.00	328.16	17.96
11-32-13-51520	TREE & BRUSH SOC SEC	846.21	2,241.84	7,675.00	5,433.16	29.21
11-32-13-52200	FORESTRY SERVICES	.00	.00	2,500.00	2,500.00	.00
11-32-13-53440	BRUSH PICKUP EXPENSES	392.39	569.51	300.00	269.51	189.84
11-32-13-53460	PURCHASE OF TREES	189.97	189.97	10,000.00	9,810.03	1.90
11-32-13-54100	TRAINING & SEMINARS	.00	520.00	1,750.00	1,230.00	29.71
11-32-13-54200	TREE & BRUSH-REPAIR	445.98	1,722.28	3,500.00	1,777.72	49.21
11-32-13-54300	TREE & BRUSH OPER SUPPLIES	537.98	2,052.64	6,500.00	4,447.36	31.58
11-32-13-54400	MISC TREE BOARD EXPENSES	.00	.00	.00	.00	.00
11-32-13-56810	MEMORIAL TREE PURCHASES	.00	.00	.00	.00	.00
Total TREE AND BRUSH:		19,430.66	56,389.45	197,485.00	141,095.55	28.55
COMPOST OPERATIONS						
11-32-14-51200	COMPOSTING ST DEPT WAGES	1,765.74	2,400.69	41,225.00	38,824.31	5.82
11-32-14-51250	COMPOSTING OVERTIME	.00	.00	715.00	715.00	.00
11-32-14-51340	COMPOSTING LIFE INS	2.15	4.16	110.00	105.84	3.78
11-32-14-51345	COMPOSTING HEALTH INSURANCE	922.73	1,252.13	16,415.00	15,162.87	7.63
11-32-14-51350	COMPOSTING DENTAL INSURANCE	38.50	54.36	980.00	925.64	5.55
11-32-14-51355	COMPOSTING VISION INSURANCE	3.04	3.04	25.00	21.96	12.16
11-32-14-51360	COMPOSTING RETIREMENT FUND	114.77	155.33	2,730.00	2,574.67	5.69
11-32-14-51370	COMPOSTING DISABILITY INS	.00	.00	150.00	150.00	.00
11-32-14-51520	COMPOSTING SOCIAL SECURITY	129.01	173.88	3,210.00	3,036.12	5.42
11-32-14-52200	COMPOSTING SERVICES	.00	.00	19,000.00	19,000.00	.00
11-32-14-54300	COMPOSTING OPERATING SUPPLIES	993.00	993.00	2,300.00	1,307.00	43.17
Total COMPOST OPERATIONS:		3,968.94	5,036.59	86,860.00	81,823.41	5.80
STORM SEWER						
11-32-15-51200	STORM SEWER WAGES	33.35	33.35	7,365.00	7,331.65	.45
11-32-15-51230	STORM SEWER WAGES DIG HOT	566.90	1,217.16	5,000.00	3,782.84	24.34
11-32-15-51250	STORM SEWER OVERTIME	.00	.00	.00	.00	.00
11-32-15-51340	STORM SEWER LIFE INS	.93	2.24	20.00	17.76	11.20
11-32-15-51345	STORM SEWER HEALTH INSURANCE	.00	.00	1,925.00	1,925.00	.00
11-32-15-51350	STORM SEWER DENTAL INSURANCE	12.90	31.16	130.00	98.84	23.97
11-32-15-51355	STORM SEWER VISION INSURANCE	.00	.00	3.00	3.00	.00
11-32-15-51360	STORM SEWER RETIREMENT	39.02	80.79	805.00	724.21	10.04
11-32-15-51370	STORM SEWER DISABILITY INS	.00	.00	15.00	15.00	.00
11-32-15-51520	STORM SEWER SOC SEC	45.91	95.23	945.00	849.77	10.08
11-32-15-54500	STORM SEWER MAINTENANCE	.00	.00	11,200.00	11,200.00	.00
11-32-15-54600	STORM SEWER DIGGERS HOTLINE	.00	541.33	2,250.00	1,708.67	24.06
11-32-15-54700	REPAVING MAINTENANCE COSTS	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total STORM SEWER:		699.01	2,001.26	29,658.00	27,656.74	6.75
Total STREET DEPARTMENT:		98,551.71	485,620.68	1,761,523.00	1,275,902.32	27.57
TRAFFIC CONTROL						
TRAFFIC CONTROL						
11-34-10-46390	CAR TOWING REIMBURSEMENTS	.00	.00	2,000.00	2,000.00	.00
Total TRAFFIC CONTROL:		.00	.00	2,000.00	2,000.00	.00
TRAFFIC CONTROL						
11-34-10-51200	TRAFFIC CONTROL WAGES	133.39	300.12	2,110.00	1,809.88	14.22
11-34-10-51250	TRAFFIC CONTROL OVERTIME	100.04	100.04	530.00	429.96	18.88
11-34-10-51340	TRAFFIC CONTROL LIFE INS	.28	.77	5.00	4.23	15.40
11-34-10-51345	TRAFFIC CONTROL HEALTH INSUR	.00	.00	770.00	770.00	.00
11-34-10-51350	TRAFFIC CONTROL DENTAL INSUR	3.87	10.63	45.00	34.37	23.62
11-34-10-51355	TRAFFIC CONTROL VISION INS	.00	.00	1.00	1.00	.00
11-34-10-51360	TRAFFIC CONTROL RETIREMENT	15.17	26.00	175.00	149.00	14.86
11-34-10-51370	TRAFFIC CONTROL DISABILITY INS	.00	.00	5.00	5.00	.00
11-34-10-51520	TRAFFIC CONTROL SOCIAL SEC	17.85	30.60	205.00	174.40	14.93
11-34-10-52220	ELECTRICITY-FLASHERS	414.93	1,220.15	5,000.00	3,779.85	24.40
11-34-10-52230	STREET LIGHTS ELECTRICITY	9,211.16	27,702.38	105,000.00	77,297.62	26.38
11-34-10-52600	REPAIRS-TRAFFIC SIGNALS,ETC	360.00	485.00	5,500.00	5,015.00	8.82
11-34-10-52610	STREET LIGHTS REPAIRS	448.78	3,955.16	5,000.00	1,044.84	79.10
11-34-10-52900	CAR TOWING	.00	165.00	3,000.00	2,835.00	5.50
11-34-10-53700	MARKING PAINT	.00	204.34	13,000.00	12,795.66	1.57
11-34-10-53740	STREET IDENTIFICATION SIGNS	.00	32.99	2,000.00	1,967.01	1.65
11-34-10-53750	TRAFFIC CONTROL STREET SIGNS	274.13	2,558.89	5,000.00	2,441.11	51.18
11-34-10-53940	STREET DECORATIONS	52.99	776.40	2,500.00	1,723.60	31.06
Total TRAFFIC CONTROL:		11,032.59	37,568.47	149,846.00	112,277.53	25.07
Total TRAFFIC CONTROL:		11,032.59	37,568.47	151,846.00	114,277.53	24.74
SANITATION AND RECYCLING						
SANITATION AND RECYCLING						
11-36-00-52940	SOLID WASTE-RESIDENTIAL	33,578.96	133,737.58	409,767.00	276,029.42	32.64
11-36-00-52950	SOLID WASTE-CONDOMINIUMS	.00	.00	.00	.00	.00
11-36-00-52960	SOLID WASTE-STREET DEPT	.00	.00	12,500.00	12,500.00	.00
11-36-00-52970	SOLID WASTE-RECYCLING	18,422.96	73,374.58	224,817.00	151,442.42	32.64
Total SANITATION AND RECYCLING:		52,001.92	207,112.16	647,084.00	439,971.84	32.01
Total SANITATION AND RECYCLING:		52,001.92	207,112.16	647,084.00	439,971.84	32.01
MUSEUM						
MUSEUM						
11-51-10-52220	MUSEUM-ELECTRICITY	728.18	2,279.55	11,000.00	8,720.45	20.72
11-51-10-52240	MUSEUM-GAS HEAT	572.86	2,916.04	4,000.00	1,083.96	72.90
11-51-10-52260	MUSEUM-WATER & SEWER EXP	420.36	420.36	2,000.00	1,579.64	21.02
11-51-10-52400	MUSEUM-MAINTENANCE & REPAIRS	29.05	184.96	5,000.00	4,815.04	3.70
11-51-10-57350	MUSEUM-OPERATIONS SUBSIDY	.00	6,500.00	13,000.00	6,500.00	50.00
Total MUSEUM:		1,750.45	12,300.91	35,000.00	22,699.09	35.15

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total MUSEUM:		1,750.45	12,300.91	35,000.00	22,699.09	35.15
PARKS						
PARKS						
11-52-00-46740	PARK APPLICATION FEE	.00	.00	.00	.00	.00
11-52-00-46750	PARK USE FEES	119.48	3,418.44	7,000.00	3,581.56	48.83
11-52-00-48500	PARK DONATIONS	.00	.00	5,000.00	5,000.00	.00
11-52-00-48510	PARK DONATIONS-YMCA	220,275.90	220,275.90	.00	220,275.90-	.00
11-52-00-48600	PARK FUND GRANTS	.00	.00	.00	.00	.00
11-52-00-48910	PARK FUND COLLECTIONS	.00	.00	6,000.00	6,000.00	.00
Total PARKS:		220,395.38	223,694.34	18,000.00	205,694.34-	1,242.75
PARKS						
11-52-00-51100	PARKS/REC DIRECTOR	.00	.00	.00	.00	.00
11-52-00-51200	PARKS WAGES	1,737.20	8,885.82	78,950.00	70,064.18	11.25
11-52-00-51250	PARKS OVERTIME WAGES	137.55	145.45	15,180.00	15,034.55	.96
11-52-00-51340	PARKS LIFE INSURANCE	2.29	14.52	235.00	220.48	6.18
11-52-00-51345	PARKS HEALTH INSURANCE	598.04	5,235.83	34,190.00	28,954.17	15.31
11-52-00-51350	PARKS DENTAL INSURANCE	27.42	240.21	2,040.00	1,799.79	11.78
11-52-00-51355	PARKS VISION INSURANCE	1.93	16.70	50.00	33.30	33.40
11-52-00-51360	PARKS RETIREMENT FUND	121.86	586.84	6,120.00	5,533.16	9.59
11-52-00-51370	PARKS DISABILITY INS	.00	.00	315.00	315.00	.00
11-52-00-51520	PARKS SOCIAL SECURITY	141.12	650.02	7,200.00	6,549.98	9.03
11-52-00-52220	PARKS ELECTRICITY	798.50	2,941.06	9,000.00	6,058.94	32.68
11-52-00-52260	PARKS WATER & SEWER EXP	1,278.95	1,278.95	6,500.00	5,221.05	19.68
11-52-00-52270	FOUNTAINS/STATUES-WATER/SEWER	316.50	3,747.75	1,000.00	2,747.75-	374.78
11-52-00-52410	BLDG MAINT&REPAIR-PARKS	84.86	85.29	6,500.00	6,414.71	1.31
11-52-00-52500	EQUIPMENT REPAIR SERVICES	.00	3,107.63	6,000.00	2,892.37	51.79
11-52-00-53400	PARKS OPERATING SUPPLIES	472.64	1,061.59	2,200.00	1,138.41	48.25
11-52-00-53500	BLDG MAINT SUPPLIES-PARKS	10.29	12,104.55	23,000.00	10,895.45	52.63
11-52-00-53520	GROUND'S MAINT SUPPLIES	830.27	10,192.14	20,000.00	9,807.86	50.96
11-52-00-53620	GROUND'S FERTILIZER/WEED CONTR	823.65	1,565.15	7,000.00	5,434.85	22.36
11-52-00-53990	PARKS MISCELLANEOUS EXPENSES	.00	163.33	3,000.00	2,836.67	5.44
11-52-00-57360	PARK DONATION PURCHASES	.00	.00	5,000.00	5,000.00	.00
11-52-00-57370	PARK DONATION PURCHASES-YMCA	73,425.30	73,425.30	.00	73,425.30-	.00
11-52-00-58400	4 SEASON NATURE PRESERVE	.00	.00	500.00	500.00	.00
11-52-00-59220	DUNN FIELD ELECTRIC	186.56	672.52	2,000.00	1,327.48	33.63
11-52-00-59500	BLDG MAINT SUPPLIES-RECREATION	.00	.00	500.00	500.00	.00
11-52-00-59510	EQUIP MAINT SUPPL-RECREATION	.00	.00	4,000.00	4,000.00	.00
Total PARKS:		80,994.93	126,120.65	240,480.00	114,359.35	52.45
VETERANS PARK						
11-52-01-51200	VETS PARKS WAGES	3,285.44	6,494.77	43,140.00	36,645.23	15.06
11-52-01-51250	VETS PARKS OVERTIME	.00	.00	3,225.00	3,225.00	.00
11-52-01-51340	VETS PARK LIFE INSURANCE	18.70	33.98	160.00	126.02	21.24
11-52-01-51345	VETS PARK HEALTH INSURANCE	1,579.02	2,868.90	17,145.00	14,276.10	16.73
11-52-01-51350	VETS PARK DENTAL INSURANCE	88.69	161.12	1,025.00	863.88	15.72
11-52-01-51355	VETS PARK VISION INSURANCE	4.61	8.39	25.00	16.61	33.56
11-52-01-51360	VETS PARKS RETIREMENT FUND	213.56	420.29	3,015.00	2,594.71	13.94
11-52-01-51370	VETS PARKS DISABILITY INS	16.07	64.28	160.00	95.72	40.18
11-52-01-51520	VETS PARKS SOCIAL SECURITY	245.00	475.94	3,550.00	3,074.06	13.41
11-52-01-52220	VETS PARKS ELECTRICITY	514.55	1,466.87	8,500.00	7,033.13	17.26
11-52-01-52240	VETS PARK GAS HEAT	88.78	437.35	1,000.00	562.65	43.74
11-52-01-52260	VETS PARK WATER & SEWER	452.02	452.02	2,000.00	1,547.98	22.60

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
11-52-01-53400	VETS PARK OPERATING SUPPLIES	137.02	1,336.22	6,500.00	5,163.78	20.56
11-52-01-53500	BLDG MAINT & REPAIR	.00	22.99	1,500.00	1,477.01	1.53
11-52-01-59520	GROUPS MAINTENANCE SUPPLIES	.00	291.93	6,000.00	5,708.07	4.87
Total VETERANS PARK:		6,643.46	14,535.05	96,945.00	82,409.95	14.99
Total PARKS:		308,033.77	364,350.04	355,425.00	8,925.04-	102.51
PLAN COMMISSION						
PLAN COMMISSION						
11-69-30-51100	PLAN COMMISSION SALARIES	.00	.00	.00	.00	.00
11-69-30-51900	PLAN COMMISSION MEETINGS	.00	.00	.00	.00	.00
11-69-30-52120	OUTSIDE PROFESSIONAL PLANNING	.00	1,046.00	15,000.00	13,954.00	6.97
11-69-30-52130	IMPACT FEES STUDY	.00	.00	20,000.00	20,000.00	.00
11-69-30-52150	SMART GROWTH SERVICES	.00	.00	2,500.00	2,500.00	.00
11-69-30-52160	COMPREHENSIVE PLAN	.00	.00	31,000.00	31,000.00	.00
11-69-30-52165	PARK PLAN	.00	1,650.00	10,150.00	8,500.00	16.26
11-69-30-52170	ECONOMIC DEVELOPMENT	.00	.00	.00	.00	.00
11-69-30-52180	ZONING CODES	16,101.00	24,593.50	34,650.00	10,056.50	70.98
11-69-30-53100	PLAN COMMISSION OFFICE SUPPL	.00	1,456.40	5,000.00	3,543.60	29.13
11-69-30-53140	OFFICAL PUBLICATION & NOTICES	.00	.00	.00	.00	.00
11-69-30-53320	PLAN COMMISSION CONF & SCHOOL	.00	.00	1,500.00	1,500.00	.00
11-69-30-53990	PLAN COMMISSION MISC EXP	.00	.00	.00	.00	.00
Total PLAN COMMISSION:		16,101.00	28,745.90	119,800.00	91,054.10	23.99
Total PLAN COMMISSION:		16,101.00	28,745.90	119,800.00	91,054.10	23.99
MISCELLANEOUS						
MISCELLANEOUS						
11-70-00-47210	HISTORIC PRESERVATION DONATION	.00	40.00	75.00	35.00	53.33
11-70-00-47230	HISTORIC PLAQUE REIMBURSEMENT	.00	.00	.00	.00	.00
11-70-00-47300	AVIAN DONATIONS	.00	.00	100.00	100.00	.00
Total MISCELLANEOUS:		.00	40.00	175.00	135.00	22.86
MISCELLANEOUS						
11-70-00-55300	RECREATION PROGRAMS AND EVEN	.00	.00	.00	.00	.00
11-70-00-57100	HOTEL/MOTEL ASSN-CHAM OF COM	.00	.00	.00	.00	.00
11-70-00-57200	HISTORIC PRESERVATION	.00	144.45	6,500.00	6,355.55	2.22
11-70-00-57210	EXP FROM HIST PRES DONATIONS	.00	.00	.00	.00	.00
11-70-00-57230	HISTORIC PLAQUE PURCHASES	.00	.00	2,000.00	2,000.00	.00
11-70-00-57500	CEMETERY-OPERATING CONTRIB	.00	.00	.00	.00	.00
11-70-00-57600	YMCA-YOUTH ATHLETIC PROGRAM	9,180.00	27,540.00	55,080.00	27,540.00	50.00
11-70-00-57700	LAKE GENEVA CVB ASSISTANCE	.00	.00	.00	.00	.00
11-70-00-57800	AVIAN COMMITTEE EXPENSES	.00	215.70	3,025.00	2,809.30	7.13
11-70-00-57810	AVIAN COMMITTEE DONATION EXP	.00	.00	.00	.00	.00
Total MISCELLANEOUS:		9,180.00	27,900.15	66,605.00	38,704.85	41.89
Total MISCELLANEOUS:		9,180.00	27,940.15	66,780.00	38,839.85	41.84
GENERAL FUND Revenue Total:		1,013,626.13	4,729,111.25	12,590,336.64	7,861,225.39	37.56
GENERAL FUND Expenditure Total:		976,184.97	3,859,161.03	12,590,336.64	8,731,175.61	30.65

Account Number	Account Title	2022-22	2022-22	2022	2022	2022
		Current Month Actual	Current Year Actual	Current Year Budget	Current Year Variance	Current Year % of Budget
Net Total GENERAL FUND:		37,441.16	869,950.22	.00	869,950.22-	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
DEBT SERVICE						
DEBT SERVICE						
DEBT SERVICE						
20-81-00-41110	PROPERTY TAX LEVY	.00	1,497,173.00	1,497,173.00	.00	100.00
20-81-00-48110	INTEREST INCOME	76.19	158.50	100.00	58.50-	158.50
20-81-00-49000	PROCEEDS FROM BONDS	.00	.00	.00	.00	.00
20-81-00-49050	PREMIUM ON DEBT ISSUANCE	.00	.00	.00	.00	.00
20-81-00-49100	APPLIED PRIOR YR APPROPRIATION	.00	.00	167,402.00	167,402.00	.00
20-81-00-49400	TRANSFER IN FROM GENERAL FUND	.00	.00	.00	.00	.00
20-81-00-49600	TRANSFER IN FROM TOURISM FUND	.00	202,911.98	211,712.00	8,800.02	95.84
Total DEBT SERVICE:		76.19	1,700,243.48	1,876,387.00	176,143.52	90.61
DEBT SERVICE						
20-81-00-52160	PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
20-81-00-56130	2003 REF GO BONDS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56150	2006 REF GO BONDS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56240	2011 PROM NOTE-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56250	2011 SHARED SAVINGS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56260	2014 PROM NOTE-PRINCIPAL	.00	380,000.00	380,000.00	.00	100.00
20-81-00-56270	2017 GO LOAN-PRINCIPAL	.00	.00	350,000.00	350,000.00	.00
20-81-00-56280	2021 GO LOAN 2021A-PRINCIPAL	.00	185,000.00	185,000.00	.00	100.00
20-81-00-56290	2021 GO LOAN 2021B-PRINCIPAL	.00	675,000.00	675,000.00	.00	100.00
20-81-00-56530	2003 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56550	2006 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56560	2011 PROM NOTE-INTEREST	.00	.00	.00	.00	.00
20-81-00-56570	2014 PROM NOTE-INTEREST	.00	7,650.00	11,500.00	3,850.00	66.52
20-81-00-56580	2017 GO LOAN-INTEREST	.00	20,448.75	80,773.00	60,324.25	25.32
20-81-00-56590	2021 GO LOAN 2021A-INTEREST	.00	17,911.98	26,712.00	8,800.02	67.06
20-81-00-56600	2021 GO LOAN 2021B-INTEREST	.00	115,777.08	167,402.00	51,624.92	69.16
20-81-00-56640	2011 SHARED SAVINGS-INTEREST	.00	.00	.00	.00	.00
20-81-00-59500	TRANSFER TO GENERAL FUND	.00	.00	.00	.00	.00
Total DEBT SERVICE:		.00	1,401,787.81	1,876,387.00	474,599.19	74.71
Total DEBT SERVICE:		76.19	3,102,031.29	3,752,774.00	650,742.71	82.66
DEBT SERVICE Revenue Total:		76.19	1,700,243.48	1,876,387.00	176,143.52	90.61
DEBT SERVICE Expenditure Total:		.00	1,401,787.81	1,876,387.00	474,599.19	74.71
Net Total DEBT SERVICE:		76.19	298,455.67	.00	298,455.67-	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
LAKEFRONT OPERATIONS						
LAKEFRONT OPERATIONS						
LAKEFRONT OPERATIONS						
40-00-00-48110	INTEREST INCOME	297.48	622.23	800.00	177.77	77.78
40-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	12,613.20	12,613.20	.00
Total LAKEFRONT OPERATIONS:		297.48	622.23	13,413.20	12,790.97	4.64
Total LAKEFRONT OPERATIONS:		297.48	622.23	13,413.20	12,790.97	4.64
BUOYS AND BOAT STALLS						
BUOYS AND BOAT STALLS						
40-52-10-46750	BUOY/BOAT STALL WAITING LIST	350.00	800.00	1,200.00	400.00	66.67
40-52-10-46755	KAYAK WAITING LIST	10.00	25.00	125.00	100.00	20.00
40-52-10-46760	BUOY/STALL LATE FEES	.00	.00	600.00	600.00	.00
40-52-10-46770	BUOY & SLIP LEASES-CITY	3,509.00	198,440.68	200,602.00	2,161.32	98.92
40-52-10-46780	KAYAK RENTAL	1,782.99	8,282.69	8,230.00	52.69-	100.64
40-52-10-47250	DONATIONS - LAKEFRONT	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		5,651.99	207,548.37	210,757.00	3,208.63	98.48
BUOYS AND BOAT STALLS						
40-52-10-51100	HARBORMASTER SALARY	1,942.59	6,322.21	26,000.00	19,677.79	24.32
40-52-10-51105	HARBORMASTER OT	.00	.00	.00	.00	.00
40-52-10-51200	PIERS WAGES	.00	.00	.00	.00	.00
40-52-10-51340	HARBOR LIFE INSURANCE	.00	.00	.00	.00	.00
40-52-10-51345	HARBOR HEALTH INSURANCE	.00	.00	.00	.00	.00
40-52-10-51355	HARBOR VISION INSURANCE	.00	.00	.00	.00	.00
40-52-10-51360	HARBOR RETIREMENT EXP	.00	.00	.00	.00	.00
40-52-10-51520	HARBOR SOCIAL SECURITY	148.60	483.64	1,990.00	1,506.36	24.30
40-52-10-52110	PIER MAINTENANCE CONTRACT	.00	.00	44,664.00	44,664.00	.00
40-52-10-52640	BUOYS & BOAT STALLS-REPAIRS	.00	13,081.46	56,000.00	42,918.54	23.36
40-52-10-53140	LIABILITY & PROPERTY INSURANCE	.00	488.33	1,955.00	1,466.67	24.98
40-52-10-53510	EQUIP MAINT SUPP-BUOYS,STALLS	.00	.00	2,000.00	2,000.00	.00
40-52-10-53980	WEST PIER REPLACEMENT FUND	.00	21,669.82	26,650.00	4,980.18	81.31
40-52-10-53990	BUOY/STALL MISC. EXPENSES	.00	233.00	3,000.00	2,767.00	7.77
40-52-10-58000	PIER/SLIPS OUTLAY	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		2,091.19	42,278.46	162,259.00	119,980.54	26.06
BOAT LAUNCH						
40-52-11-46000	LAUNCH RAMP OVERAGE/SHORTAGE	11.37	11.37	.00	11.37-	.00
40-52-11-46750	LAUNCH PASS FEES	909.98	2,322.33	8,000.00	5,677.67	29.03
40-52-11-46760	BOAT LAUNCH RAMP INCOME	174.41	205.69	25,000.00	24,794.31	.82
Total BOAT LAUNCH:		1,095.76	2,539.39	33,000.00	30,460.61	7.70
BOAT LAUNCH						
40-52-11-51200	LAUNCH RAMP WAGES	.00	.00	16,000.00	16,000.00	.00
40-52-11-51520	LAUNCH RAMP SOC SEC	.00	.00	1,225.00	1,225.00	.00
40-52-11-52520	LAUNCH RAMP REPAIRS	5.27	5.27	1,500.00	1,494.73	.35
40-52-11-53520	LAUNCH RAMP MAINT SUPPLIES	.00	.00	1,000.00	1,000.00	.00
40-52-11-53620	LAUNCH RAMP MAINT SERVICE COS	.00	.00	.00	.00	.00
40-52-11-53990	LAUNCH RAMP MISCELLANEOUS	.00	145.00	500.00	355.00	29.00
40-52-11-58100	LAUNCH RAMP OUTLAY	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total BOAT LAUNCH:		5.27	150.27	20,225.00	20,074.73	.74
Total BUOYS AND BOAT STALLS:		8,844.21	252,516.49	426,241.00	173,724.51	59.24
BEACH						
BEACH						
40-54-10-43660	DNR LAKE PATROL GRANT	.00	.00	30,000.00	30,000.00	.00
40-54-10-46100	MISC BEACH REVENUE	.00	.00	.00	.00	.00
40-54-10-46730	BEACH REVENUE	.00	.00	475,000.00	475,000.00	.00
40-54-10-46735	BEACH REVENUE-VIPLY	.00	.00	30,000.00	30,000.00	.00
40-54-10-46740	BEACH PASS RESIDENTS	2,728.57	8,093.90	18,000.00	9,906.10	44.97
40-54-10-46750	BEACH PASS - SEASONAL	.00	.00	900.00	900.00	.00
Total BEACH:		2,728.57	8,093.90	553,900.00	545,806.10	1.46
BEACH						
40-54-10-51200	BEACH MTCE WAGES	50.02	1,767.88	5,080.00	3,312.12	34.80
40-54-10-51250	BEACH MTCE OVERTIME WAGES	.00	75.81	3,710.00	3,634.19	2.04
40-54-10-51260	BEACH SEASONAL WAGES	.00	.00	55,000.00	55,000.00	.00
40-54-10-51340	BEACH MTCE LIFE INS	.14	.82	15.00	14.18	5.47
40-54-10-51345	BEACH MTCE HEALTH INSURANCE	.00	.00	2,025.00	2,025.00	.00
40-54-10-51350	BEACH MTCE DENTAL INSURANCE	1.94	11.42	120.00	108.58	9.52
40-54-10-51355	BEACH MTCE VISION INSURANCE	.00	.00	5.00	5.00	.00
40-54-10-51360	BEACH MTCE RETIREMENT FUND	3.25	119.85	570.00	450.15	21.03
40-54-10-51370	BEACH MTCE DISABILITY INS	.00	.00	20.00	20.00	.00
40-54-10-51520	BEACH SOCIAL SECURITY	3.83	133.84	4,880.00	4,746.16	2.74
40-54-10-52210	BEACH TELEPHONE	79.76	316.68	1,050.00	733.32	30.16
40-54-10-52220	BEACH ELECTRIC	246.45	790.40	5,000.00	4,209.60	15.81
40-54-10-52640	LAKE SPRAYING	2,300.00	2,300.00	5,000.00	2,700.00	46.00
40-54-10-53100	BEACH OFFICE SUPPLIES	76.98	655.45	3,500.00	2,844.55	18.73
40-54-10-53130	WORKER'S COMPENSATION INS	.00	1,427.02	5,700.00	4,272.98	25.04
40-54-10-53140	LIABILITY & PROPERTY INSURANCE	.00	2,138.25	9,565.00	7,426.75	22.35
40-54-10-53400	CALE OPERATING AND CC EXP	.00	.00	22,000.00	22,000.00	.00
40-54-10-53520	BEACH MAINTENANCE SUPPLIES	211.22	5,824.59	11,000.00	5,175.41	52.95
40-54-10-53620	BEACH MAINTENANCE SERVICE COS	.00	.00	1,500.00	1,500.00	.00
40-54-10-53720	BEACH DREDGING	.00	.00	.00	.00	.00
40-54-10-53990	BEACH MISCELLANEOUS	1,151.09	1,151.09	3,000.00	1,848.91	38.37
40-54-10-57200	WATER SAFETY PATROL	.00	.00	37,980.00	37,980.00	.00
40-54-10-57210	GLAKE LAW ENFORCEMENT AGENCY	.00	63,000.00	63,000.00	.00	100.00
40-54-10-57250	LAKE PRESERVATION	.00	.00	.00	.00	.00
40-54-10-57300	GLAKE ENVIRONMENTAL AGENCY	8,750.00	17,500.00	35,000.00	17,500.00	50.00
40-54-10-57350	GENEVA LAKE LEVEL CORP	.00	.00	.00	.00	.00
40-54-10-57400	LAKE USE COMMISSION	.00	.00	.00	.00	.00
40-54-10-57800	VENETIAN FESTIVAL FIREWORKS	.00	.00	10,000.00	10,000.00	.00
40-54-10-58000	OUTLAY - BEACH EQUIPMENT	.00	.00	5,000.00	5,000.00	.00
40-54-10-58100	OUTLAY-BLDG & GROUNDS	.00	.00	.00	.00	.00
Total BEACH:		12,874.68	97,213.10	289,720.00	192,506.90	33.55
Total BEACH:		15,603.25	105,307.00	843,620.00	738,313.00	12.48
UPPER RIVIERA						
UPPER RIVIERA						
40-55-10-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
40-55-10-46740	UPPER RIVIERA REVENUE	21,717.79	224,021.14	199,000.00	25,021.14	112.57

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
40-55-10-46750	UPPER RIVIERA CATERING REV	1,822.88	1,822.88	20,000.00	18,177.12	9.11
40-55-10-46760	UPPER RIVIERA MISC REVENUE	.00	.00	500.00	500.00	.00
Total UPPER RIVIERA:		23,540.67	225,844.02	219,500.00	6,344.02-	102.89
UPPER RIVIERA						
40-55-10-51200	RIVIERA MTCE WAGES	3,939.63	15,641.75	57,000.00	41,358.25	27.44
40-55-10-51250	RIVIERA MTCE OVERTIME	61.08	2,093.99	10,000.00	7,906.01	20.94
40-55-10-51260	RIVIERA SECURITY WAGES	333.94	1,351.31	16,065.00	14,713.69	8.41
40-55-10-51270	RIVIERA EVENT STAFF WAGES	.00	.00	18,000.00	18,000.00	.00
40-55-10-51340	RIVIERA MTCE LIFE INSURANCE	5.35	21.47	70.00	48.53	30.67
40-55-10-51345	RIVIERA MTCE HEALTH INSURANCE	1,958.47	8,201.90	23,435.00	15,233.10	35.00
40-55-10-51350	RIVIERA MTCE DENTAL INSURANCE	115.81	471.93	1,320.00	848.07	35.75
40-55-10-51355	RIVIERA MTCE VISION INSURANCE	.00	.00	.00	.00	.00
40-55-10-51360	RIVIERA MTCE RETIREMENT FUND	260.04	1,147.71	4,355.00	3,207.29	26.35
40-55-10-51370	RIVIERA MTCE DISABILITY INS	14.74	58.96	180.00	121.04	32.76
40-55-10-51520	RIVIERA SOCIAL SECURITY	325.36	1,408.12	7,735.00	6,326.88	18.20
40-55-10-52160	PROF SERVICES - SOFTWARE	.00	.00	.00	.00	.00
40-55-10-52210	TELEPHONE EXPENSE	85.95	402.42	1,425.00	1,022.58	28.24
40-55-10-52240	UPPER RIVIERA GAS HEAT	221.38	883.98	5,500.00	4,616.02	16.07
40-55-10-52260	UPPER RIV WATER & SEWER BILLS	222.24	222.24	3,100.00	2,877.76	7.17
40-55-10-52400	UPPER RIVIERA REPAIRS	.00	.00	3,100.00	3,100.00	.00
40-55-10-52410	DAMAGES-UPPER RIVIERA RENTALS	.00	.00	.00	.00	.00
40-55-10-53100	UPPER RIVIERA BROCHURES	.00	.00	.00	.00	.00
40-55-10-53120	POSTAGE EXPENSE	.00	.00	.00	.00	.00
40-55-10-53160	PUBLICATIONS & PROMOTIONS	.00	900.00	6,250.00	5,350.00	14.40
40-55-10-53500	BLDG MAINT SUPPLIES-UPPER RIV	747.35	1,231.03	4,000.00	2,768.97	30.78
40-55-10-53600	UPPER RIVIERA MAINTENANCE	614.17	6,450.67	6,000.00	450.67-	107.51
Total UPPER RIVIERA:		8,905.51	40,487.48	167,535.00	127,047.52	24.17
LOWER RIVIERA CONCOURSE						
40-55-20-46790	RIVIERA CONCOURSE ELECTRIC	.00	.00	10,300.00	10,300.00	.00
40-55-20-46900	RIVIERA ATM REVENUE	.00	.00	.00	.00	.00
40-55-20-48200	RIVIERA CONCOURSE LEASES	.00	.00	82,652.00	82,652.00	.00
40-55-20-48230	RIVIERA PROMOTIONAL REVENUE	.00	236.97	3,000.00	2,763.03	7.90
40-55-20-48250	DONATIONS-FOUNTAIN	.00	.00	1,350.00	1,350.00	.00
Total LOWER RIVIERA CONCOURSE:		.00	236.97	97,302.00	97,065.03	.24
LOWER RIVIERA CONCOURSE						
40-55-20-51200	LAKEFRONT SECURITY PD WAGES	.00	.00	18,295.00	18,295.00	.00
40-55-20-51360	LAKEFRONT SECURITY PD RETIREM	.00	.00	.00	.00	.00
40-55-20-51520	LAKEFRONT SECURITY PD FICA	.00	.00	1,400.00	1,400.00	.00
40-55-20-52210	RIVIERA ELEVATOR PHONE EXPENSE	31.97	127.90	375.00	247.10	34.11
40-55-20-52260	LOWER RIV WATER & SEWER BILLS	741.44	741.44	5,500.00	4,758.56	13.48
40-55-20-52400	LOWER RIVIERA REPAIRS	.00	76.04	14,700.00	14,623.96	.52
40-55-20-52410	DAMAGES-LOWER RIVIERA RENTALS	.00	.00	.00	.00	.00
40-55-20-53130	WORKERS COMP INSURANCE	.00	518.40	2,075.00	1,556.60	24.98
40-55-20-53140	LIABILITY & PROPERTY INSURANCE	.00	2,336.18	9,450.00	7,113.82	24.72
40-55-20-53500	BLDG MAINT SUPPLIES-LOWER RIV	.00	908.18	8,000.00	7,091.82	11.35
40-55-20-53550	FOUNTAIN MAINT EXP	1,153.22	1,153.22	2,000.00	846.78	57.66
40-55-20-53600	RIV MAINTENANCE SERVICE COSTS	194.50	3,379.76	8,000.00	4,620.24	42.25
40-55-20-53990	MISCELLANEOUS EXPENSES	17.38	17.38	1,000.00	982.62	1.74
40-55-20-58000	OUTLAY - RIVIERA EQUIPMENT	.00	.00	6,500.00	6,500.00	.00
40-55-20-58250	LG BEAUTIFICATION EXPENSES	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
40-55-20-59300	TRANSFER TO GENERAL FUND	.00	.00	531,953.00	531,953.00	.00
40-55-20-59310	TRANSFER TO TID #4	.00	.00	.00	.00	.00
40-55-20-59350	TRANSFER TO CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total LOWER RIVIERA CONCOURSE:		2,138.51	9,258.50	609,248.00	599,989.50	1.52
RIVIERA PIERS AND DOCKS						
40-55-30-46780	RIVIERA DOCKS MAINTENANCE	.00	.00	.00	.00	.00
40-55-30-48210	RIVIERA DOCKS LEASES	.00	.00	152,743.00	152,743.00	.00
40-55-30-48220	BUOY & SLIP LEASES-RIVIERA	.00	66,563.37	106,285.00	39,721.63	62.63
Total RIVIERA PIERS AND DOCKS:		.00	66,563.37	259,028.00	192,464.63	25.70
RIVIERA PIERS AND DOCKS						
40-55-30-52220	PIER ELECTRIC	3,319.11	12,445.23	35,000.00	22,554.77	35.56
40-55-30-52640	PIER REPAIRS	50.79	445.79	20,000.00	19,554.21	2.23
Total RIVIERA PIERS AND DOCKS:		3,369.90	12,891.02	55,000.00	42,108.98	23.44
RIVIERA MISCELLANEOUS						
40-55-40-49000	TRANSFER FROM TOURISM-GRANT	.00	.00	.00	.00	.00
Total RIVIERA MISCELLANEOUS:		.00	.00	.00	.00	.00
RIVIERA MISCELLANEOUS						
40-55-40-53000	TOURISM GRANT FUNDS EXP	.00	.00	7,913.20	7,913.20	.00
Total RIVIERA MISCELLANEOUS:		.00	.00	7,913.20	7,913.20	.00
Total UPPER RIVIERA:		37,954.59	355,281.36	1,415,526.20	1,060,244.84	25.10
LAKEFRONT OPERATIONS Revenue Total:		33,314.47	511,448.25	1,386,900.20	875,451.95	36.88
LAKEFRONT OPERATIONS Expenditure Total:		29,385.06	202,278.83	1,311,900.20	1,109,621.37	15.42
Net Total LAKEFRONT OPERATIONS:		3,929.41	309,169.42	75,000.00	234,169.42-	412.23

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
PARKING						
PARKING						
PARKING						
42-34-50-46100	PARKING MISC REVENUE	270.00	1,985.49	2,500.00	514.51	79.42
42-34-50-46320	PARKING TICKET PENALTIES	8,725.00	21,175.00	60,000.00	38,825.00	35.29
42-34-50-46330	PARKING STALL COLLECTIONS	75,120.20	230,965.52	1,460,000.00	1,229,034.48	15.82
42-34-50-46340	PARKING STALL TICKETS	45,247.00	118,084.00	250,000.00	131,916.00	47.23
42-34-50-46350	PARKING TICKETS-COLL AGENCY	5,328.24	18,926.83	34,000.00	15,073.17	55.67
42-34-50-46360	PARKING STICKERS-WALCO,OVER 4	1,213.28	12,811.86	10,000.00	2,811.86-	128.12
42-34-50-46370	PARKING LOT PERMITS	.00	9,251.26	7,600.00	1,651.26-	121.73
42-34-50-46380	BUSINESS PARKING PASSES	805.63	5,497.24	5,000.00	497.24-	109.94
42-34-50-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
42-34-50-46400	RESERVED PARKING PERMITS/BAGS	.00	1,213.26	7,000.00	5,786.74	17.33
42-34-50-46410	PARKING APP NET COLLECTIONS	30,222.75	65,992.42	420,000.00	354,007.58	15.71
42-34-50-46900	MISC SALES	.00	.00	500.00	500.00	.00
42-34-50-48110	INTEREST INCOME	301.21	640.78	1,000.00	359.22	64.08
42-34-50-49100	APPL OF PRIOR YR APPROPRIATION	.00	.00	50,000.00	50,000.00	.00
Total PARKING:		167,233.31	486,543.66	2,307,600.00	1,821,056.34	21.08
PARKING						
42-34-50-51100	PARKING MANAGER SALARY	4,889.62	22,003.29	63,565.00	41,561.71	34.62
42-34-50-51160	PARKING WAGES-CLERK/DISPATCH	6,280.46	26,855.78	82,985.00	56,129.22	32.36
42-34-50-51200	PARKING PT WAGES	10,496.56	29,113.12	105,000.00	75,886.88	27.73
42-34-50-51340	PARKING LIFE INSURANCE	37.23	129.53	430.00	300.47	30.12
42-34-50-51345	PARKING HEALTH INSURANCE	3,916.94	15,667.76	55,390.00	39,722.24	28.29
42-34-50-51350	PARKING DENTAL INSURANCE	251.50	1,006.00	3,020.00	2,014.00	33.31
42-34-50-51355	PARKING VISION INSURANCE	14.00	56.03	205.00	148.97	27.33
42-34-50-51360	PARKING RETIREMENT FUND	941.62	3,862.40	11,865.00	8,002.60	32.55
42-34-50-51370	PARKING DISABILITY INS	43.81	175.24	530.00	354.76	33.06
42-34-50-51380	PARKING UNIFORMS	.00	200.00	2,600.00	2,400.00	7.69
42-34-50-51520	PARKING SOCIAL SECURITY	1,644.44	5,875.58	19,245.00	13,369.42	30.53
42-34-50-52160	CALE CC AND COLLEC FEES	5,060.11	15,802.50	70,000.00	54,197.50	22.58
42-34-50-52200	PARKING LOT PLANTING/MAINT	.00	.00	21,000.00	21,000.00	.00
42-34-50-52210	TELEPHONE EXPENSE	183.05	738.05	2,500.00	1,761.95	29.52
42-34-50-52500	KIOSK REPAIRS/SUPPLIES	.00	7,000.60	15,000.00	7,999.40	46.67
42-34-50-52650	POLICE DEPT SERVICES	.00	.00	.00	.00	.00
42-34-50-53100	OFFICE SUPPLIES	.00	410.09	1,500.00	1,089.91	27.34
42-34-50-53120	POSTAGE EXPENSE	.00	423.02	3,000.00	2,576.98	14.10
42-34-50-53130	WORKERS COMPENSATION INSURAN	.00	815.99	3,300.00	2,484.01	24.73
42-34-50-53140	LIABILITY & PROPERTY INSURANCE	.00	856.12	3,800.00	2,943.88	22.53
42-34-50-53320	CONFERENCES/TRAINING	.00	.00	1,500.00	1,500.00	.00
42-34-50-53400	OPERATING SUPPLIES-ENFORCEME	25.84	2,631.23	15,000.00	12,368.77	17.54
42-34-50-53410	VEHICLE SUPPLIES-FUEL	144.58	486.95	1,500.00	1,013.05	32.46
42-34-50-53510	VEHICLE/EQUIPMENT MAINT	.00	.00	5,000.00	5,000.00	.00
42-34-50-53990	PARKING MISC EXPENSES	.00	2,977.48	15,000.00	12,022.52	19.85
42-34-50-54500	SUPPORT CONTRACTS	33,125.00	46,905.00	110,000.00	63,095.00	42.64
42-34-50-58500	PARKING LOT REV SHARE	.00	.00	16,000.00	16,000.00	.00
42-34-50-58700	OUTLAY-PARKING	.00	.00	50,000.00	50,000.00	.00
42-34-50-59300	TRANSFER TO TIF	.00	.00	.00	.00	.00
42-34-50-59400	TRANSFER TO CAPITAL PROJECTS	.00	.00	15,000.00	15,000.00	.00
42-34-50-59500	TRANSFER TO GENERAL FUND	.00	.00	1,538,665.00	1,538,665.00	.00
42-34-50-59550	TRANSFER FROM RESERVE TO GF	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
	Total PARKING:	67,054.76	183,991.76	2,232,600.00	2,048,608.24	8.24
	Total PARKING:	234,288.07	670,535.42	4,540,200.00	3,869,664.58	14.77
	PARKING Revenue Total:	167,233.31	486,543.66	2,307,600.00	1,821,056.34	21.08
	PARKING Expenditure Total:	67,054.76	183,991.76	2,232,600.00	2,048,608.24	8.24
	Net Total PARKING:	100,178.55	302,551.90	75,000.00	227,551.90-	403.40

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
CAPITAL PROJECTS						
CAPITAL PROJECTS						
CAPITAL PROJECTS						
43-00-00-43790	STATE AIDS-LRIP GRANTS	30,000.00	30,000.00	.00	30,000.00-	.00
43-00-00-48110	INTEREST EARNED	795.06	1,667.74	2,500.00	832.26	66.71
43-00-00-48320	SALE OF CITY REAL ESTATE	.00	.00	.00	.00	.00
43-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
43-00-00-49050	PREMIUM ON DEBT ISSUANCE	.00	.00	.00	.00	.00
43-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	880,262.00	880,262.00	.00
43-00-00-49500	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
43-00-00-49510	TRANSFER FROM LAKEFRONT FUND	.00	.00	.00	.00	.00
43-00-00-49520	TRANSFER FROM PARKING FUND	.00	.00	15,000.00	15,000.00	.00
43-00-00-49525	TRANSFER FROM TOURISM FUND	.00	.00	.00	.00	.00
43-00-00-49700	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		30,795.06	31,667.74	897,762.00	866,094.26	3.53
CAPITAL PROJECTS						
43-00-00-52160	DEBT ISSUANCE COSTS	.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total CAPITAL PROJECTS:		30,795.06	31,667.74	897,762.00	866,094.26	3.53
CITY HALL CAPITAL PROJECTS						
CITY HALL CAPITAL PROJECTS						
43-16-10-17010	CITY HALL CAPITAL PROJECTS	.00	9,912.71	135,000.00	125,087.29	7.34
Total CITY HALL CAPITAL PROJECTS:		.00	9,912.71	135,000.00	125,087.29	7.34
Total CITY HALL CAPITAL PROJECTS:		.00	9,912.71	135,000.00	125,087.29	7.34
PD CAPITAL PROJECTS						
PD CAPITAL PROJECTS						
43-21-00-17010	PD CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
FIRE DEPT CAPITAL PROJECTS						
FIRE DEPT CAPITAL PROJECTS						
43-22-00-17010	FD CAPITAL PROJECTS	7,000.00	7,000.00	377,919.00	370,919.00	1.85
Total FIRE DEPT CAPITAL PROJECTS:		7,000.00	7,000.00	377,919.00	370,919.00	1.85
Total FIRE DEPT CAPITAL PROJECTS:		7,000.00	7,000.00	377,919.00	370,919.00	1.85
DEPARTMENT: 29						
PROGRAM: 00						
43-29-00-17010	EMERG MGNT CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
Total DEPARTMENT: 29:		.00	.00	.00	.00	.00
STREET IMPROVEMENT PROGRAM						
STREET IMPROVEMENT PROGRAM						
43-32-10-17010	2021/2022 STREET IMP PROGRAM	30,147.29	19,736.05	867,800.00	848,063.95	2.27
43-32-10-17020	DPW CAPITAL PROJECTS	405.00	3,419.00	620,000.00	616,581.00	.55
Total STREET IMPROVEMENT PROGRAM:		30,552.29	23,155.05	1,487,800.00	1,464,644.95	1.56
Total STREET IMPROVEMENT PROGRAM:		30,552.29	23,155.05	1,487,800.00	1,464,644.95	1.56
DEPARTMENT: 40						
PROGRAM: 00						
43-40-00-17010	RIVIERA RENOVATION PHASE 1	.00	.00	.00	.00	.00
43-40-00-17012	RIVIERA RENOVATION 1ST FLOOR	.00	.00	.00	.00	.00
43-40-00-17014	RIVIERA RENOVATION 2ND FLOOR	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00
Total DEPARTMENT: 40:		.00	.00	.00	.00	.00
DEPARTMENT: 48						
PROGRAM: 00						
43-48-00-17010	CEMETERY CAPITAL PROJECTS	.00	.00	107,000.00	107,000.00	.00
Total PROGRAM: 00:		.00	.00	107,000.00	107,000.00	.00
Total DEPARTMENT: 48:		.00	.00	107,000.00	107,000.00	.00
PARKS CAPITAL PROJECTS						
PARKS CAPITAL PROJECTS						
43-52-00-53000	PARKS AND REC CAPITAL PROJECTS	16,656.56	16,656.56	204,543.00	187,886.44	8.14
43-52-00-53100	TAP GRANT CAPITAL PROJECTS	12,283.41	28,368.08	54,145.00	25,776.92	52.39
Total PARKS CAPITAL PROJECTS:		28,939.97	45,024.64	258,688.00	213,663.36	17.40
Total PARKS CAPITAL PROJECTS:		28,939.97	45,024.64	258,688.00	213,663.36	17.40
DEPARTMENT: 99						
PROGRAM: 00						
43-99-00-17010	LIBRARY CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00
Total DEPARTMENT: 99:		.00	.00	.00	.00	.00
CAPITAL PROJECTS Revenue Total:		30,795.06	31,667.74	897,762.00	866,094.26	3.53
CAPITAL PROJECTS Expenditure Total:		66,492.26	85,092.40	2,366,407.00	2,281,314.60	3.60
Net Total CAPITAL PROJECTS:		35,697.20-	53,424.66-	1,468,645.00-	1,415,220.34-	3.64

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
CAPITAL PROJECTS REVENUES						
CAPITAL PROJECTS REVENUES						
CAPITAL PROJECTS REVENUES						
44-00-00-43695	FEDERAL AIDS-AMERICAN RESCUE	.00	.00	424,169.00	424,169.00	.00
44-00-00-48110	INTEREST EARNED	103.14	214.56	150.00	64.56-	143.04
44-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total CAPITAL PROJECTS REVENUES:		103.14	214.56	424,319.00	424,104.44	.05
Total CAPITAL PROJECTS REVENUES:		103.14	214.56	424,319.00	424,104.44	.05
CITY HALL CAPITAL PROJECTS						
CITY HALL CAPITAL PROJECTS						
44-16-10-53000	CITY HALL CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	.00	.00	.00
PD CAPITAL PROJECTS						
PD CAPITAL PROJECTS						
44-21-00-53000	PD CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total PD CAPITAL PROJECTS:		.00	.00	.00	.00	.00
FIRE DEPT CAPITAL PROJECTS						
FIRE DEPT CAPITAL PROJECTS						
44-22-00-53000	FD CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total FIRE DEPT CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total FIRE DEPT CAPITAL PROJECTS:		.00	.00	.00	.00	.00
DEPARTMENT: 29						
PROGRAM: 00						
44-29-00-53000	EMERG MGNT CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00
Total DEPARTMENT: 29:		.00	.00	.00	.00	.00
DPW CAPITAL PROJECTS						
DPW CAPITAL PROJECTS						
44-32-10-53000	DPW CAPITAL PROJECTS	.00	.00	.00	.00	.00
Total DPW CAPITAL PROJECTS:		.00	.00	.00	.00	.00
Total DPW CAPITAL PROJECTS:		.00	.00	.00	.00	.00
PARKS CAPITAL PROJECTS						
PARKS CAPITAL PROJECTS						
44-52-00-53000	PARKS AND REC CAPITAL PROJECTS	.00	.00	.00	.00	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
	Total PARKS CAPITAL PROJECTS:	.00	.00	.00	.00	.00
	Total PARKS CAPITAL PROJECTS:	.00	.00	.00	.00	.00
SEWER UTILITY CAPITAL PROJECTS						
SEWER UTILITY CAPITAL PROJECTS						
44-61-00-53000	SEWER UTILITY CAPITAL PROJECTS	.00	.00	.00	.00	.00
	Total SEWER UTILITY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
	Total SEWER UTILITY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
WATER UTILITY CAPITAL PROJECTS						
WATER UTILITY CAPITAL PROJECTS						
44-62-00-53000	WATER UTILITY CAPITAL PROJECTS	.00	.00	.00	.00	.00
	Total WATER UTILITY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
	Total WATER UTILITY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
LIBRARY CAPITAL PROJECTS						
LIBRARY CAPITAL PROJECTS						
44-99-00-53000	LIBRARY CAPITAL PROJECTS	.00	.00	.00	.00	.00
	Total LIBRARY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
	Total LIBRARY CAPITAL PROJECTS:	.00	.00	.00	.00	.00
	CAPITAL PROJECTS REVENUES Revenue Total:	103.14	214.56	424,319.00	424,104.44	.05
	CAPITAL PROJECTS REVENUES Expenditure Total:	.00	.00	.00	.00	.00
	Net Total CAPITAL PROJECTS REVENUES:	103.14	214.56	424,319.00	424,104.44	.05

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
IMPACT FEES						
IMPACT FEES						
IMPACT FEES						
45-00-00-44220	FIRE IMPACT FEES	.00	.00	.00	.00	.00
45-00-00-44520	PARK IMPACT FEES	1,794.00	4,784.00	23,000.00	18,216.00	20.80
45-00-00-44550	LIBRARY IMPACT FEES	.00	.00	.00	.00	.00
45-00-00-47300	PARK FUND DONATIONS	.00	.00	.00	.00	.00
45-00-00-48110	INTEREST EARNED	24.70	51.10	100.00	48.90	51.10
45-00-00-49100	APPLICATION OF PRIOR YEARS	.00	.00	.00	.00	.00
45-00-00-49400	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total IMPACT FEES:		1,818.70	4,835.10	23,100.00	18,264.90	20.93
IMPACT FEES						
45-00-00-59610	PARK IMPACT EXPENDITURES	.00	.00	23,100.00	23,100.00	.00
Total IMPACT FEES:		.00	.00	23,100.00	23,100.00	.00
Total IMPACT FEES:		1,818.70	4,835.10	46,200.00	41,364.90	10.47
DEPARTMENT: 22						
PROGRAM: 00						
45-22-00-51360	RETIREMENT EXPENSE	.00	.00	.00	.00	.00
45-22-00-51520	SOCIAL SECURITY EXP	.00	.00	.00	.00	.00
45-22-00-59620	FIRE IMPACT EXPENDITURES	.00	.00	.00	.00	.00
45-22-00-90550	REMODEL STATION #1 (CON'T.)	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00
Total DEPARTMENT: 22:		.00	.00	.00	.00	.00
DEPARTMENT: 99						
PROGRAM: 00						
45-99-00-59600	LIBRARY IMPACT EXPENDITURES	.00	.00	.00	.00	.00
Total PROGRAM: 00:		.00	.00	.00	.00	.00
Total DEPARTMENT: 99:		.00	.00	.00	.00	.00
IMPACT FEES Revenue Total:		1,818.70	4,835.10	23,100.00	18,264.90	20.93
IMPACT FEES Expenditure Total:		.00	.00	23,100.00	23,100.00	.00
Net Total IMPACT FEES:		1,818.70	4,835.10	.00	4,835.10-	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
TOURISM						
TOURISM						
TOURISM						
47-00-00-41210	ROOM TAX	.00	.00	1,100,000.00	1,100,000.00	.00
47-00-00-46100	TOURISM MISC REVENUE	.00	7,486.18	.00	7,486.18-	.00
47-00-00-48110	INTEREST INCOME	39.77	220.47	500.00	279.53	44.09
47-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
47-00-00-49350	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total TOURISM:		39.77	7,706.65	1,100,500.00	1,092,793.35	.70
TOURISM						
47-00-00-57100	HOTEL/MOTEL ASSN-CHAM OF COM	37,500.00	75,000.00	532,872.00	457,872.00	14.07
47-00-00-57210	EVENTS COORDINATOR	2,666.00	13,330.00	32,000.00	18,670.00	41.66
47-00-00-57212	EVENTS COORDINATOR-RIVIERA	2,666.00	13,330.00	32,000.00	18,670.00	41.66
Total TOURISM:		42,832.00	101,660.00	596,872.00	495,212.00	17.03
Total TOURISM:		42,871.77	109,366.65	1,697,372.00	1,588,005.35	6.44
DEPARTMENT: 70						
PROGRAM: 00						
47-70-00-57150	PROMOTIONAL GRANT	253,509.73	275,878.28	100,000.00	175,878.28-	275.88
47-70-00-57155	TOURISM MUNICIPAL DEVELOPMENT	5,539.98	5,889.91	100,000.00	94,110.09	5.89
47-70-00-59400	TRANSFER TO CAPITAL PROJECTS	.00	.00	.00	.00	.00
47-70-00-59500	TRANSFER TO LAKEFRONT FUND	.00	.00	.00	.00	.00
47-70-00-59600	TRANSFER TO DEBT SERVICE FUND	.00	202,911.98	211,712.00	8,800.02	95.84
Total PROGRAM: 00:		259,049.71	484,680.17	411,712.00	72,968.17-	117.72
Total DEPARTMENT: 70:		259,049.71	484,680.17	411,712.00	72,968.17-	117.72
TOURISM Revenue Total:		39.77	7,706.65	1,100,500.00	1,092,793.35	.70
TOURISM Expenditure Total:		301,881.71	586,340.17	1,008,584.00	422,243.83	58.13
Net Total TOURISM:		301,841.94-	578,633.52-	91,916.00	670,549.52	629.52-

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
CEMETERY OPERATIONS						
CEMETERY OPERATIONS						
CEMETERY OPERATIONS						
48-00-00-41110	PROPERTY TAX LEVY	.00	168,000.00	168,000.00	.00	100.00
48-00-00-46100	MISC REVENUE	.00	3,225.00	3,250.00	25.00	99.23
48-00-00-46540	SALE OF GRAVES/NICHES	850.00	5,225.00	12,000.00	6,775.00	43.54
48-00-00-46550	FOUNDATIONS/STAKE-OUTS	.00	200.00	700.00	500.00	28.57
48-00-00-46560	BURIAL INTERNMENTS	900.00	7,700.00	26,000.00	18,300.00	29.62
48-00-00-48110	INVESTMENT INCOME	81.29	162.82	150.00	12.82-	108.55
48-00-00-49100	APPL OF PRIOR YEARS APPROP	.00	.00	40,430.00	40,430.00	.00
48-00-00-49200	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
48-00-00-49400	TRANSFER FROM PERPETUAL CARE	1,127.80	3,997.59	13,000.00	9,002.41	30.75
Total CEMETERY OPERATIONS:		2,959.09	188,510.41	263,530.00	75,019.59	71.53
CEMETERY OPERATIONS						
48-00-00-51200	CEM WAGES	7,208.17	28,832.68	95,300.00	66,467.32	30.25
48-00-00-51250	CEM OVERTIME	77.83	751.60	3,725.00	2,973.40	20.18
48-00-00-51260	CEM SEASONAL LABOR	565.36	565.36	12,300.00	11,734.64	4.60
48-00-00-51270	CEM ADMIN ASSISTANT	1,575.26	2,368.27	21,025.00	18,656.73	11.26
48-00-00-51340	CEM LIFE INSURANCE EXP	23.45	93.80	675.00	581.20	13.90
48-00-00-51345	CEM HEALTH INSURANCE	1,015.52	4,062.08	40,485.00	36,422.92	10.03
48-00-00-51350	CEM DENTAL INSURANCE	35.00	140.00	1,500.00	1,360.00	9.33
48-00-00-51355	CEM VISION INSURANCE	2.85	11.40	120.00	108.60	9.50
48-00-00-51360	CEM RETIREMENT EXPENSE	575.99	2,146.73	7,805.00	5,658.27	27.50
48-00-00-51370	CEM DISABILITY EXP	29.02	116.08	430.00	313.92	27.00
48-00-00-51380	CEM UNIFORM ALLOWANCE	.00	1,200.00	1,200.00	.00	100.00
48-00-00-51520	CEM FICA EXPENSE	717.86	2,553.37	10,125.00	7,571.63	25.22
48-00-00-52160	CEM PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
48-00-00-52210	CEM TELEPHONE EXP	87.27	343.11	1,350.00	1,006.89	25.42
48-00-00-52220	CEM ELECTRICITY EXP	.00	985.20	2,000.00	1,014.80	49.26
48-00-00-52240	CEM GAS HEAT EXP	99.10	508.09	1,200.00	691.91	42.34
48-00-00-52260	CEM WATER/SEWER EXP	489.18	929.18	3,500.00	2,570.82	26.55
48-00-00-52400	CEM BUILDING REPAIRS	41.28	65.06	2,000.00	1,934.94	3.25
48-00-00-52500	CEM EQUIP MAINT/REPAIRS	.00	18.45	3,300.00	3,281.55	.56
48-00-00-53100	CEM OFFICE SUPPLIES	.00	.00	100.00	100.00	.00
48-00-00-53120	CEM POSTAGE EXP	.00	.00	.00	.00	.00
48-00-00-53130	CEM WORKERS COMP INS	.00	998.17	4,000.00	3,001.83	24.95
48-00-00-53140	CEM LIABILITY/PROPERTY INS	.00	562.13	2,350.00	1,787.87	23.92
48-00-00-53400	CEM OPERATING SUPPLIES	296.10	332.10	3,000.00	2,667.90	11.07
48-00-00-53410	CEM FUEL EXPENSE	686.70	2,109.63	5,000.00	2,890.37	42.19
48-00-00-53500	CEM BLDG MAINT SUPPLIES	5.55	5.55	500.00	494.45	1.11
48-00-00-53510	CEM VEHICLE MAINT/REPAIR	522.48	1,195.99	3,000.00	1,804.01	39.87
48-00-00-53600	CEM MAINT SERVICE EXP	.00	.00	1,700.00	1,700.00	.00
48-00-00-53620	CEM GROUNDS/LANDSCAPING	318.00	594.18	5,000.00	4,405.82	11.88
48-00-00-53990	CEM MISC EXP	.00	.00	350.00	350.00	.00
48-00-00-54200	CEM GRAVES/FOUNDATIONS	.00	.00	15,325.00	15,325.00	.00
48-00-00-54300	CEM COLUMBARIUM EXPENSES	.00	.00	165.00	165.00	.00
48-00-00-58100	CEM EQUIPMENT OUTLAY	.00	.00	15,000.00	15,000.00	.00
Total CEMETERY OPERATIONS:		14,371.97	51,488.21	263,530.00	212,041.79	19.54
Total CEMETERY OPERATIONS:		17,331.06	239,998.62	527,060.00	287,061.38	45.54
CEMETERY OPERATIONS Revenue Total:		2,959.09	188,510.41	263,530.00	75,019.59	71.53

Account Number	Account Title	2022-22	2022-22	2022	2022	2022
		Current Month Actual	Current Year Actual	Current Year Budget	Current Year Variance	Current Year % of Budget
	CEMETERY OPERATIONS Expenditure Total:	14,371.97	51,488.21	263,530.00	212,041.79	19.54
	Net Total CEMETERY OPERATIONS:	11,412.88-	137,022.20	.00	137,022.20-	.00

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
EQUIPMENT REPLACEMENT FUND						
EQUIPMENT REPLACEMENT FUND						
EQUIPMENT REPLACEMENT FUND						
50-00-00-41110	PROPERTY TAX LEVY	.00	600,000.00	600,000.00	.00	100.00
50-00-00-48110	INTEREST EARNED	669.49	1,380.75	1,000.00	380.75-	138.08
50-00-00-48300	SALE OF MISC EQUIPMENT	.00	.00	.00	.00	.00
50-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	92,100.00	92,100.00	.00
50-00-00-49400	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total EQUIPMENT REPLACEMENT FUND:		669.49	601,380.75	693,100.00	91,719.25	86.77
EQUIPMENT REPLACEMENT FUND						
50-00-00-58000	MISC/COMP EQUIP PURCHASES	3,478.81	25,668.75	95,000.00	69,331.25	27.02
Total EQUIPMENT REPLACEMENT FUND:		3,478.81	25,668.75	95,000.00	69,331.25	27.02
Total EQUIPMENT REPLACEMENT FUND:		4,148.30	627,049.50	788,100.00	161,050.50	79.56
POLICE DEPARTMENT						
POLICE DEPARTMENT						
50-21-00-48300	SALE OF POLICE EQUIPMENT	8,957.35	8,957.35	16,000.00	7,042.65	55.98
Total POLICE DEPARTMENT:		8,957.35	8,957.35	16,000.00	7,042.65	55.98
POLICE DEPARTMENT						
50-21-00-58000	POLICE EQUIPMENT PURCHASES	549.95	69,326.58	87,200.00	17,873.42	79.50
Total POLICE DEPARTMENT:		549.95	69,326.58	87,200.00	17,873.42	79.50
Total POLICE DEPARTMENT:		9,507.30	78,283.93	103,200.00	24,916.07	75.86
FIRE DEPARTMENT						
FIRE DEPARTMENT						
50-22-00-48300	SALE OF FIRE EQUIPMENT	.00	.00	.00	.00	.00
50-22-00-49100	APPL PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total FIRE DEPARTMENT:		.00	.00	.00	.00	.00
FIRE DEPARTMENT						
50-22-00-58000	FIRE EQUIPMENT PURCHASES	.00	315.00	476,164.00	475,849.00	.07
Total FIRE DEPARTMENT:		.00	315.00	476,164.00	475,849.00	.07
Total FIRE DEPARTMENT:		.00	315.00	476,164.00	475,849.00	.07
EMERGENCY MANAGEMENT						
EMERGENCY MANAGEMENT						
50-29-00-58000	EMERG MGMT EQUIPMENT PURCHA	.00	.00	.00	.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	.00	.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	.00	.00	.00

DPW

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
DPW						
50-32-00-48300	SALE OF DPW EQUIPMENT	.00	.00	.00	.00	.00
50-32-00-49100	APPL PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total DPW:		.00	.00	.00	.00	.00
DPW						
50-32-00-58000	DPW EQUIPMENT PURCHASES	.00	.00	70,000.00	70,000.00	.00
Total DPW:		.00	.00	70,000.00	70,000.00	.00
Total DPW:		.00	.00	70,000.00	70,000.00	.00
CEMETERY						
CEMETERY						
50-48-00-48300	SALE OF CEMETERY EQUIPMENT	.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
CEMETERY						
50-48-00-58000	CEMETERY EQUIPMENT REPLACEME	.00	64,309.00	72,000.00	7,691.00	89.32
Total CEMETERY:		.00	64,309.00	72,000.00	7,691.00	89.32
Total CEMETERY:		.00	64,309.00	72,000.00	7,691.00	89.32
DEPARTMENT: 51						
PROGRAM: 00						
50-51-00-58000	MUSEUM EQUIPMENT REPLACEMEN	.00	.00	20,000.00	20,000.00	.00
Total PROGRAM: 00:		.00	.00	20,000.00	20,000.00	.00
Total DEPARTMENT: 51:		.00	.00	20,000.00	20,000.00	.00
EQUIPMENT REPLACEMENT FUND Revenue Total:		9,626.84	610,338.10	709,100.00	98,761.90	86.07
EQUIPMENT REPLACEMENT FUND Expenditure Total:		4,028.76	159,619.33	820,364.00	660,744.67	19.46
Net Total EQUIPMENT REPLACEMENT FUND:		5,598.08	450,718.77	111,264.00-	561,982.77-	405.09-

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
LIBRARY						
LIBRARY						
LIBRARY						
99-00-00-41110	PROPERTY TAX LEVY	.00	487,000.00	487,000.00	.00	100.00
99-00-00-43540	GRANTS	.00	.00	.00	.00	.00
99-00-00-45120	LIBRARY FINES AND FEES	220.09	280.64	2,500.00	2,219.36	11.23
99-00-00-45150	COPIES,PRINTS,FAXES	33.35	92.50	3,000.00	2,907.50	3.08
99-00-00-46000	CASH DRAWER OVERAGES/UNDERA	.00	.00	.00	.00	.00
99-00-00-46210	LIBRARY MISC REVENUE	.00	.00	.00	.00	.00
99-00-00-47310	KENOSHA COUNTY REVENUES	.00	6,135.00	12,270.00	6,135.00	50.00
99-00-00-47320	RACINE COUNTY REVENUES	.00	1,224.00	2,448.00	1,224.00	50.00
99-00-00-47330	WALWORTH COUNTY REVENUES	.00	150,339.50	300,679.00	150,339.50	50.00
99-00-00-47340	WAUKESHA COUNTY REVENUES	.00	.00	.00	.00	.00
99-00-00-47350	ROCK COUNTY (ARROWHEAD) REV	.00	12.50	25.00	12.50	50.00
99-00-00-47360	JEFFERSON COUNTY REVENUES	.00	.00	.00	.00	.00
99-00-00-48110	INTEREST EARNED	.00	11.18	40.00	28.82	27.95
99-00-00-48120	DIVIDEND INCOME	.00	.00	.00	.00	.00
99-00-00-48140	PORTFOLIO GAINS/LOSSES	.00	.00	.00	.00	.00
99-00-00-48190	DISCOUNTS EARNED	.00	.00	.00	.00	.00
99-00-00-48400	INSURANCE REIMBURSEMENTS	.00	.00	.00	.00	.00
99-00-00-48920	DONATIONS	.00	.00	.00	.00	.00
99-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
99-00-00-49100	APPL OF PR YR APPROPRIATIONS	.00	.00	.00	.00	.00
99-00-00-49500	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total LIBRARY:		253.44	645,095.32	807,962.00	162,866.68	79.84
LIBRARY						
99-00-00-51100	LIBRARY FT SALARIES	27,560.00	110,480.20	371,800.00	261,319.80	29.71
99-00-00-51200	LIBRARY PT WAGES	192.50	1,767.87	21,645.00	19,877.13	8.17
99-00-00-51340	LIBRARY LIFE INSURANCE	59.06	231.48	860.00	628.52	26.92
99-00-00-51345	LIBRARY HEALTH INSURANCE	5,077.60	18,279.36	71,845.00	53,565.64	25.44
99-00-00-51350	LIBRARY DENTAL INSURANCE	285.00	1,070.00	3,840.00	2,770.00	27.86
99-00-00-51355	LIBRARY VISION INSURANCE	14.39	57.56	210.00	152.44	27.41
99-00-00-51360	LIBRARY RETIREMENT	1,803.91	6,907.04	25,600.00	18,692.96	26.98
99-00-00-51370	LIBRARY DISABILITY PREMIUMS	80.24	299.56	1,412.00	1,112.44	21.22
99-00-00-51520	LIBRARY SOCIAL SECURITY	2,106.01	8,465.78	30,100.00	21,634.22	28.13
99-00-00-52110	GENERAL ADMIN EXPENSES	704.00	1,741.80	3,000.00	1,258.20	58.06
99-00-00-52160	PROFESSIONAL SERVICES	16,495.05	24,436.12	.00	24,436.12-	.00
99-00-00-52210	LIBRARY TELEPHONE EXP	193.20	768.74	2,500.00	1,731.26	30.75
99-00-00-52220	LIBRARY UTILITIES	1,585.78	4,969.98	18,000.00	13,030.02	27.61
99-00-00-52500	LIBRARY BLDG REPAIR	.00	422.95	15,000.00	14,577.05	2.82
99-00-00-53100	LIBRARY OFFICE SUPPLIES	14.40	199.30	2,500.00	2,300.70	7.97
99-00-00-53120	LIBRARY POSTAGE	9.69	31.00	2,500.00	2,469.00	1.24
99-00-00-53130	WORKERS COMP INSURANCE	.00	188.64	1,750.00	1,561.36	10.78
99-00-00-53140	LIABILITY & PROPERTY INSURANCE	.00	2,419.17	10,120.00	7,700.83	23.90
99-00-00-53320	STAFF CONTINUING EDUCATION	.00	92.00	9,840.00	9,748.00	.93
99-00-00-53500	LIBRARY MAINT SUPPLIES	2,730.81	3,599.20	2,500.00	1,099.20-	143.97
99-00-00-53600	LIBRARY BLDG MAINT SERVICES	3,104.34	4,163.34	33,000.00	28,836.66	12.62
99-00-00-53990	LIBRARY MISCELLANEOUS	.00	.00	.00	.00	.00
99-00-00-54100	LIBRARY ADULT MATERIALS	2,769.86	4,405.97	35,000.00	30,594.03	12.59
99-00-00-54110	LIBRARY YOUTH MATERIALS	1,982.85	13,921.01	35,000.00	21,078.99	39.77
99-00-00-54120	LIBRARY MAGAZINES & NEWSPAPER	.00	4,224.52	6,000.00	1,775.48	70.41
99-00-00-54130	LIBRARY REFERENCE MATERIALS	.00	.00	.00	.00	.00
99-00-00-54140	LIBRARY NONPRINT MATERIALS	215.36	4,373.72	35,000.00	30,626.28	12.50

Account Number	Account Title	2022-22 Current Month Actual	2022-22 Current Year Actual	2022 Current Year Budget	2022 Current Year Variance	2022 Current Year % of Budget
99-00-00-54150	LIBRARY PROGRAMS	738.98	800.00	10,000.00	9,200.00	8.00
99-00-00-54155	LIBRARY MARKETING	661.47	2,517.76	5,000.00	2,482.24	50.36
99-00-00-54160	USE OF DONATED FUNDS	.00	.00	.00	.00	.00
99-00-00-54170	USE OF GRANT FUNDS	.00	.00	.00	.00	.00
99-00-00-55000	COVID-19 EXPENDITURES	.00	61.13	.00	61.13-	.00
99-00-00-55100	LIBRARY SIRSI	.00	18,805.46	28,520.00	9,714.54	65.94
99-00-00-55110	LIBRARY CIRCULATION SUPPLIES	517.15	747.57	3,000.00	2,252.43	24.92
99-00-00-55120	LIBRARY PROCESSING SUPPLIES	.00	23.90	4,000.00	3,976.10	.60
99-00-00-55140	LIBRARY COMPUTER HARDWARE	.00	279.99	8,000.00	7,720.01	3.50
99-00-00-55150	LIBRARY COMPUTER SOFTWARE	.00	168.00	1,500.00	1,332.00	11.20
99-00-00-55160	LIBRARY IT CONSULTING SERVICES	.00	.00	1,000.00	1,000.00	.00
99-00-00-55320	LIBRARY EQUIP LEASES & MAINT	.00	743.43	7,920.00	7,176.57	9.39
99-00-00-56230	SHARED SAVINGS PRINCIPAL PYMT	.00	.00	.00	.00	.00
99-00-00-56630	SHARED SAVINGS INTEREST PYMT	.00	.00	.00	.00	.00
99-00-00-57800	LIBRARY CONTINGENCY	.00	.00	.00	.00	.00
99-00-00-59000	LGIP #9 EXPENDITURES	.00	.00	.00	.00	.00
Total LIBRARY:		68,901.65	241,663.55	807,962.00	566,298.45	29.91
Total LIBRARY:		69,155.09	886,758.87	1,615,924.00	729,165.13	54.88
LIBRARY Revenue Total:		253.44	645,095.32	807,962.00	162,866.68	79.84
LIBRARY Expenditure Total:		68,901.65	241,663.55	807,962.00	566,298.45	29.91
Net Total LIBRARY:		68,648.21-	403,431.77	.00	403,431.77-	.00
Net Grand Totals:		268,455.00-	2,144,291.43	913,674.00-	3,057,965.43-	234.69-

City of Lake Geneva
Finance, License, & Regulation Committee
May 17, 2022

Prepaid Checks
05/04/22-05/17/22

Total:
\$98,512.45

Checks over \$5,000:

\$	55,272.57	<i>Selzer-Ornst Construction Co.-Library Pay request #7</i>
\$	10,015.72	<i>Chase Card Services-City's Credit Card</i>
\$	21,178.47	<i>Alliant Energy-Electric Bills</i>

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Bank.Bank account = "043230"

Invoice.Batch = "05022022","05042022","05052022","05112022"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
05/02/2022	79207	6336	SELZER-ORNST CONSTRUCTION COMPANY LLC	55,272.57
05/04/2022	79208	2046	ALLIANT ENERGY	183.48
05/04/2022	79209	3495	CITY OF LAKE GENEVA	100.00
05/04/2022	79210	2354	CULLIGAN OF BURLINGTON	108.00
05/04/2022	79211	5730	DERRICK, DANIEL	108.00
05/04/2022	79212	2532	FROGGATT, JEAN	136.00
05/04/2022	79213	2670	HOME DEPOT	391.62
05/04/2022	79214	5872	IMPERIAL SERVICE SYSTEMS INC	1,820.16
05/04/2022	79215	6093	INGRAM LIBRARY SERVICES	549.92
05/04/2022	79216	5386	MCNEIL, KYLE	75.00
05/04/2022	79217	2977	MIDWEST TAPE	470.66
05/04/2022	79218	3232	RHYME BUSINESS PRODUCTS	659.41
05/04/2022	79219	3233	RHYME BUSINESS PRODUCTS	163.46
05/04/2022	79220	3303	SECURITY EQUIPMENT SUPPLY	110.55
05/04/2022	79221	4944	TRACTOR SUPPLY CREDIT PLAN	731.32
05/04/2022	79222	5045	WALSER, WILLIAM	108.00
05/04/2022	79223	6155	WINDLER, TRICIA	136.00
05/04/2022	79224	5336	WT COX INFORMATION SERVICES	1,674.21
05/05/2022	79225	2273	CHASE CARD SERVICES	10,015.72
05/05/2022	79226	6507	CONTRERAS, JEFF	110.00
05/05/2022	79227	6336	SELZER-ORNST CONSTRUCTION COMPANY LLC	422.95
05/05/2022	79228	3362	STANG, KAY	43.00
05/11/2022	79340	2046	ALLIANT ENERGY	21,178.47
05/11/2022	79341	5770	AT & T TELECONFERENCE SERVICES	29.49
05/11/2022	79342	2109	AT&T MOBILITY	1,164.14
05/11/2022	79343	6263	CHARTER COMMUNICATIONS	89.99
05/11/2022	79344	2715	ITU ABSORB TECH INC	89.66
05/11/2022	79345	3001	SECURIAN FINANCIAL GROUP	2,514.02
05/11/2022	79346	5071	WE ENERGIES	56.65
Grand Totals:				98,512.45

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
01-00-00-13100	.00	.00	.00
11-00-00-21100	213.15	27,195.22-	26,982.07-
11-00-00-21340	2,322.58	.00	2,322.58
11-00-00-24210	5.73	.00	5.73
11-10-00-51330	171.79	.00	171.79
11-11-00-53320	158.15	.00	158.15
11-12-00-53610	34.26	.00	34.26
11-14-20-53240	195.53	.00	195.53
11-14-20-53320	240.00	.00	240.00

GL Account	Debit	Credit	Proof
11-14-30-53110	33.95	.00	33.95
11-14-30-53120	129.05	.00	129.05
11-14-30-53140	222.14	.00	222.14
11-14-30-53320	679.00	.00	679.00
11-15-10-54500	944.26	.00	944.26
11-16-10-52220	3,159.50	.00	3,159.50
11-16-10-53500	10.98	.00	10.98
11-16-10-55310	625.15	.00	625.15
11-21-00-52210	1,164.14	.00	1,164.14
11-21-00-52220	83.06	.00	83.06
11-21-00-53310	563.00	.00	563.00
11-22-00-52220	1,390.22	.00	1,390.22
11-22-00-52240	28.33	.00	28.33
11-22-00-53990	371.26	.00	371.26
11-22-00-54500	189.97	.00	189.97
11-24-00-53100	163.46	.00	163.46
11-24-00-53320	.00	82.00-	82.00-
11-29-00-52220	52.63	.00	52.63
11-32-10-52210	89.99	.00	89.99
11-32-10-52220	802.57	.00	802.57
11-32-10-53320	335.00	.00	335.00
11-32-10-53400	270.99	131.15-	139.84
11-32-10-53500	174.95	.00	174.95
11-32-10-53600	239.30	.00	239.30
11-32-13-54300	701.64	.00	701.64
11-34-10-52220	396.19	.00	396.19
11-34-10-52230	8,987.84	.00	8,987.84
11-51-10-52220	619.06	.00	619.06
11-52-00-52220	676.38	.00	676.38
11-52-00-53520	29.47	.00	29.47
11-52-00-59220	148.38	.00	148.38
11-52-01-52220	552.87	.00	552.87
11-52-01-53400	128.00	.00	128.00
11-70-00-57200	104.45	.00	104.45
40-00-00-21100	.00	7,544.34-	7,544.34-
40-52-10-52640	3,156.47	.00	3,156.47
40-52-11-10100	100.00	.00	100.00
40-52-11-46750	104.27	.00	104.27
40-54-10-52220	271.86	.00	271.86
40-54-10-53100	325.00	.00	325.00
40-54-10-53520	200.21	.00	200.21
40-55-20-53600	108.00	.00	108.00
40-55-30-52220	3,278.53	.00	3,278.53
42-00-00-21100	.00	20.88-	20.88-
42-34-50-46330	20.88	.00	20.88
48-00-00-21100	.00	183.48-	183.48-
48-00-00-52220	183.48	.00	183.48
61-00-00-21100	.00	7.14-	7.14-
61-00-00-92630	7.14	.00	7.14
62-00-00-21100	.00	12.51-	12.51-
62-00-00-92630	12.51	.00	12.51
98-00-00-21100	.00	55,272.57-	55,272.57-
98-00-00-54170	55,272.57	.00	55,272.57

GL Account	Debit	Credit	Proof
99-00-00-21100	.00	8,489.46-	8,489.46-
99-00-00-52110	408.02	.00	408.02
99-00-00-52220	787.70	.00	787.70
99-00-00-52500	422.95	.00	422.95
99-00-00-53120	3.19	.00	3.19
99-00-00-53320	43.00	.00	43.00
99-00-00-53600	1,930.71	.00	1,930.71
99-00-00-54100	57.10	.00	57.10
99-00-00-54110	492.82	.00	492.82
99-00-00-54120	1,674.21	.00	1,674.21
99-00-00-54140	470.66	.00	470.66
99-00-00-54155	2,014.48	.00	2,014.48
99-00-00-55110	184.62	.00	184.62
Grand Totals:	98,938.75	98,938.75-	.00

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Bank.Bank account = "043230"

Invoice.Batch = "05022022","05042022","05052022","05112022"

City of Lake Geneva
Finance, License, & Regulation Committee
May 17, 2022

Accounts Payable

	<u>Fund #</u>	
1. General Fund	11	<u>\$ 103,108.13</u>
2. Debt Service	20	<u>\$ -</u>
3. Lakefront	40	<u>\$ 2,227.88</u>
4. Capital Projects	43	<u>\$ 7,858.82</u>
5. Parking	42	<u>\$ 6,265.03</u>
6. Cemetery	48/49	<u>\$ 79.76</u>
7. Equipment Replacement	50	<u>\$ -</u>
8. Library Fund	99	<u>\$ -</u>
9. Impact Fees	45	<u>\$ 10,665.00</u>
10. Tourism Commission	47	<u>\$ 9,056.43</u>
11. Use of Building Funds-Library	98	<u>\$ -</u>
 Total All Funds		 <u><u>\$139,261.05</u></u>

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

FINANCE, LICENSE, & REGULATION COMMITTEE
5/17/2022

TOTAL UNPAID ACCOUNTS PAYABLE **\$ 139,261.05**

ITEMS > \$5,000

Breezy Hill Nursery-Park Planting Maintenance	\$ 5,122.80
CDW Government Inc.-Advanced Anti-virus, MS Office licenses	\$ 6,700.40
Fairwyn SB, Inc.-Refund Developer Deposits	\$ 7,000.00
Johns Disposal Service Inc.-Garbage Pickup-May	\$ 52,125.44
Lake Geneva Utility-Water and Sewer Impact Fees	\$ 10,665.00
Visit Lake Geneva-Winterfest Tourism Grant	\$ 9,056.43
WI Dept of Transportation-Hwy 50 improvement, Bloomfield Signal	\$ 7,322.66

Balance of Other Items **\$ 41,268.32**

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "05182022","05182022A"

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

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

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
ASSOCIATED APPRAISAL CONSULTANTS INC				
162110	05/01/2022	MAY 2022 ASSESSMENT	11-15-40-52100 ASSESSOR CONTRACTED SERVICES	3,541.67
Total ASSOCIATED APPRAISAL CONSULTANTS INC:				3,541.67
B&J TREE & LANDSCAPE SERVICE				
371589	05/05/2022	TREE REMOVAL-OAK TREE	11-32-13-52200 FORESTRY SERVICES	950.00
Total B&J TREE & LANDSCAPE SERVICE:				950.00
BATZNER PEST CONTROL				
3323268	04/28/2022	PEST CONTROL-APR	40-55-10-53600 UPPER RIVIERA MAINTENANCE	143.00
Total BATZNER PEST CONTROL:				143.00
BIGELOW APPLIANCE SALES & SERV				
67187	04/21/2022	ICE MAKER REPAIR	40-55-10-53600 UPPER RIVIERA MAINTENANCE	172.62
Total BIGELOW APPLIANCE SALES & SERV:				172.62
BILLER PRESS				
22-22728	04/22/2022	VIPLY HANG TAGS FOR BOAT L	40-52-11-53990 LAUNCH RAMP MISCELLANEOUS	163.00
Total BILLER PRESS:				163.00
BOLD TECHNOLOGIES				
28923	01/01/2022	ALARM MONITOR SUPPORT-20	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	1,608.11
Total BOLD TECHNOLOGIES:				1,608.11
BREEZY HILL NURSERY				
INV/2022/1533	05/06/2022	PLANTING MAINT-BI-MONTHLY	42-34-50-52200 PARKING LOT PLANTING/MAINT	4,872.80
INV/2022/1534	05/06/2022	PLANTING MAINT-APR	42-34-50-52200 PARKING LOT PLANTING/MAINT	250.00
Total BREEZY HILL NURSERY:				5,122.80
BUMPER TO BUMPER AUTO PARTS				
662-456627	05/02/2022	OIL-CEM	48-00-00-53510 CEM VEHICLE MAINT/REPAIR	68.76
Total BUMPER TO BUMPER AUTO PARTS:				68.76
BURRIG, JEAN				
5/2/2022	05/02/2022	REFUND-DOUBLE PD PARKING	42-34-50-53990 PARKING MISC EXPENSES	7.00
Total BURRIG, JEAN:				7.00
BURRIS EQUIPMENT CO				
SW2001787-1	02/07/2022	REPAIR-VENTRAC #60	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	1,021.73

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total BURRIS EQUIPMENT CO:				1,021.73
CDW GOVERNMENT INC				
W495767	04/27/2022	ADVANCED ANTI-VIRUS	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	5,244.00
W786058	05/03/2022	(5) MS OFFICE LICENSES	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	1,456.40
Total CDW GOVERNMENT INC:				6,700.40
CES				
LKG/076386	02/25/2022	(2) ST LIGHTS	11-34-10-52610 STREET LIGHTS REPAIRS	63.22
LKG/077517	04/26/2022	FUSE HOLDERS-ST LIGHTS	11-34-10-52610 STREET LIGHTS REPAIRS	34.20
LKG/077759	05/06/2022	SEMINARY RESTROOMS	11-52-00-52410 BLDG MAINT&REPAIR-PARKS	27.50
Total CES:				124.92
CINTAS CORP				
5106735192	05/04/2022	GAUZE,IBUPROFEN	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	84.48
Total CINTAS CORP:				84.48
DIAMOND MOWERS INC				
0217345-IN	04/21/2022	MOWER BLADES-#38	11-52-00-53520 GROUNDS MAINT SUPPLIES	482.30
Total DIAMOND MOWERS INC:				482.30
DUNN LUMBER				
1070185	05/02/2022	TAPE,LETTERS,POLY-DISC GOL	11-52-00-53400 PARKS OPERATING SUPPLIES	20.09
1070865	05/03/2022	BATTERIES,FLUSH VALVES-BAT	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	15.99
1071204	05/03/2022	LT BULB-PARKS	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	14.99
1071231	05/03/2022	NUTS,BOLTS-TREES	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	2.89
1071279	05/03/2022	SPRAY PAINT-DISC GOLF	11-52-00-53400 PARKS OPERATING SUPPLIES	5.99
1071704	05/04/2022	GAS ADDITIVE	11-52-00-52500 EQUIPMENT REPAIR SERVICES	10.99
1072497	05/04/2022	SIGN REPAIR-TEE BOX DISC G	11-52-00-53520 GROUNDS MAINT SUPPLIES	5.00
1077314	05/10/2022	FURNFILTER-LIONS DEN	11-52-01-53500 BLDG MAINT & REPAIR	18.87
Total DUNN LUMBER:				94.81
ELKHORN CHEMICAL CO INC				
641070-3	04/26/2022	MARKING PAINT,GLOVES	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	600.00
642915	04/28/2022	CLEANING SUPPLIES	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	252.87
Total ELKHORN CHEMICAL CO INC:				852.87
ELKHORN NAPA AUTO PARTS				
255801	01/26/2022	GOLD AIR FILTER	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	41.73
265254	05/02/2022	OIL FILTERS	48-00-00-53510 CEM VEHICLE MAINT/REPAIR	11.00
265437	05/03/2022	HYD OIL FILTER	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	66.92
Total ELKHORN NAPA AUTO PARTS:				119.65
FAIRWYN SB INC				
1760 STONE R	05/02/2022	1760 STONE RIDGE CT	11-00-00-23540 DEVELOPER DEPOSITS	3,500.00
535 N BOULD	05/03/2022	535 N BOULDER RIDGE DR	11-00-00-23540 DEVELOPER DEPOSITS	3,500.00
Total FAIRWYN SB INC:				7,000.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
GAPPA SECURITY SOLUTIONS LLC				
25142	05/02/2022	LOCKSET,DEADBOLT,KEYS	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	422.25
Total GAPPA SECURITY SOLUTIONS LLC:				422.25
GENEVA ONLINE INC				
1129557	05/02/2022	EMAIL SVC-MAY	11-12-00-52210 MUNICIPAL CT TELEPHONE	2.00
Total GENEVA ONLINE INC:				2.00
GIRAFFE ELECTRIC II INC				
S3519	04/22/2022	FLOOD LT REPAIR-FOUNTAIN	11-52-00-52270 FOUNTAINS/STATUES-WATER/SEWER	3,072.50
S3525	04/22/2022	RECONNECT ST LIGHT	11-10-00-52450 EXPENSES SUBJECT TO INS CLAIM	250.00
Total GIRAFFE ELECTRIC II INC:				3,322.50
GRAYS INC				
37583	04/25/2022	CUTTING EDGE-#29	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	430.42
Total GRAYS INC:				430.42
HE STARK AGENCY INC				
6089 PARK 4/2	04/29/2022	COLLECTION FEES-APR	42-34-50-52160 CALE CC AND COLLEC FEES	1,058.06
Total HE STARK AGENCY INC:				1,058.06
ITU ABSORB TECH INC				
7895898	04/14/2022	MATS,DUST MOP	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	73.63
7904216	04/29/2022	MATS,RAGS,COVERALLS	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	92.04
7904217	04/29/2022	MAT SERVICE	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	129.45
Total ITU ABSORB TECH INC:				295.12
JOHNS DISPOSAL SERVICE INC				
851727	05/05/2022	MAY SVC	11-36-00-52940 SOLID WASTE-RESIDENTIAL	33,658.72
851727	05/05/2022	MAY SVC	11-36-00-52970 SOLID WASTE-RECYCLING	18,466.72
Total JOHNS DISPOSAL SERVICE INC:				52,125.44
JOHNSON CONTROLS				
22901152	05/02/2022	ANNUAL ALARM INSPECTION	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	1,345.05
Total JOHNSON CONTROLS:				1,345.05
KB SHARPENING SERVICE INC				
116642	04/06/2022	(2) WOOD CHOPPER KNIVES	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	32.00
Total KB SHARPENING SERVICE INC:				32.00
LAKE GENEVA UTILITY				
301 DEBUSSY	04/19/2022	301 DEBUSSY DR	45-00-00-24520 WATER IMPACT FEES	1,690.00
301 DEBUSSY	04/19/2022	301 DEBUSSY DR	45-00-00-24530 SEWER IMPACT FEES	1,865.00
326 BOWING	04/18/2022	326 BOWING WAY	45-00-00-24520 WATER IMPACT FEES	1,690.00
326 BOWING	04/18/2022	326 BOWING WAY	45-00-00-24530 SEWER IMPACT FEES	1,865.00
535 N BOULD	04/27/2022	535 N BOULDER RIDGE DR	45-00-00-24520 WATER IMPACT FEES	1,690.00
535 N BOULD	04/27/2022	535 N BOULDER RIDGE DR	45-00-00-24530 SEWER IMPACT FEES	1,865.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total LAKE GENEVA UTILITY:				10,665.00
LANGE ENTERPRISES INC				
79775	04/27/2022	GRD RAIL REPLC-GEORGE/MA	11-34-10-53750 TRAFFIC CONTROL STREET SIGNS	1,946.12
Total LANGE ENTERPRISES INC:				1,946.12
LASER ELECTRIC SUPPLY				
1487307-01	04/21/2022	LT BULBS-VETS PARK BATH	11-52-01-53400 VETS PARK OPERATING SUPPLIES	151.67
Total LASER ELECTRIC SUPPLY:				151.67
MARLIN PRINTING & GRAPHICS				
669350	04/18/2022	WINDOW ENVELOPES	11-14-30-53100 CITY CLERK OFFICE SUPPLIES	78.33
669350	04/18/2022	WINDOW ENVELOPES	11-15-10-53100 ACCTG OFFICE SUPPLIES	78.33
669350	04/18/2022	WINDOW ENVELOPES	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	39.17
669350	04/18/2022	WINDOW ENVELOPES	42-34-50-53100 OFFICE SUPPLIES	39.17
669351	04/18/2022	ENVELOPES	11-14-30-53100 CITY CLERK OFFICE SUPPLIES	72.00
669351	04/18/2022	ENVELOPES	11-15-10-53100 ACCTG OFFICE SUPPLIES	72.00
669351	04/18/2022	ENVELOPES	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	36.00
669351	04/18/2022	ENVELOPES	42-34-50-53100 OFFICE SUPPLIES	36.00
Total MARLIN PRINTING & GRAPHICS:				451.00
MIDWEST DOOR COMPANY				
4023	05/05/2022	DOOR #3 REPAIR-1065 CAREY	11-32-10-52400 ST DEPT BUILDING REPAIRS	1,164.00
Total MIDWEST DOOR COMPANY:				1,164.00
MUNICIPAL SERVICES LLC				
202243	04/30/2022	SUB INSPECTOR-APR SVCS	11-24-00-52190 CONTRACT BUILDING INSPECTOR	228.00
Total MUNICIPAL SERVICES LLC:				228.00
ODP BUSINESS SOLUTIONS LLC				
237943110001	05/04/2022	BANKERS BOXES	11-15-10-53100 ACCTG OFFICE SUPPLIES	33.29
237943110001	05/04/2022	"RECEIVED" DATE STAMPER	11-16-10-53100 CITY HALL OFFICE SUPPLIES	17.11
241565724001	04/27/2022	AA BTRY,PAP CLIPS,POST-ITS	11-16-10-53100 CITY HALL OFFICE SUPPLIES	39.51
Total ODP BUSINESS SOLUTIONS LLC:				89.91
OLD DOMINION BRUSH CO INC				
37767	05/03/2022	CREDIT-SALES TAX INV #79797	11-32-14-54300 COMPOSTING OPERATING SUPPLIES	94.49-
7979759	04/01/2022	GIANT LEAF VAC	11-32-14-54300 COMPOSTING OPERATING SUPPLIES	1,812.47
Total OLD DOMINION BRUSH CO INC:				1,717.98
ORF, JEROME ROBERT				
REIMB 4/30/22	04/30/2022	SEC DEP-ORF 4/30/22	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REIMB 4/30/22	04/30/2022	SEC GRD,SETUP-ORF 4/30/22	40-55-10-46740 UPPER RIVIERA REVENUE	337.63-
Total ORF, JEROME ROBERT:				662.37
PFI FASHIONS INC				
101967	04/20/2022	SEASONAL SHIRTS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	458.84

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total PFI FASHIONS INC:				458.84
PHILS ELECTRIC DRAIN SVC LLC				
249583	04/26/2022	DRAIN CLEAN-OUT	11-16-10-52400 CITY HALL BUILDING REPAIRS	385.00
Total PHILS ELECTRIC DRAIN SVC LLC:				385.00
POMP'S TIRE SERVICE INC				
430122820	04/26/2022	TIRE REPAIR-TRK #19	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	509.50
60272976	04/29/2022	TIRE REPAIR-SWEEPER TRK	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	56.00
60272980	04/29/2022	LEAF TRK REPAIR	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	332.10
Total POMP'S TIRE SERVICE INC:				897.60
REINDERS INC				
2932963-00	04/18/2022	PARK PESTICIDE	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	741.50
Total REINDERS INC:				741.50
REINKS, JASON				
REIMB 4/23/22	04/23/2022	SEC DEP-REINKS 4/23/22	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REIMB 4/23/22	04/23/2022	SEC GRD,SET UP-REINKS 4/23/	40-55-10-46740 UPPER RIVIERA REVENUE	398.50-
Total REINKS, JASON:				601.50
RENK, GAIL				
5/2/2022	05/02/2022	REFUND-DOUBLE PD PARKING	42-34-50-53990 PARKING MISC EXPENSES	2.00
Total RENK, GAIL:				2.00
ROTE OIL COMPANY				
221190024	04/29/2022	110.8 GALS DYED DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	454.28
221190025	04/29/2022	424.2 GALS CLEAR DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	1,870.72
Total ROTE OIL COMPANY:				2,325.00
STAR CRANE & HOIST SERVICE WISCONSIN				
1951-W	10/19/2021	OSHA INSP-ANNUAL	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	195.00
Total STAR CRANE & HOIST SERVICE WISCONSIN:				195.00
STATE OF WISCONSIN				
INV.64-246 04/	05/03/2022	COURT FINES-APR 2022	11-12-00-24200 COURT FINES-COUNTY	4,780.23
Total STATE OF WISCONSIN:				4,780.23
SYSTEMS DESIGN				
21908	04/20/2022	IRRIGATION START UP	11-52-00-53990 PARKS MISCELLANEOUS EXPENSES	163.33
21918	04/26/2022	IRRIGATION START UP	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	411.76
Total SYSTEMS DESIGN:				575.09
TRACTOR SUPPLY CREDIT PLAN				
865087	05/09/2022	LAWN MIX	11-52-00-53520 GROUNDS MAINT SUPPLIES	139.98

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total TRACTOR SUPPLY CREDIT PLAN:				139.98
TRUGREEN PROCESSING CTR				
156720586	05/01/2022	PARK TURF TREATMENTS	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	919.50
Total TRUGREEN PROCESSING CTR:				919.50
TWILIGHT SOLUTIONS				
16796	04/19/2022	FOUNTAIN LIGHTS	11-52-00-52270 FOUNTAINS/STATUES-WATER/SEWER	358.75
Total TWILIGHT SOLUTIONS:				358.75
VANDEWALLE & ASSOCIATES INC				
202204044	04/18/2022	VANDEWALLE ZONING	11-69-30-52180 ZONING CODES	2,147.50
202204044	04/18/2022	TAP GRANT	43-52-00-53100 TAP GRANT CAPITAL PROJECTS	536.16
202204044	04/18/2022	COST RECOVERY	11-00-00-13910 A/R BILL OUTS	2,302.50
Total VANDEWALLE & ASSOCIATES INC:				4,986.16
VILLAGE OF FONTANA MUNICIPAL COURT				
WARRANT-HIB	05/09/2022	CIT#M780B8M7RT/HIBL	11-12-00-24280 COURT FINES-OTHER	111.40
Total VILLAGE OF FONTANA MUNICIPAL COURT:				111.40
VISIT LAKE GENEVA				
TOURISM GR	05/09/2022	TOURISM GRANT/WINTERFEST	47-70-00-57150 PROMOTIONAL GRANT	9,056.43
Total VISIT LAKE GENEVA:				9,056.43
WALWORTH COUNTY TREASURER				
INV.64-246 04/	05/02/2022	COURT FINES-APR 2022	11-12-00-24200 COURT FINES-COUNTY	1,037.40
Total WALWORTH COUNTY TREASURER:				1,037.40
WI DEPT OF TRANSPORTATION				
395-00002591	05/02/2022	HWY 50 RD IMPROVE PROJECT	43-32-10-17010 2021/2022 STREET IMP PROGRAM	1,761.34
395-00002591	05/02/2022	SIGNAL @ BLOOMMFIELD	43-32-10-17020 DPW CAPITAL PROJECTS	5,561.32
Total WI DEPT OF TRANSPORTATION:				7,322.66
Grand Totals:				139,261.05

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
----------------	--------------	-------------	----------------------	-----------------------

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:
Detail report.
Invoices with totals above \$0.00 included.
Only unpaid invoices included.
Invoice.Batch = "05182022","05182022A"
Invoice Detail.GL account (2 Characters) = {<>} "61"
Invoice Detail.GL account (2 Characters) = {<>} "62"



PO Box 988
Jackson, MI 49204
Phone: 888.742.2378

Invoice

Customer # LAK25

P.O. #

Invoice Date	Due Date:
5/12/2022	6/11/2022

Invoice #	Amount Due
00011032	\$12,025.00

Amount Enclosed: _____

Check # _____

Make checks payable to: Pontem Software

Invoiced To

City of Lake Geneva
Nan Elder
626 Geneva St
Lake Geneva, WI 53147

Phone: (262) 249-4098

PLEASE RETURN TOP PORTION WITH PAYMENT AND WRITE YOUR ACCOUNT NUMBER OF THE FRONT OF THE CHECK

Customer Name

City of Lake Geneva

P.O. Number

Invoice Date

Terms

May 12, 2022

Net

Description	Comment	Price
Esri ArcEngine Single Use License qty. 2		
Online Burial Search SaaS		\$ 1,300.00
Online Burial Search GIS Mapping Setup - First Cemetery Group		\$ 2,550.00
Online Burial Search Setup/Customization		\$ 950.00
Project planning/scope expansion		\$ 1,800.00
50% GIS Map Services (edit GIS to Lot level)		\$ 3,500.00
50%GIS Map Services for Customer Provided GeoDatabase		\$ 875.00
50% Data Conversion Services		\$ 2,250.00
Down payment from 2016		\$ 2,050.00
		\$ (3250.00)

Total Cost \$12,025.00

Thank you for choosing Pontem.

If you have questions about this invoice, please contact:

Karina Kimpell
karinak@pontem.com
Toll-free 888.742.2378
<http://www.pontem.com>



PO Box 988
Jackson, MI 49204

Please Note:

We have a new mailing address.

DATE APPROVED	5/12/22
APPROVED BY	[Signature]
ACCOUNT #(S)	48000 58100
DESCRIPTION	CEMETERY EQUIP PONTEM SOFTWARE
PO #	