



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

**FINANCE, LICENSING & REGULATION COMMITTEE
TUESDAY, MAY 18, 2021 – 4:30 PM
CITY HALL, COUNCIL CHAMBERS**

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

THE CITY OF LAKE GENEVA IS HOLDING ALL MEETINGS VIRTUALLY AS WELL AS IN PERSON TO HELP PROTECT OUR COMMUNITY FROM THE CORONAVIRUS (COVID-19) PANDEMIC. IN-PERSON ATTENDANCE WILL BE LIMITED TO NO MORE THAN THIRTEEN PEOPLE, ON A FIRST COME FIRST SERVED BASIS.

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
4. You can provide public comment on agenda items by appearing in person or by emailing your comments to the Clerk at cityclerk@cityoflakegeneva.com or you may deliver your written comments to the City of Lake Geneva City Hall, 626 Geneva Street, Lake Geneva, WI 53147. All written comments must be provided to the Clerk by 3:30 P.M. on the date of the meeting. All written comments will be read aloud during the agenda item when public comments are allowed during the meeting.

AGENDA

1. Call to Order by Chairperson Howell
2. Roll Call
3. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda except for public hearing items. Comments will be limited to 5 minutes
4. Approve the minutes of the May 4, 2021 Finance, Licensing, and Regulation Committee meeting as prepared and distributed
5. **Licenses & Permits**
 - a. Discussion/Recommendation regarding **Resolution 21-R35** a resolution authorizing and directing the proper city official(s) to issue the Liquor License renewals for the period of July 1, 2021, to June 30, 2022
 - b. Discussion/Recommendation regarding the renewal application of a "Class B" Intoxicating Liquor license and Class "B" Fermented Malt Beverage license filed by Mangiami Italiano LLC d/b/a Cuoco Pazzo Eatz & Drinkz, Agent, Eric Webber, located at 393 N Edwards Blvd, Lake Geneva
 - c. Discussion/Recommendation regarding the renewal application of a "Class B" Intoxicating Liquor license and Class "B" Fermented Malt Beverage license filed by Harrys Café & Place Inc d/b/a Harry's Café, Agent, James Chironis, located at 808 Main St, Lake Geneva
 - d. Discussion/Recommendation regarding an Original Class "B" Fermented Malt Beverage License Application filed by Decorum Lake Geneva LLC d/b/a Comfort Suites Lake Geneva East, Agent, Eric Schmitt, located at 300 E Main St, Lake Geneva

- e. Discussion/Recommendation regarding an Original Class “B” Fermented Malt Beverage License Application filed by Tienda El Rancho Inc d/b/a Tienda El Rancho, Agent, Mercedes Jaramillo, located at 1151 Elkhorn Rd, Lake Geneva
 - f. Discussion/Recommendation regarding Sidewalk Café Renewal Applications, for the license term July 1, 2021 through June 30, 2022, filed by:
 - Barrique Bistro & Wine Bar, 835 Wrigley Dr
 - Harry’s Café & Place, 808 Main St
 - Lake Aire Restaurant, 804 W Main St
 - Oakfire, 831 Wrigley Dr
 - Popeye’s, 811 Wrigley Dr
 - Sopra, 724 W Main St
 - g. Discussion/Recommendation regarding a Taxi Company License Renewal filed by Lakefront Shuttle located at 300 Wrigley Dr
 - h. Discussion/Recommendation regarding a Tier I Event Permit application filed by Badger High School for the event of Badger High School Graduation Ceremony to be held June 6, 2021 (rain date June 7, 2021) from 12:30 p.m. to 3:30 p.m. located at Badger High School and Lake Geneva Middle School
 - i. Discussion/Recommendation regarding a Tier II Event Permit application filed by Mayor Charlene Klein for the event of New Year’s Eve Gala to be held December 31, 2021 from 7:00 p.m. to Midnight located at the Riviera Ballroom
 - j. Discussion/Recommendation regarding a Tier II Event Permit application filed by Mayor Charlene Klein for the event of “String of Pearls” Gala to be held August 28, 2021 from 6:00 p.m. to 11:00 p.m. located at the Riviera Ballroom
 - k. Discussion/Recommendation regarding a Tier I Event Permit application filed by Mayor Charlene Klein for the event of Riviera Open House to be held July 15, 2021 from 10:00 a.m. to 8:00 p.m. located at the Riviera Ballroom
6. Discussion/Recommendation regarding Strand Engineering Contract for the South Street Trail Project
 7. Discussion/Recommendation regarding eliminating Lagoon Slip #32 and converting Lagoon Slips #18 and #31 to Personal Water Craft only slips
 8. Discussion/Recommendation regarding establishing a resident fee for the Personal Water Craft slips at \$1,200 per year
 9. Discussion/Recommendation regarding disposal of Parking Stall marker signs
 10. Discussion/Recommendation regarding rental of Lower Center Street parking lot in combination with Riviera Ballroom Rental
 11. Discussion/Recommendation regarding disallowance of private parking stall reservations on Wrigley Dr (from Main St to Broad St)
 12. Discussion/Recommendation regarding establishing Riviera Ballroom corporate and not-for-profit rental rates
 13. Discussion/Recommendation authorizing the Mayor to sign contracts for orchestra entertainment in conjunction with Riviera Ballroom events
 14. Discussion/Recommendation regarding City of Lake Geneva Impact Fees

15. Discussion/Recommendation regarding the City of Lake Geneva Donation Policy
16. Discussion/Recommendation regarding the possible creation of a policy addressing the waiver of parking fees as it relates to the Special Event Permit Application process
17. Discussion/Recommendation regarding possible creation of a permanent Communications Committee
18. Discussion regarding April Treasurer's Report and Budget versus Actual
19. **Presentation of Accounts**
 - a. Prepaid Bills in the amount of \$1,147,452.92
 - b. Regular Bills in the amount of \$ 131,407.64

20. Adjournment

<i>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.</i>

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

FINANCE, LICENSING & REGULATION COMMITTEE MINUTES
TUESDAY, MAY 4, 2021 – 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, Halverson, Fesenmaier, and Yunker

Absent: Hedlund

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 20, 2021 Finance, Licensing, and Regulation Committee meeting as prepared and distributed

Motion by Yunker to approve, second by Halverson. No discussion. Motion carried 4-0.

Licenses & Permits

Discussion/Recommendation regarding an Original Sidewalk Café Application filed by Poke Partners LLC d/b/a Wicked Poke located at 120 Broad St

Motion by Yunker to approve, second by Howell. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding an Alcohol Premises Extension filed by Roberta Robers d/b/a The Farmstand located at 707 W Main St (Applicant is requesting use of sidewalk in front of business and permission to use sidewalk directly in front of 703 W Main St)

Motion by Yunker to approve, second by Howell. Kropf noted that this is not different from any other cafes in the city. Motion carried 4-0.

Discussion/Recommendation regarding an Original Sidewalk Café Application filed by Roberta Robers d/b/a The Farmstand located at 707 W Main St (Applicant is requesting use of sidewalk in front of business and permission to use sidewalk directly in front of 703 W Main St)

Motion by Yunker to approve, second by Halverson. Fesenmaier noted that they will have alcohol in that area and that there needs to be bollards to contain the area. Motion carried 4-0.

Discussion/Recommendation regarding applications for Temporary Operator Licenses to be used during the May 23, 2021 Wine Walk, filed by: Thomas Bachmann, William Briggs, Anthony Diedrich, Meagan Lamon, Stephen Monticello, Erin Sasak, Sharon Smith, Tanya Summerville, Matthew Wade and Roger Wolff

Motion by Halverson to approve, second by Yunker. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding pay request #7 for the Riviera Restoration Project Phase I filed by MSI General Corp in an amount not to exceed \$ 94,134.55

Motion by Yunker to approve, second by Halverson. Fesenmaier stated that she received a call stating that some wiring was exposed on the first floor and she would like to see it. Motion carried 4-0.

Discussion/Recommendation regarding pay request #6 for the Riviera Restoration Project Phase II- Interior Remodel & MEP Work filed by MSI General Corp in an amount not to exceed \$ 956,536.95

Motion by Halverson to approve, second by Yunker. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding **Resolution 21-R33** a resolution authorizing carryover of Capital Projects Security Gate and Cameras Dunn Field Project from 2020 to 2021

Motion by Yunker to approve, second by Howell. Finance Director Hall noted that this had been missed in the original carry forward resolution and that this is a bookkeeping item. Motion carried 4-0.

Discussion/Recommendation regarding a shared Emergency Services Agreement with the Town of Geneva

Motion by Yunker to approve, second by Halverson. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding approval of an invoice for parking maintenance services from Total Parking Solutions Inc in an amount not to exceed \$28,000

Motion by Fesenmaier to approve, second by Halverson. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding free parking at Seminary Park for the Geneva Lake Museum Ice Cream social to occur May 5, 2021

Motion by Halverson to approve, second by Fesenmaier. Clerk Kropf noted that based on the time, this will not go to the Council for approval. Fesenmaier stated that she would like to see the event permit policy addressed specifically to parking fees. Motion carried 4-0.

Discussion/Recommendation regarding free parking for City of Lake Geneva resident sticker holders on July 15, 2021 for "Lake Geneva Day"

Motion by Halverson to approve, second by Yunker. Mayor Klein addressed the committee regarding her plans to hold "Lake Geneva Day" On this day the resident parking sticker holders could park all day for free. That day will also be the Riviera Grand Opening along with a concert in Flat Iron Park.

Motion to amend by deleting "resident", second by Halverson. Motion carried 4-0.

Original motion was read as amended, motion carried 4-0.

Discussion/Recommendation regarding payment for vendor placement of collateral within the Riviera Events Office

Mayor Klein addressed the committee regarding this request. This is a proposal to display vendor collateral in the Riviera at a cost of \$250.00, annually. Attorney Draper stated that the City would have a say in what can be displayed.

Motion by Yunker to approve, second by Howell. The vendor materials be placed and arranged by the Riviera Events Coordinator. Klein noted that this could help to recoup some costs for the City. The materials will be displayed in the Events Coordinator's office and that the coordinator will facilitate the materials.

Motion carried 4-0.

Discussion/Recommendation regarding the acceptance of a donation of a Yamaha C7 Grand Piano by the Grand Geneva Resort for the Riviera

Motion by Yunker to approve, second by Halverson. Fesenmaier noted that she would like to see a donation policy discussed in the near future. Motion carried 4-0.

Discussion/Recommendation regarding the acceptance of a donation of a TV monitor by Lyle TV for the Riviera

Motion by Yunker to approve, second by Halverson. No discussion. Motion carried 4-0.

Presentation of Accounts

Prepaid Bills in the amount of \$ 21,278.19

Motion by Yunker to approve, second by Halverson. No discussion. Motion carried 4-0.

Regular Bills in the amount of \$119,046.47

Motion by Halverson to approve, second by Yunker. No discussion. Motion carried 4-0.

Adjournment

Motion by Yunker to adjourn, second by Halverson. Motion carried 4-0. The meeting adjourned at 4:54 p.m.

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, 2021, to June 30, 2022			
Committee Action: Finance, Licensing, and Regulation Committee to consider May 18, 2021			
Fiscal Impact: Class A Beer=\$100; Class A Liquor=\$500; Class B Beer & Liquor=\$600; Class C Wine=\$100; Publication fee=\$20			
File Number:	21-R35	Date Introduced:	June 14, 2021

WHEREAS the City Clerk’s office has received applications for Liquor License renewals for the period of July 1, 2021, 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, Candice Jasper, 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, Jill Gaulke, 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, Jerry Sibbing, Agent
- Midwest Fuel, Inc d/b/a Northside Mobil, 501 Interchange North, John Consolino, Agent
- Quick and Save LLC d/b/a Quick and Save, 1231 Grant St, Pradip Patel, Agent
- Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink’s Piggly Wiggly, 100 East Geneva Sq, Mark Stinebrink, Agent
- Kwik Trip Inc d/b/a StopNGo Store # 1520, 896 Wells St, Brigett Kohn, 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, Rebecca Edwards, 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, Charles Lorenzi, Agent
- L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jes Christenson, Agent
- Chubby Kitty LLC d/b/a Fat Cat’s, 104 Broad St, Mark Basil, Agent
- Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- 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, Kimberly Yopp
- Medusa Grill & Bistro LLC d/b/a Medusa Grill & Bistro, 501 Broad St, Gregory Anagnos, Agent
- DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
- Samson Enterprises LLC d/b/a Northsiders Lake Geneva, 642 W Main St, Michelle Norgard, 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

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, John Lindsey, Agent
- Plaza Media LLC d/b/a Geneva Theater, 244 Broad St, Shad Branen, Agent
- Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Justin Ochlek, Agent

- Happy Restaurant INC d/b/a Happy Café, 526 Wells St, Min Ting Zhong, Agent
- MOD Super Fast Pizza (Wisconsin) LLC d/b/a MOD Pizza, 281 N Edwards Blvd, Heidi Yohn, Agent
- Martins Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 W Main St, Yolanda Zavaleta, 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
- Ovalle-Perez LLC d/b/a Taqueria El Gallo De Oro, 820 Williams St, Cynthia Perez, Agent
- Tristan Crist Magic Theatre LLC d/b/a Tristan Crist Magic Theatre, 100 N Edwards Blvd, Tristan Christ, 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 14th day of June, 2021.

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

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

Charlene Klein, Mayor Date

Attest:

Lana Kropf, City Clerk Date

Aldi #56

OAK #56

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	Address of Corporation / Limited Liability Company (if different from licensed premises)
ALDI, INC. (WISCONSIN)	9342 S. 13TH ST. OAK CREEK, WI 53154

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)
JASPER	CANDICE	

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

President / Member Last Name	(First)	(Middle Name)
YOUNGSTROM	CHARLES	ERNEST
Vice President / Member Last Name	(First)	(Middle Name)
-	-	-
Secretary / Member Last Name	(First)	(Middle Name)
PFTMILLER	TERRY	EDWARD
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
JASPER	CANDICE	
Directors / Managers Last Name	(First)	(Middle Name)
-	-	-

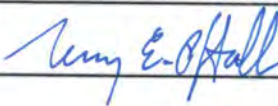
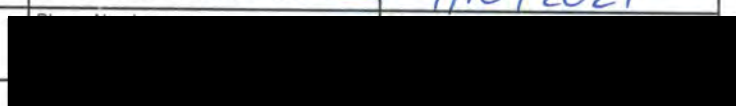
C. Business Information

- Trade Name ALDI #56 Business Phone Number 262-581-4107
- Address of Premises 2027 EAST GENEVA STREET 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.

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.) TERRY PFORTMILLER	Title / Member SECRETARY/TREASURER	Date 4/10/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Bruno's Liquors

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	Address of Corporation / Limited Liability Company (if different from licensed premises)
BRUTAO 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)	Home Address (Street, City or Post Office, & Zip Code)
SHARKUS	SAMUS	ELIOT	

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SHARKUS	SAMUS	ELIOT	
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

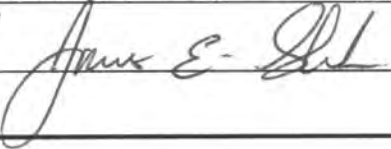
- Trade Name BRUNO'S LIQUORS Business Phone Number 262-248-6407
- Address of Premises 524 Broad St. Post Office & Zip Code LAKE GENEVA 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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 Building

Applicant's Wisconsin Seller's Permit Number 456102715452303	
FEIN Number 273223289	
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

pd4/1/21

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 4-8-2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Queso 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)
Borowiec	Zbigniew	J

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

President / Member Last Name	(First)	(Middle Name)	
Borowiec	Zbigniew	J	
Vice President / Member Last Name	(First)	(Middle Name)	
Cheryl Borowiec	Cheryl	A	
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 262-248-3440
- Address of Premises 801 S Wells 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 Floor and adjacent Room

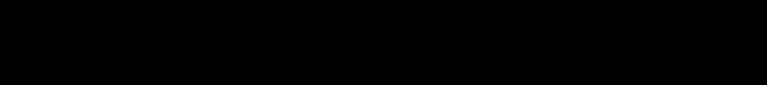
The Cheese Box

Applicant's Wisconsin Seller's Permit Number	
4561028621145102	
FEIN Number	
37-1759271	
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

pd 4/11/21

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 3/21/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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)
[REDACTED]	[REDACTED]	[REDACTED]
Full Name (Last)	(First)	(Middle Name)
[REDACTED]	[REDACTED]	[REDACTED]

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)
<u>McCarthy</u>	<u>Patrick</u>	<u>Joseph</u>

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

President / Member Last Name	(First)	(Middle Name)
<u>Patera</u>	<u>James</u>	
Vice President / Member Last Name	(First)	(Middle Name)
<u>Wadington</u>	<u>Sandra</u>	
Secretary / Member Last Name	(First)	(Middle Name)
<u>McCarthy</u>	<u>Patrick</u>	
Treasurer / Member Last Name	(First)	(Middle Name)
<u>Kane</u>	<u>Beth</u>	
Directors / Managers Last Name	(First)	(Middle Name)
<u>Letto</u>	<u>Robert</u>	
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

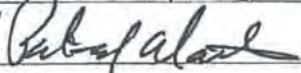
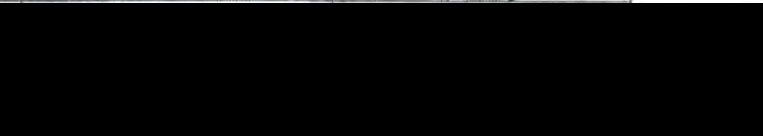
- Trade Name The Cove of Lake Geneva Business Phone Number 262-249-9460
- Address of Premises 111 Center St Post Office & Zip Code Lake Geneva 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises 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 and Storage

The Cove (Class A Combo)

Applicant's Wisconsin Seller's Permit Number 456-1020042-03	
FEIN Number 39-1819821	
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.) PATRICK J. M. CARTHY	Title / Member BOARD of Directors	Date 3/29/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 11, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Fairfield Inn & Suites

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
1111 N Edwards Blvd, LLC

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

Agent Last Name: Chauncey First: Jill (Middle Name)

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Konrad	Jason		2617 Knob Hill Rd., Johnsburg, IL 60050
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

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

2. Address of Premises 1111 N Edwards 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.) 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 456-1029843930-02	
FEIN Number 83-0543026	
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	\$ 1025-

pd 5/10/21

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

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

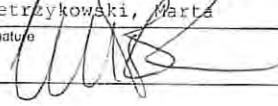
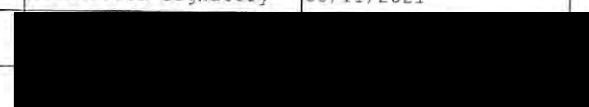
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]

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.) Pietrzykowski, Marta	Title / Member Authorized Signatory	Date 05/11/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>May 11, 2021</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 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

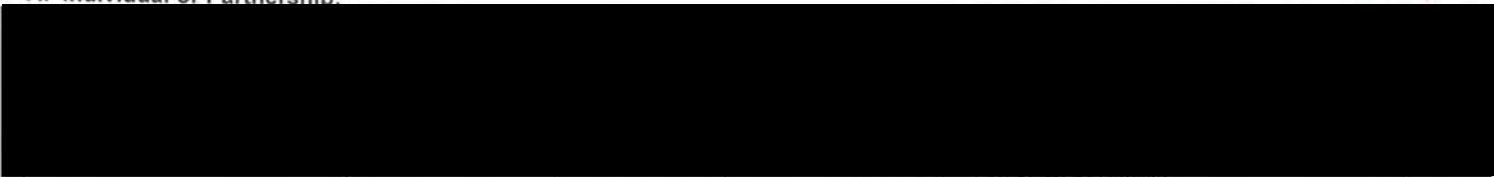
County of Walworth

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:



B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company: SIMPLE SPIRITS INC
Address of Corporation / Limited Liability Company (if different from licensed premises): 797 S. WELLS STREET LG 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: SACHDEVA (First): RAJESH (Middle Name):

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

President / Member Last Name: SACHDEVA (First): RAJESH (Middle Name):

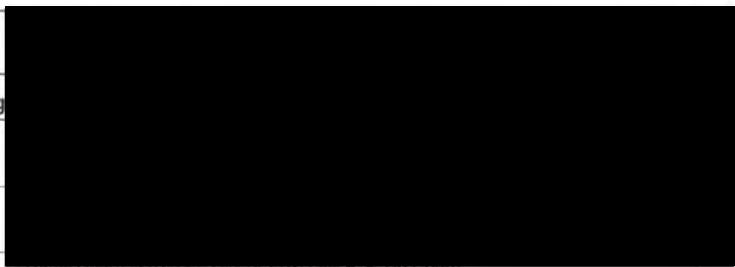
Vice President / Member Last Name: (First): (Middle Name):

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):



C. Business Information

1. Trade Name: GENEVA LIQUORS Business Phone Number: 262 248 5000

2. Address of Premises: 797 S. WELLS STREET LG 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.)

All the liquor will be stored in the 797 S. Wells Street LG
Geneva Liquors & Beer Cooler
2500 SQ FT BUILDING PLUS 300 SQ FT BEER CAVE

Geneva Liquors

Applicant's Wisconsin Seller's Permit Number 456102977191803	
FEIN Number 83-2443203	
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

pd 4/19

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

Profit or loss Statement will be filled this month.
April 2021.
My CPA has already asked for extension

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.) SAGIDEVA RAJESH	Title / Member OWNER	Date APRIL 8 - 21
Signature [Signature]	[Redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 9, 2021	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

Kelley Williamson Company

All corporations/organizations or limited liability companies apply 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 350N 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

Kelley's Market

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

pd 5/26/21

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
Owner Wally Griffin passed away - please see
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) 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>3/22/21</u>
Signature <u>Debbie Vieder</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>March 25, 2021</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Kwik Trip #219

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 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.

Applicant's Wisconsin Seller's Permit Number 456-0000287614-03	
FEIN Number 39-1036365	
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	\$25.00
TOTAL FEE	\$625.00

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 Kwik Trip, Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) P.O. Box 2107, La Crosse, WI 54602
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Meinen	(First) Laura	(Middle Name) Lee
---------------------------	------------------	----------------------

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

President / Member Last Name Zietlow	(First) Donald	(Middle Name) Paul
Vice President / Member Last Name	(First)	(Middle Name)
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name Wrobel	(First) Jeffrey	(Middle Name) James
Directors / Managers Last Name Zietlow	(First) Donald	(Middle Name) Paul
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): _____
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 3-24-21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk march 31, 2021	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 MAYA GENEVA INC	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

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

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

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

C. Business Information

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

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

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

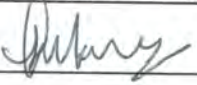
STORE / BEER COOLER / LIQUOR

Maya Geneva

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.) RAJHWAL SHIKHA	Title / Member OWNER	Date 04/16/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 19, 2021	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: New World Wine Shop Inc. Address of Corporation / Limited Liability Company (if different from licensed premises): 830 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: Sibbings (First): Jerry (Middle Name): Thomas

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: New World Wine Shop Business Phone Number: 262-812-4086
2. Address of Premises: 830 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 Space and Storage Sales Floor + Stand up cooler
Partition Behind Cash out
Records kept in office file cabinet

New World Wine

Applicant's Wisconsin Seller's Permit Number	
456-1028896518-02	
FEIN Number	
47-3418492	
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

pd 1/14/21

OK

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

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

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

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

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

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

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

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

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

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

Contact Person's Name (Last, First, M.I.) Jerry Sibbing I.	Title / Member President Scorp	Date 4/9/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2021	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 } 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)
Midwest Fuel, Inc	501 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	(First)	(Middle Name)	
Consolino	JOHN	JOSEPH	

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

President / Member Last Name	(First)	(Middle Name)	
Consolino	JOHN	JOSEPH	
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 NORTHside Mobil Business Phone Number 262-248-2910
- Address of Premises 501 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 ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Liquor Dept, SOLD at COUNTER, STORED in LIQUOR
DEPARTMENT, RECEIPTS in OFFICE.
SEE ATTACHED MAP

Northside Mobil

Applicant's Wisconsin Seller's Permit Number	
456-102738963902	
FEIN Number	
20-2273799	
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

pd 4/12/20

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

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

Contact Person's Name (Last, First, M.I.) <i>Consolingo, John, J</i>	Title / Member <i>President</i>	Date <i>4/17/21</i>
Signature <i>John Consolingo</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Apr. 120, 2021</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 2021 ending: 06 30 2022
(mm dd yyyy) (mm dd yyyy)

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

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>QUICK AND SAVE, 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)	Home Address (Street, City or Post Office, & Zip Code)
---------------------------------	--------------------------	---------------	--

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

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)	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 Quick AND Save. Business Phone Number 262-203-5569.
608-359-5110.
2. Address of Premises 1231 GRANT 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.)
All Alcohol Sold on Main Register. Half of the Alcohol Store Next Register and half store in Cooler. Most of the extra Inventory in the Back Room.

Quick and Save

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	\$ 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

pd 4/14/21

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2021	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: Stinebrink's Lake Geneva Foods LLC
Address of Corporation / Limited Liability Company (if different from licensed premises): 100 E. Geneva 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: Stinebrink (First) Mark (Middle Name) Edward

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Stinebrink	Mark	Edward	
Vice President / Member Last Name	(First)	(Middle Name)	
Stinebrink	Brett	Michael	
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: Stinebrink's Piggly Wiggly Business Phone Number: 262-248-8798
2. Address of Premises: 100 E Geneva St. Post Office & Zip Code: Lake Geneva 53147

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

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

Liquor Department in side of Store & stored in locked liquor cage.

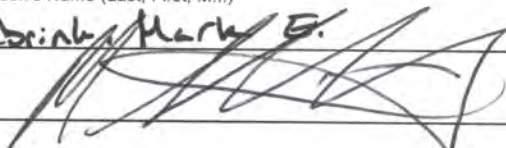
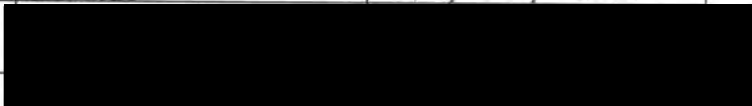
Stinebrink's Piggly Wiggly

Applicant's Wisconsin Seller's Permit Number 456-1026650040-82	
FEIN Number 26-3523874	
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

pd 4/12/21

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.) Stinebrink, Mary E.	Title / Member owner	Date 04/05/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

STOP-N-GO #1520

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 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.

Applicant's Wisconsin Seller's Permit Number 456-0000287614-03	
FEIN Number 39-1036365	
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	\$ 25.00
TOTAL FEE	\$ 625.00

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 Kwik Trip, Inc.	Address of Corporation / Limited Liability Company (if different from licensed premises) P.O. Box 2107, La Crosse, WI 54602
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name Kohn	(First) Brigett	(Middle Name) Marie
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All Officer(s) Director(s) of Corporation and Members / Manager

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

C. Business Information

- Trade Name STOP-N-GO 1520 Business Phone Number 262-248-4582
- Address of Premises 896 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 ☐
- 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 building with storage in lockable walk-in cooler, on sales floor, behind sales counter.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3.** Yes ☐ No ☒
- b. Are **charges** for **any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes ☐ No ☒
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes ☒ No ☐
New agent reported Jan. 2021
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 3-24-21
Signature <i>Donald P. Zietlow</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk March 31, 2021	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>Target Corporation</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>1000 Nicollet Mall CC-1128 Minneapolis, MN 55403</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Johnston</u>	(First) <u>Katherine</u>	(Middle Name) <u>Patricia</u>
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All Officer(s) Director(s) of Corporation and Members / Manager

President / Member Last Name <u>Haaland</u>	(First) <u>Corey</u>	(Middle Name) <u>Lee</u>	
Vice President / Member Last Name <u>Brown-Wiese</u>	(First) <u>Janine</u>	(Middle Name) <u>Lisa</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

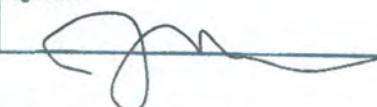
- Trade Name Target Store T-2348 Business Phone Number 262-248-5610
- Address of Premises 660 N Edwards Blvd Post Office & Zip Code Lake Geneva, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises 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.) one store building;
stored in grocery department aisles and coolers; sold at front checklanes

Target #T-2348

Applicant's Wisconsin Seller's Permit Number <u>456-000026531-04</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	\$ 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.) Brown-Wiese, Janine L.	Title / Member Vice President	Date 4/1/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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 } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Walgreen Co.</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>PO Box 901, Deerfield, IL 60015</u>
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Tiedke</u>	(First) <u>Suzanne</u>	(Middle Name) <u>M.</u>	[Redacted]
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All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

President / Member Last Name <u>See Attached</u>	(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 Walgreens #05600 Business Phone Number 262-248-7885
- Address of Premises 351 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.)
Retail drug store with sundries in a one-story building - 15,795 square feet.

Walgreens #05600

Applicant's Wisconsin Seller's Permit Number <u>456-0000455404-05</u>	
FEIN Number <u>36-1924025</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	\$ 25.00
TOTAL FEE	\$ 625.00

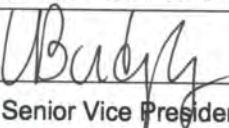
pd 1/15/21

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
Officer Change

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

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

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

Contact Person's Name (Last, First, M.I.) Hora, Lisa - License Team Lead	Title / Member Senior Vice President	Date 4/7/21
Signature 		
Lisa Badgley, Senior Vice President		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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 } LAKE GENEVA
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Wal-Mart Stores East, LP</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>702 SW 8TH ST, LICENSING DEPT. 8916, BENTONVILLE, AR 72716-0500</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>MURPHY</u>	(First) <u>ANITA</u>	(Middle Name) <u>CV</u>	
----------------------------------	-------------------------	----------------------------	--

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

President / Member Last Name <u>SEE ATTACHED LIST</u>	(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 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 <u>456-1020028180-05</u>	
FEIN Number <u>71-0862119</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 1/15/21

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

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

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

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

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

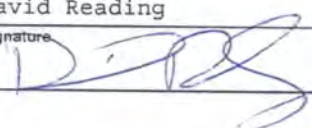
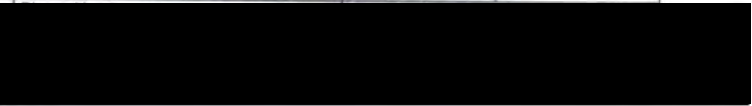
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
[phone (608) 266-2776]

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.) David Reading	Title / Member Assistant Secretary	Date 2-18-21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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 LAKE BEN, INC.	Address of Corporation / Limited Liability Company (if different from licensed premises) 214 BROAD ST. LAKE GENEVA WI 53147
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name BENNETT	(First) KARIN	(Middle Name) MARIE
----------------------------	------------------	------------------------

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

President / Member Last Name BENNETT	(First) BRUCE	(Middle Name) CHARLES
Vice President / Member Last Name BENNETT	(First) KARIN	(Middle Name) MARIE
Secretary / Member Last Name BENNETT	(First) KARIN	(Middle Name) MARIE
Treasurer / Member Last Name BENNETT	(First) BRUCE	(Middle Name) 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. LG WI 53147 Post Office & Zip Code LG 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. LG. WI 53147

Cornerstone Shop & Gallery

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 3/29/21

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 IN 2019*
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? ☒ Yes ☐ No
- [phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? ☒ Yes ☐ No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No
12. Does the applicant owe municipal property taxes, assessments, or other fees? ☐ Yes ☒ No
- (Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

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

Contact Person's Name (Last, First, M.I.) <i>BENNETT KARIN M.</i>	Title / Member <i>Vice President</i>	Date <i>3/25/21</i>
Signature <i>K Bennett</i>	Phone Number [REDACTED]	Street Address [REDACTED]

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Mar 29, 2021</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 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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Lake Geneva School of Cooking LLC	727 Geneva 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)
BOGAN	JOHN	BERNARD

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
BOGAN	JOHN	BERNARD	
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 Lake Geneva School of Cooking LLC Business Phone Number 262 248-3933
- Address of Premises 727 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 with-in the Lake Geneva School of Cooking.
Kitchen and Dining area for Cooking
Office and Basement for Storage

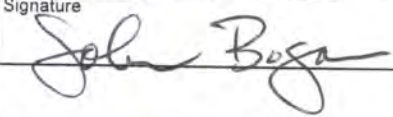
LG School of Cooking

Applicant's Wisconsin Seller's Permit Number	
456-102667 8393-03	
FEIN Number	
26-2852617	
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 4/12/21

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 4/8/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	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 Evergreen BP Operating Corp Address of Corporation / Limited Liability Company (if different from licensed premises) PO Box 183 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 Schwartz (First) Judith (Middle Name) Ann

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

President / Member Last Name	(First)	(Middle Name)
<u>Schwartz</u>	<u>David</u>	<u>Carl</u>
Vice President / Member Last Name	(First)	(Middle Name)
<u>Schwartz</u>	<u>Kelly</u>	<u>JO</u>
Secretary / Member Last Name	(First)	(Middle Name)
<u>Schwartz</u>	<u>Kelly</u>	<u>JO</u>
Treasurer / Member Last Name	(First)	(Middle Name)
<u>Schwartz</u>	<u>David</u>	<u>Carl</u>
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

- Trade Name Evergreen BP Business Phone Number 262-248-1515
- Address of Premises 300 Peller Rd 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.)

At 300 Peller Rd in Beer Can Cooler /
Sales floor

Evergreen BP

Applicant's Wisconsin Seller's Permit Number <u>456-1020655137-03</u>	
FEIN Number <u>20-4065434</u>	
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 4/12

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>3/25/2021</i>
Signature <i>Judith Schwartz</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 12, 2021</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 2021 ending: 06 30 2022
(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:

The Cove (Class B Combo)

Applicant's Wisconsin Seller's Permit Number 456-1020042-03	
FEIN Number 39-1819821	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 1.00
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 5.00
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

4/10/21

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Cove Condominium Association, Inc	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

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

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

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

President / Member Last Name Patera	(First) James	(Middle Name)
Vice President / Member Last Name Wadington	(First) Sandra	(Middle Name)
Secretary / Member Last Name McCarthy	(First) Patrick	(Middle Name)
Treasurer / Member Last Name Kane	(First) Beth	(Middle Name)
Directors / Managers Last Name Letto	(First) Robert	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name The Cove of Lake Geneva Business Phone Number 262-249-9460
2. Address of Premises 111 Center St Post Office & Zip Code Lake Geneva 53147

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

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

Meeting Rooms, and Storage

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. M. Carthy	Title / Member Board of Directors	Date 3/29/2021
Signature <i>Patrick J. Carthy</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 16, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Renewal

Harbor Shores

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

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. N/A
(if required by ordinance)

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

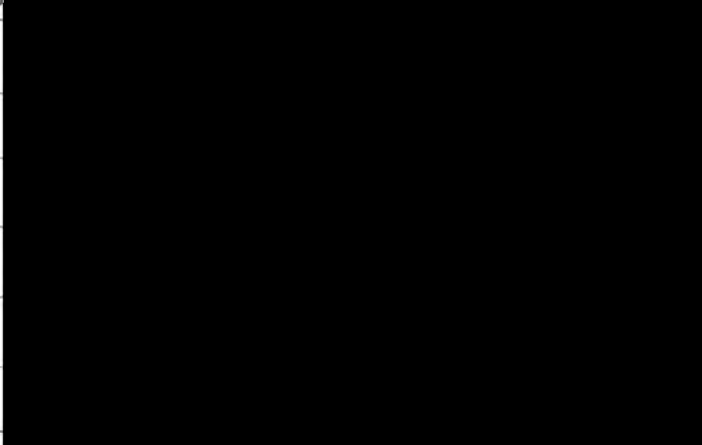
Applicant's Wisconsin Seller's Permit Number 456-0000172568-	
FEIN Number 39-199-47149	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ 100
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☒ Class B liquor	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Harbor Shores Hotel Management, Inc.

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

President / Member Last Name	(First)	(Middle Name)
Weaver	Samuel	
Vice President / Member Last Name	(First)	(Middle Name)
Eltoft	Kevin	
Secretary / Member Last Name	(First)	(Middle Name)
Walsh	George	
Treasurer / Member Last Name	(First)	(Middle Name)
Carini	Mark	
Agent Last Name	(First)	(Middle Name)
Stroh	Shelley	
Directors / Managers Last Name	(First)	(Middle Name)
Carstensen	Tammie	



- Trade Name Harbor Shores on Lake Geneva Business Phone Number 262-248-9181
- Address of Premises 300 Wrigley Drive Post Office & Zip Code 53147
- 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 and pool service
Alcohol stored in lower level storage office (Gino's East)
- Legal description (omit if street address is given above):
- (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No
(b) If yes, under what name was license issued? Harbor Shores Hotel Management Inc

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
Completed 7/29/2020
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 09/06/19 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>Bonnie Carstensen</u>	Title/Member <u>GM</u>	Date <u>4/8/2021</u>
Signature <u>Bonnie Carstensen</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>Apr 19, 2021</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 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	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 / Managers

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 262 248-9767
- 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
BEVERAGES STORED ON LOWER LEVEL

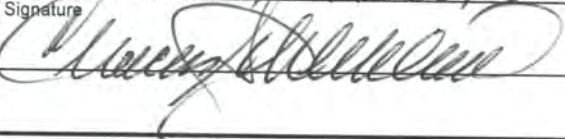
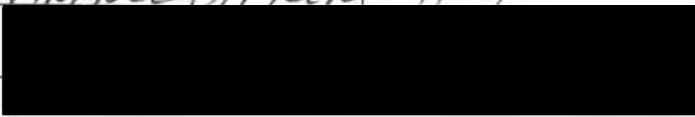
American Legion Post #24

Applicant's Wisconsin Seller's Permit Number	
456-0000612400-03	
FEIN Number	
39-0407795	
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	\$
TOTAL FEE	\$ 625

pd 4/15/21

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.) SCHLEHLEIN, CHARLES, J.	Title / Member FINANCE OFFICER	Date 4/10/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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: Stone Soup LLC
Address of Corporation / Limited Liability Company (if different from licensed premises): 327 Wrigley Dr. 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: Lopez (First): Robert (Middle Name): K

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

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

C. Business Information

1. Trade Name: Baker House Business Phone Number: 262 248 4700
2. Address of Premises: 327 Wrigley Dr. Post Office & Zip Code: Lake Geneva 53147
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

the Baker House (excluding 3rd Floor Residence) and Garden Area in front of House within the fenced area

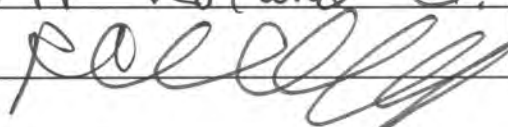
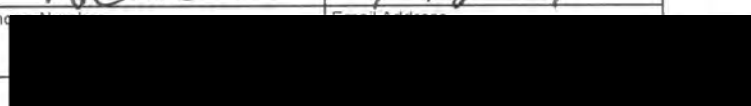
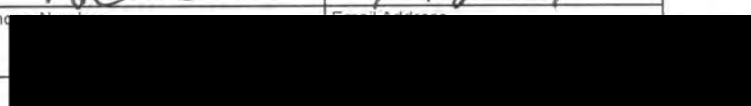
Baker House

Applicant's Wisconsin Seller's Permit Number	
456-1627045592-03	
FEIN Number	
27-1635015	
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 4/19/21

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.) Wolff Roland C.	Title / Member Member	Date 4-18-21
Signature 	Phone 	Residence 

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 19, 2021	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

422 S Wells LTD

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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 Celebration on Wells Business Phone Number 262-248-2555
2. Address of Premises 422 S Wells St Lake Geneva Post Office & Zip Code 53147
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

All of first floor - liquor stored in the basement

Celebration on Wells

Applicant's Wisconsin Seller's Permit Number 456-0000567764-03
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	\$
☒ Reserve Class B liquor	\$ 500
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/12/21

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>Loluzzi Henry A</i>	Title / Member <i>Director of Operations</i>	Date <i>4/13/21</i>
Signature <i>Henry A Loluzzi</i>		

TO BE COMPLETED BY CLERK

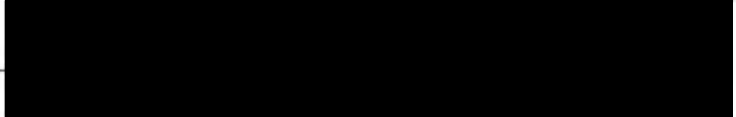
Date received and filed with municipal clerk <i>April 13, 2021</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

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

Wisconsin Department of Revenue

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

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

Contact Person's Name (Last, First, M.I.) <i>Jessica Rae Christenson</i>	Title / Member <i>owner</i>	Date <i>4/8/21</i>
Signature <i>JR Christenson</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 13, 2021</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 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) BASIL	(First) MARK	(Middle Name) D	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 Chubby Betty LLC.	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 BASIL	(First) MARK	(Middle Name) D	
--------------------------	-----------------	--------------------	--

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

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

C. Business Information

1. Trade Name FAT CAT'S Business Phone Number 262 745 1213
2. Address of Premises 104 Broad St. Lib. 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. Lib. WI 53147

Bar is on south side of building. All beer, liquor and wine is sold behind bar. Liquor, beer & wine stored behind bar downstairs in beer cooler and under staircase in storage room.

Fat Cat's

Applicant's Wisconsin Seller's Permit Number <u>456027472908202</u>	
FEIN Number <u>454497705</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	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/10/21

5. Legal description (omit if street address is given on previous page): Tavira
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>Basel Munn D</u>	Title / Member <u>Owner</u>	Date <u>4/16/21</u>
Signature <u>[Signature]</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 15, 2021</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 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 HOGS & KISSES, INC	Address of Corporation / Limited Liability Company (if different from licensed premises)
---	--

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

Agent Last Name CHIRONIS	(First) LINDA	(Middle Name) M
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All Officer(s) Director(s) of Corporation and Members / Managers

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

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 STORAGE ROOM, COOLERS, FREEZERS AND OFFICE.

Applicant's Wisconsin Seller's Permit Number 456000047935803	
FEIN Number 391353912	
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	\$ 625.00

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 are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes are void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Contact Person's Name (Last, First, M.I.) LINDA CHIRONIS	Title / Member OFFICER	Date April 1, 2021
Signature <i>Linda Chironis</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 4/1/2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Capitol Geneva LLC	644 Wisconsin Dells Pkwy, Wisconsin Dells, 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	(First)	(Middle Name)
Schroeder	Stephen	James

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

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

C. Business Information

1. Trade Name Lake City Social Business Phone Number (262) 248-7047

2. Address of Premises 111 Center St 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.) Main Restaurant Bar,
Lower Level Banquet Room (Map Room), Lower Level Retail Store, 3 Tier Outdoor Patio,
Main Level Dining, Lower Level Liquor Room (Storage), Lower Level Keg Cooler (Storage)
Lower Level Manager Office (Record Storage)

Lake City Social

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	\$ 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

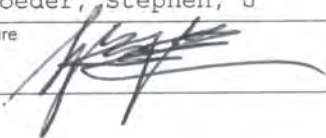
pa 4/15/21

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
 dba change to "Lake City Social" effective 4/18/2021

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.) Schroeder, Stephen, J	Title / Member Owner/Partner	Date 04/15/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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	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 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>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>Anna</u>	<u>Christ</u>	
Vice President / Member Last Name	(First)	(Middle Name)	
<u>Urbahn</u>	<u>Jacquelyn</u>	<u>Ann</u>	
Secretary / Member Last Name	(First)	(Middle Name)	
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>	
Treasurer / Member Last Name	(First)	(Middle Name)	
<u>Guske</u>	<u>Anna</u>	<u>Christ</u>	
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>See Attached Form</u>			
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

C. Business Information

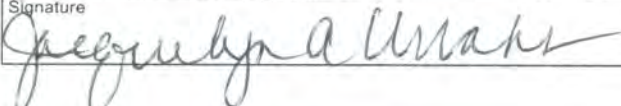
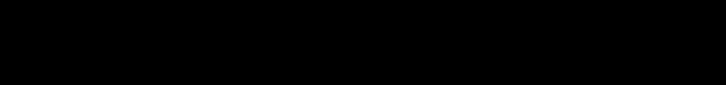
- Trade Name Lake Geneva Lanes Business Phone Number (262) 248-4805
- Address of Premises 192 E. Main St. Lake Geneva WI Post Office & Zip Code PO Box 366, 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- 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 the bar area, liquor dry storage area on the main level and walk-in cooler in the
basement area. Basement also stores soda for soda system and liquor for liquor system.

Lake Geneva Lanes

Applicant's Wisconsin Seller's Permit Number <u>456-00000 60940-03</u>	
FEIN Number <u>39-1225711</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.) Urbahn, Jacquelyn A.	Title / Member Vice President	Date 04/01/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Mar 31, 2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Maxwell Pub, 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)
Yopp	Kimberly	Ann

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

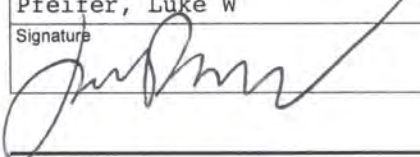
President / Member Last Name	(First)	(Middle Name)	
Pfeifer	Luke	Walter	
Vice President / Member Last Name	(First)	(Middle Name)	
Pfeifer	Monica	Janea	
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle 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 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.) See attached

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 04/15/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 19, 2021	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:

Medusa Bar & Grill

Applicant's Wisconsin Seller's Permit Number <u>600-002765267-4</u>	
FEIN Number <u>20-4154247</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	\$ 500
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

ad 4/15/21

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

B. LLC or Corporation (and Agent):

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

Medusa Grill & Bistro, LLC

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

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

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

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

C. Business Information

- Trade Name Medusa Grill & Bistro Business Phone Number 262-249-8644
- Address of Premises 501 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.)

Restaurant w/ 2 Dining Rooms w/ Bars Office in Basement
Storage in Basement

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>Anagnos, Gregory</i>	Title / Member <i>owner</i>	Date <i>4/14/21</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 15, 2021</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 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

DCR Restaurant Group LLC

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

Agent Last Name (First) (Middle Name)
Chad Bittner

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

President / Member Last Name	(First)	(Middle Name)
Bittner	Chad	
Vice President / Member Last Name	(First)	(Middle Name)
Bittner	Richard	
Secretary / Member Last Name	(First)	(Middle Name)

Next Door Pub

Applicant's Wisconsin Seller's Permit Number: 456-0002343182-02

FEIN Number: 20-3313403

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

Ad 4116

C. Business Information

1. Trade Name: Next Door Pub: Pizzeria Business Phone Number: 262-248-9551

2. Address of Premises: 411 Interchange N. Post Office & Zip Code: Lake Geneva WI

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

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

Restaurant, Bar, Storage room, Patio, Office, Outdoor waiting area, Basement, Fall Anniversary Party.

5. Legal description (omit if street address is given 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>B. Huer, Chad</i>	Title / Member <i>President</i>	Date <i>4/15/21</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 16, 2021</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 2021 ending: 06 30 2022
(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)

B. LLC or Corporation (and Agent):

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

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

Agent Last Name

(First)

(Middle Name)

Norgard

Michelle

Michalek

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

President / Member Last Name

(First)

(Middle Name)

Caravette

Daniel

Christoph

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 Northsiders Lake Geneva Business Phone Number 262-812-8285
- Address of Premises 642 West Main 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.)
Restaurant, Bar, Patio, Basement Storage

Northsiders

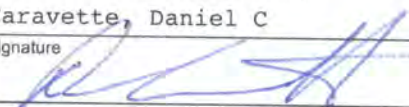
Applicant's Wisconsin Seller's Permit Number
456102699377803

FEIN Number
13-4282545

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

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

Contact Person's Name (Last, First, M.I.) Caravette, Daniel C	Title / Member Owner	Date 04/10/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2021	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
OAKFIRE LLC.

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

Agent Last Name	(First)	(Middle Name)
SCOTNEY	DAVID	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)
SCOTNEY	DAVID	R	
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 OAKFIRE Business Phone Number 262 812 8007
- Address of Premises 831 WRIGLEY DR 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.)

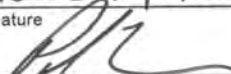
831 WRIGLEY DRIVE
1ST FLOOR, SECOND FLOOR, LOWER PATIO, UPPER PATIO, SIDEWALK
LIQUOR ROOM, COOLER, OFFICE

OAKfire

Applicant's Wisconsin Seller's Permit Number 456-1028656597-02	
FEIN Number 47-1614401	
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.) MECKLER, PAUL, G.	Title / Member OPERATIONS MANAGER	Date 4/14/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 14, 2021	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

POPEYES GALLEY & Grog, LTD.

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

Agent Last Name	(First)	(Middle Name)
ANAGNOS	Dimitrios	—

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

President / Member Last Name	(First)	(Middle Name)
ANAGNOS	Dimitrios	—
Vice President / Member Last Name	(First)	(Middle Name)
ANAGNOS	Gregory	—
Secretary / Member Last Name	(First)	(Middle Name)
ANAGNOS	Gregory	—
Treasurer / Member Last Name	(First)	(Middle Name)
ANAGNOS	Dimitrios	—
Directors / Managers Last Name	(First)	(Middle Name)
ANAGNOS	Dimitrios	—
Directors / Managers Last Name	(First)	(Middle Name)
ANAGNOS	Gregory	—

C. Business Information

- Trade Name POPEYE'S GALLEY & Grog LTD Business Phone Number (262) 248 4381
- Address of Premises 811 Wrigley Dr. 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.) SEE ATTACHED

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/CEO	Date 4/14/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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
GLENEAGLES LLC dba SOPRA

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

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

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
CUMMING	ALASTAIR	MUNRO	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
CUMMING	SIMON	MUNRO	
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 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.

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, AUSTAIR M.	Title / Member AGENT	Date 4/19/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 20, 2021	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:

The Bottle Shop

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	\$ 625

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

mercedes or bust, L.L.C.

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

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

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

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

C. Business Information

- Trade Name The Bottle Shop Business Phone Number 262-348-9463
- Address of Premises 617 W. Main St. Post Office & Zip Code Lake Geneva 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,
Wine Bar, lounge, store rooms, patio

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

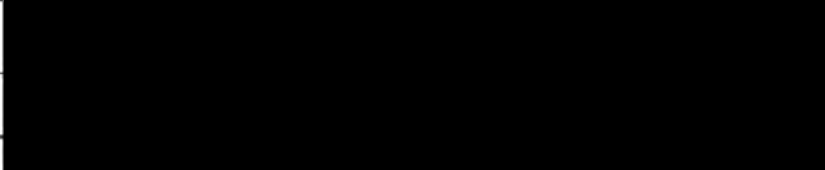
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor?

☒ Yes ☐ No

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

☐ Yes ☐ No

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

Contact Person's Name (Last, First, M.I.) Jumas Elizabeth A	Title / Member owner	Date 4-15-2021
Signature Elizabeth Jumás		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Thumbs Up

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

TwoThumbs Up LLC

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

Agent Last Name (First) (Middle Name)
Dawson Kimberly

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

President / Member Last Name	(First)	(Middle Name)	
Dawson	Kimberly		
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 Thumbs Up Business Phone Number 262-248-6111
- Address of Premises 260 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.)

Ground floor barroom; walk-in liquor closet (main level);
walk-in beer cooler (main level); keg cooler (basement)

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 4/12/21
Signature K. Dawson		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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
LG Hospitality Group LLC

All corporations/organizations or limited liability companies applying for 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)	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

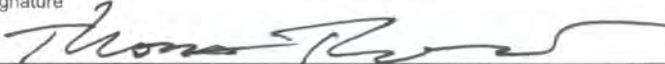
- Trade Name Tuscan Tavern and Grill Business Phone Number 1-262-248-0888
- Address of Premises 430 Broad St Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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, 1st floor bar
1st floor storage, lower level storage, outdoor seating area, lower level bar

Tuscan Tavern & Grill

Applicant's Wisconsin Seller's Permit Number BCombo 17 <u>456192706172503</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.) Romano, Thomas, A	Title / Member President	Date 03/28/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Mar 31, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Barrique Bistro & Wine Bar

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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Beachside Hospitality, 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)	Home Address (Street, City or Post Office, & Zip Code)
Trilla	Dana	M	

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)
Trilla	Thomas	W	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Trilla	Dana	M	
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

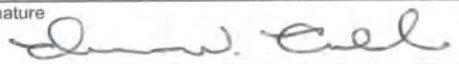
- Trade Name Barrique Bistro & Wine Bar Business Phone Number 262-248-1948
- Address of Premises 835 Wrigley Dr., Lake Geneva Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises 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.)
1100 Sq/Ft Dining Room, Kitchen, 2 Bathrooms, Basement & Patio

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 3/21/21

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

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

Contact Person's Name (Last, First, M.I.) Thomas W Trilla	Title / Member Owner	Date 03/25/2021
Signature 	Phone Number [REDACTED]	Email Address [REDACTED]@[REDACTED].COM

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk 3/26/2021	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 Address of Corporation / Limited Liability Company (if different from licensed premises)

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

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

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

President / Member Last Name	(First)	(Middle Name)	
MAKSYMCIUK	Linda		
Vice President / Member Last Name	(First)	(Middle Name)	
LORENZI	Charles	B	
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 Bella Vista Suites Business Phone Number 262-248-2100
- Address of Premises 335 Wrigley Dr. 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.)
Lobby areas - all public spaces -

Bella Vista Suites

Applicant's Wisconsin Seller's Permit Number	456-0000087500-03
FEIN Number	39-1946040
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 4/15/21

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>Lorenz Charles B.</i>	Title / Member <i>VP BOO</i>	Date <i>4-12-21</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 13, 2021</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 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

HARBORSIDE Pub & Grill LLC

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

Agent Last Name	(First)	(Middle Name)
CONDOS	SPYNO	GEORGE

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

President / Member Last Name	(First)	(Middle Name)
CONDOS	SPYNO	GEORGE
Vice President / Member Last Name	(First)	(Middle Name)
CONDOS	PATRICIA	LEE
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 HARBOR SIDE Pub & Grill LLC Business Phone Number 262 248 3835
- Address of Premises 100 PEARSON STREET Post Office & Zip Code 53147
LAKE GENEVA
- 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 PEARSON STREET, Lake Geneva

Harborside Pub & Grill

Applicant's Wisconsin Seller's Permit Number 4561029969359-02	
FEIN Number 82-4462437	
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 4/12

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>CONDOS SPYRO G</u>	Title / Member <u>PRESIDENT</u>	Date <u>4/1/21</u>
Signature <u>[Signature]</u>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 12, 2021</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Lake Aire Restaurant

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
LAKE AIRE LLC

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

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

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

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)	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

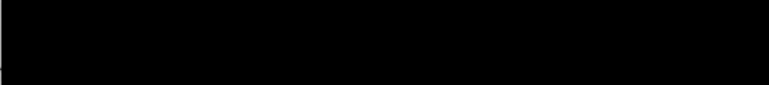
- Trade Name LAKE AIRE RESTAURANT Business Phone Number 262-248-9913
- Address of Premises 804 W. MAIN ST. LAKE GENEVA Post Office & Zip Code WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises 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 <u>456-1028914898-02</u>	
FEIN Number <u>81-0928145</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	\$
☒ Reserve Class B liquor	\$ 500
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 625

pd 4/12/21

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 4/5/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	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

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)	Home Address (Street, City or Post Office, & Zip Code)
SELBY	JULIE	P	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
SELBY	CURTIS	E	
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 BOARD & BRUSH LAKE GENEVA Business Phone Number (262) 409-1639
- Address of Premises 262 CENTER ST. Post Office & Zip Code LAKE GENEVA, WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Alcohol is stored in back of studio. Alcohol is sold during workshop hours and consumed on premises.

Board & Brush Lake Geneva

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
☐ 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

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.) Curtis E. SELBY	Title / Member VP	Date 4/12/21
Signature <i>Curt Selby</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>Jackson Wine 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)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jackson</u>	<u>Kathleen</u>	<u>Ann</u>	<u>401 Sheridan Springs Road</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>Jackson</u>	<u>Kathleen</u>	<u>Ann</u>	<u>Same</u>
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>Jackson</u>	<u>Douglas</u>	<u>Albert</u>	<u>Same</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

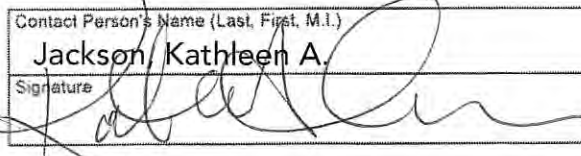
- Trade Name Studio Winery + Geneva Lake Distilling Business Phone Number 262-348-9100
- Address of Premises 401 Sheridan Springs Road Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ 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 entire lower level, including patio, of 401 Sheridan Springs Road. Records are stored in the office on the second level.

Applicant's Wisconsin Seller's Permit Number <u>456-0003399252-02</u>	
FEIN Number <u>26-1237633</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	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ 25
TOTAL FEE	\$ 125

pd 513

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 5/2/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 3 2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
DCRB INCORPORATED	234 Broad 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)	
GRUBER	Andrew		

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

President / Member Last Name	(First)	(Middle Name)	
ESARCO	Ann		
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.)

Avant Cycle Cafe

Applicant's Wisconsin Seller's Permit Number	
456 102970 428002	
FEIN Number	
83-2278727	
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 4/19/21

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.) ESARCO, Ann	Title / Member President	Date 4.15.2021
Signature [Signature]	[Redacted]	

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 19, 2021	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 } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>The Candle Mercantile, LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Doyle</u>	(First) <u>Elizabeth</u>	(Middle Name) <u>Rose</u>
---------------------------------	-----------------------------	------------------------------

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

President / Member Last Name <u>Doyle</u>	(First) <u>Elizabeth</u>	(Middle Name)
Vice President / Member Last Name <u>Myers</u>	(First) <u>Leigh Ann</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 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.

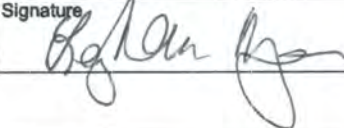
The Candle Mercantile

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>2.5</u>
TOTAL FEE	\$ <u>225</u>

pd 4/12/21

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 04/10/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	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 } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>El Zacatecano LLC</u>	Address of Corporation / Limited Liability Company (if different from licensed premises)
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All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

Agent Last Name <u>Orcelle</u>	(First) <u>Christina</u>	(Middle Name) <u>Marcia</u>	
-----------------------------------	-----------------------------	--------------------------------	--

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

President / Member Last Name <u>Orcelle</u>	(First) <u>Christina</u>	(Middle Name) <u>Marcia</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 El Zacatecano I Business Phone Number 812-8054
2. Address of Premises 627/629 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.)

Our store is divided into two separate buildings that are attached, in the left side back corner is our storage room where alcohol is stored. It is placed to sell in one of the front brick bridges.

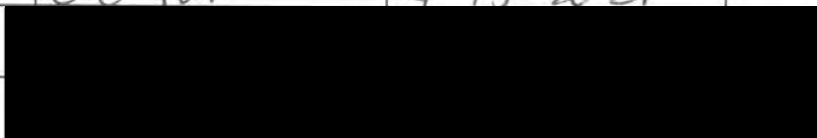
El Zacatecano

Applicant's Wisconsin Seller's Permit Number <u>436-1029214934-02</u>	
FEIN Number <u>84-4651926</u>	
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 4/11/22

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>Michelle Christian M</i>	Title / Member <i>owner</i>	Date <i>4-15-2021</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>Apr 19, 2021</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 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)

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)
THE FARM STAND LLC	707 W MAIN ST, 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	(First)	(Middle Name)
Roberts	Daniel	R

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

President / Member Last Name	(First)	(Middle Name)	
Roberts	Roberta	L	
Vice President / Member Last Name	(First)	(Middle Name)	
Roberts	Daniel	R	
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 FARM STAND Business Phone Number 262-263-5844
- Address of Premises 707 W. MAIN ST Post Office & Zip Code LAKE GENEVA WI 53114
- 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 at the bar and up front by entrance to the left. Sold from shelves. Stored on wine rack in back area for wine. All beer on shelves

The Farmstand

Applicant's Wisconsin Seller's Permit Number 456-1029491732-02	
FEIN Number 89-4526145	
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 4/8/21

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

☐ Yes ☒ No

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

Contact Person's Name (Last, First, M.I.)

Title / Member

Date

Signature

TO BE COMPLETED BY CLERK

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

Renewal Alcohol Beverage License Application

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

For the license period beginning: 07 01 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:

Flat Iron Tap

Applicant's Wisconsin Seller's Permit Number <u>456-1039433 039-02</u>	
FEIN Number <u>81-5116545</u>	
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 4/14/21

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)
Lindsey John Sherman

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)

Treasurer / Member Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

Directors / Managers Last Name (First) (Middle Name)

C. Business Information

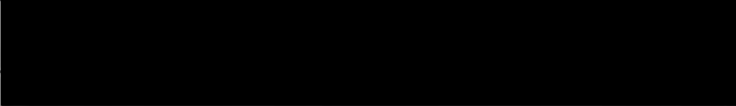
- Trade Name FLAT IRON TAP Business Phone Number 262-812-4064
- Address of Premises 150 Center Street Post Office & Zip Code LAKE GENEVA 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☐ No ☐

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

FIRST FLOOR, DINING AREA, BAR, COCKTAILS, STAGE IN BASEMENT, BASEMENT COCKTAILS, RECORDS IN BASEMENT

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>Iwingate, David James</i>	Title / Member <i>President</i>	Date <i>4/14/21</i>
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 14, 2021</i>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Geneva Theater

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

Plaza Media LLC

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

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

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

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

C. Business Information

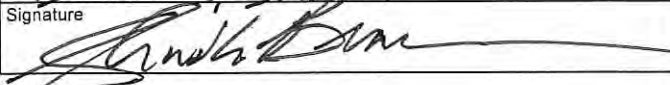
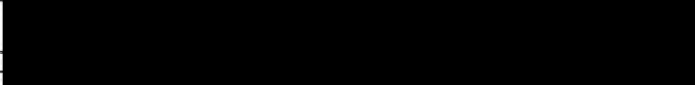
- Trade Name Geneva Theater Business Phone Number 262-240-1362
- Address of Premises 244 Broad St. Post Office & Zip Code Lake Geneva WI 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: 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 premises, including concessions area, meeting spaces and auditoriums.

Applicant's Wisconsin Seller's Permit Number	
<u>456-1027144852-03</u>	
FEIN Number	
<u>27-2452942</u>	
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 4/23

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

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

Contact Person's Name (Last, First, M.I.) Branen, Sha A	Title / Member President	Date 4/15/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk Apr. 123, 2021	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	Address of Corporation / Limited Liability Company (if different from licensed premises)
<u>GREAT EGGS BREAKFAST BUNGALOW LLC</u>	<u>220 COOK STREET #101 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>OCHALEK</u>	<u>JUSTIN</u>	<u>TAYLOR</u>

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

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

C. Business Information

- Trade Name GREAT EGGS Business Phone Number 262-812-4077
- Address of Premises 220 COOK STREET #101 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.) FIRST FLOOR UNIT 101, KITCHEN, DINING ROOM, CLOSET AND OUTDOOR SEATING

Great Eggs

Applicant's Wisconsin Seller's Permit Number	
<u>456-102961267-02</u>	
FEIN Number	
<u>396-04-3135</u>	
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

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 4-13-21
Signature <i>Paul Ochalek</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 15, 2021	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)
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>
Full Name (Last)	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

B. LLC or Corporation (and Agent):

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

Happy Cafe restaurant inc

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

Agent Last Name (First) (Middle Name)
ZHANG MINTING

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

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

C. Business Information

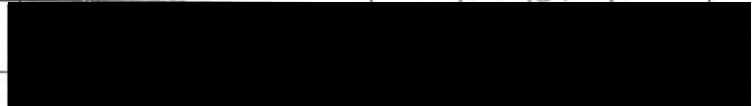
- Trade Name Happy Cafe Business Phone Number 262-248-8181
- Address of Premises 526 Swells St Post Office & Zip Code 53147
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐
- Premises description: Describe building 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.)
Restaurant and storage located

Happy Cafe

Applicant's Wisconsin Seller's Permit Number <u>486-1027273310-03</u>	
FEIN Number <u>270069183</u>	
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

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

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

Contact Person's Name (Last, First, M.I.) <u>Liang Yongzhong</u>	Title / Member <u>owner</u>	Date <u>3/26/2021</u>
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>march 31, 2021</u>	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Mama Ciminolo's

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

MAMA CIMINO'S LLC

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

Agent Last Name	(First)	(Middle Name)
Kerros	Kerry	J

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

President / Member Last Name	(First)	(Middle Name)	
CIMINO	NICK		
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 Ciminolo's LLC Business Phone Number 262-348-9077
- Address of Premises 131 Wale 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.)

Main Dining Room, Front Desk Area

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>Nick Cimino</i>	Title / Member <i>President</i>	Date <i>May 10, 2021</i>
Signature <i>Nick Cimino</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>May 10, 2021</i>	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.)

Wisconsin Department of Revenue

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

Joshua John Guenser was elected CFO, Secretary and Treasurer of the Company.

Heidi Ann Yohn 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 Manager & CEO	Date 4/14/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 16, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Olympic Restaurant

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 Address of Corporation / Limited Liability Company (if different from licensed premises)
MARTINS OLYMPIC RESTAURANT LLC 748 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)
ZAVAJETA SOLANJA

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

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

C. Business Information

- Trade Name OLYMPIC RESTAURANT Business Phone Number 262 248 6341
- 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 REEF SECTION, KITCHEN, AND BASEMENT. ALCOHOL STORED FOR SALE IS KEPT IN STAFF SECTION UNDER. ALCOHOL INVENTORY STORED IN LOCKED ROOM IN BASEMENT.

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.) ZAVALETA YOLANDA	Title / Member MANAGER OWNER	Date 4-27-2021
Signature Yolanda Zavaleta		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 29, 2021	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:

Sabai Sabai Thai Cuisine

Applicant's Wisconsin Seller's Permit Number <u>456-1030151049-02</u>	
FEIN Number <u>823877988</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>

red 4/21/21

B. LLC or Corporation (and Agent):

Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company Sabai Sabai Thai Cuisine Address of Corporation / Limited Liability Company (if different from licensed premises) 306 Center 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 COX (First) JIRAPA (Middle Name) -

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

President / Member Last Name Manapa Cox (First) Jirapa (Middle Name) -

Vice President / Member Last Name Brewer (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) _____

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) _____

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) _____

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) _____

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) _____

Directors / Managers Last Name _____ (First) _____ (Middle Name) _____

Directors / Managers Last Name _____ (First) _____ (Middle Name) _____

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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) _____

Directors / Managers Last Name _____ (First) _____ (Middle Name) _____

Directors / Managers Last Name _____ (First) _____ (Middle Name) _____

C. Business Information

1. Trade Name sabai sabai Thai Cuisine Business Phone Number 262 212 4114

2. Address of Premises 306 Center St Lake Geneva Post Office & Zip Code 53147

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

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

306 center st Lake Geneva WI 53147
in basement, 1st FL and deck.
2nd FL

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 JIPABA	Title / Member VP	Date 4/21/2021
Signature Jinapa Cox		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 21, 2021	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:

Simple Café

Applicant's Wisconsin Seller's Permit Number	
456-1027064/96-03	
FEIN Number	
27-1037204	
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

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 a liquor license 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)	Home Address (Street, City or Post Office, & Zip Code)
Hartz	Thomas	Andrew	
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hartz	Lori		
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 Simple Cafe Business Phone Number 262-248-3556
2. Address of Premises 525 Broad St. Post Office & Zip Code Lake Geneva, WI 53147

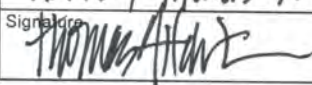
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes ☒ No ☐

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

525 Broad St., Basement, Dining Room, Kitchen, patio

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.) Hartz, Thomas A.	Title / Member Founding Partner	Date April 9, 2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	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 } 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 <u>RLKL Company Inc</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>Lei</u>	(First) <u>Ransi</u>	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
-------------------------------	-------------------------	---------------	--

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

President / Member Last Name <u>Lei</u>	(First) <u>Ransi</u>	(Middle Name)	
Vice President / Member Last Name <u>Lei</u>	(First) <u>Kelly</u>	(Middle Name)	
Secretary / Member Last Name <u>Lei</u>	(First) <u>Jianming</u>	(Middle Name)	
Treasurer / Member Last Name <u>Lei</u>	(First) <u>Jianming</u>	(Middle Name)	
Directors / Managers Last Name <u>same as president</u>	(First)	(Middle Name)	
Directors / Managers Last Name <u>same as VP</u>	(First)	(Middle Name)	

C. Business Information

- Trade Name Suwings Chinese Restaurant Business Phone Number 262-248-1178
- Address of Premises 743 North 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.)
Bar, Backroom, Dining Room, Office, Kitchen, sidewalk

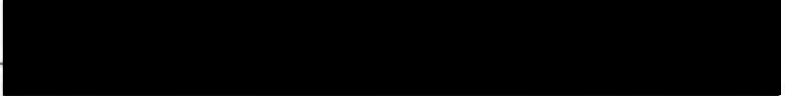
Suwings Chinese

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	\$ 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	\$ <u>225</u>

pd 4/19/21

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 Jiaoming</i>	Title / Member <i>Secretary</i>	Date <i>4/10/21</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 19, 2021</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 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	Address of Corporation / Limited Liability Company (if different from licensed premises)
Ovalle - Perez LLC	820 Williams 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)
Perez	Cynthia	

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

President / Member Last Name	(First)	(Middle Name)
Ovalle	Eric	
President / Member Last Name	(First)	(Middle Name)
Perez	Francisco	H
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)
Perez	Cynthia	E
Directors / Managers Last Name	(First)	(Middle Name)

Taqueria El Gallo De Oro

Applicant's Wisconsin Seller's Permit Number	
406-1030365273	
FEIN Number	
83-1709227	
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

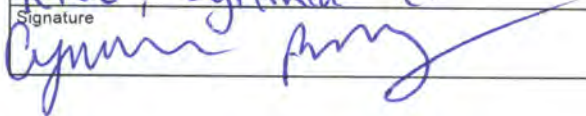
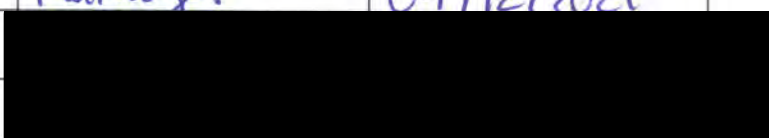
pd 4113

C. Business Information

- Trade Name Taqueria El Gallo De Oro Business Phone Number 202 729 4055
- Address of Premises 820 Williams 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.)
We will serve drinks in our outdoor patio, bar/dining area.
We will store our product in our back storage room.

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.) Perez, Cynthia E.	Title / Member Manager	Date 04/12/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 13, 2021	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: Tristan Crist Magic Theatre LLC Address of Corporation / Limited Liability Company (if different from licensed premises): 100 N. Edwards Blvd. 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: Christ (First): Tristan (Middle Name): Samuel

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
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: 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.) 5,000 sq foot

theatre including lobby, storage closets, stage, seating area and dressing rooms as well as a small outdoor patio area.

Tristan Crist Magic Theatre

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	\$ 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

pl 4/1

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>Christ, Tristan, S</i>	Title / Member <i>owner</i>	Date <i>2/30/21</i>
Signature <i>[Signature]</i>		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <i>April 1, 2021</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 2021 ending: 06 30 2022
(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

Mangiamì Italiano LLC

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

Agent Last Name	(First)	(Middle Name)
<u>Webber</u>	<u>Eric</u>	<u>Lee</u>

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

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
<u>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 Cuoco Pazzo Eatz & Drinkz Business Phone Number 262-812-4050
2. Address of Premises 393 N. Edwards Blvd Post Office & Zip Code Lake Geneva 53147

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

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

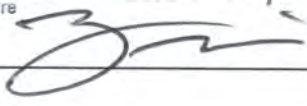
Patio, Basement, Bar, Dining Room, Party Room, Gazebo, Dry Storage
Beer & Wine cooler

Cuoco Pazzo Eatz & Drinkz

Applicant's Wisconsin Seller's Permit Number	
<u>456-1029545885-02</u>	
FEIN Number	
<u>47-2671461</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	\$ 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.) Eric Webber, Eric L	Title / Member Owner / Manager	Date 4-21-2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 21, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Cuoco Pazzo Eat & Drinkz
393 N Edwards BLVD
Lake Geneva, WI 53147

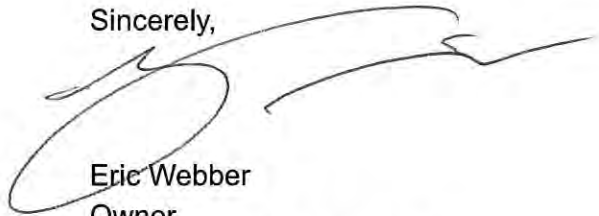
May 11, 2021

City of Lake Geneva
Attn: Lana C Kropf
626 Geneva Street
Lake Geneva, WI 53147

Dear Lana Kropf,

I am responding to the information requested for the liquor license renewal. Included are sales for the dates requested and sales tax returns for the dates requested as well. Please note the Cuoco Pazzo Eat & Drinks is a DBA of Mangiami Italiano LLC, therefore the sales tax returns include sale from Mangiami in Fort Atkinson as well. The sales report from the POS system is just the sales for the Cuoco Pazzo Lake Geneva location. Please let me know if you need any more information, I will be happy to provide it for you. Also, we will be re-opening on a very limited basis starting May 19, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric Webber', with a large, stylized flourish extending to the right.

Eric Webber
Owner
Cuoco Pazzo Eat & Drinkz

CITY OF LAKE GENEVA

626 Geneva Street
Lake Geneva, WI 53147
(262) 248-3673
www.cityoflakegeneva.com



April 30, 2021

Mangiami Italiano LLC
Attn: Eric Webber



Dear Mr. Webber,

This letter is to inquire about the status of your business "Cuoco Pazzo Eat & Drinkz" located at 393 N Edwards Blvd, Lake Geneva, Wisconsin 53147. It appears that the business has not been open for an extended length of time during the current licensing period.

Per Chapter 6, Article II, Section 6-55 (f) of the City of Lake Geneva Municipal Code: "*Any license duly issued under this chapter which is not used for 90 consecutive days or a license duly granted and not issued within 90 days shall be subject to review and possible revocation by the Common Council. These licenses may not be regranted during this ninety-day period. In case of revocation under this section, no refund of the license fee is to be made.*"

To facilitate review of your liquor license, the Finance, Licensing, and Regulation Committee will require receipts relating to the sale of alcohol from your establishment from January 30, 2021 through April 29, 2021. The Committee will also require sales tax returns filed with the Wisconsin Department of Revenue for the foregoing time. If it is deemed that your business has not been open for patronage for any 90 consecutive day period, the Finance, Licensing, and Regulation Committee may recommend non-renewal of your liquor license to the Common Council.

Please return alcohol sale receipts and sales tax returns for the period of January 30, 2021 through April 29, 2021 within 15 days of your receipt of this letter.

If you have any questions, please feel free to call at 262-249-4092.

Thank you,

Lana C Kropf
City Clerk
City of Lake Geneva

Restaurant Financial Overview

Parameters: 1/30/2021 04:00:00 AM#5/1/2021 04:00:00 AM, (all revenue centers)

CUOCO PAZZO EAT & DRINKZ

Printed: 5/10/2021 5:54:11 PM

Gross Sales by Revenue Class	
Food	\$96.00
Beer	\$22.00
Wine	\$147.00
Liquor	\$100.00
Gross Sale	\$365.00

Total Gross Sale	\$365.00
Auto Discounts	\$0.00
Total Gross Items	\$365.00
(incl. Auto Discounts)	

Transactions by Tender Type		
Count	Tender Type	Amount
Tickets and Transactions		
1	MasterCard	\$405.07
	Total	\$405.07
Total		\$405.07

Voids by Type			Net Sales by Day Part	
Count	Void Type	Amount	Dinner	\$365.00
			Net Sales	\$365.00
Total			Total Net Sales	\$365.00

Net Sales by Revenue Center			
Unassigned Revenue	1	\$365.00	
Total	1	\$365.00	

Cash Deposit	
+ Cash In	\$0.00
- Cash Out	\$0.00
+ Cash Received	\$0.00
- Tips	\$20.00
- Change Given	\$0.00
+ Tip Reduction	\$0.00
+ Cash Over	\$0.00
= Cash Deposit	-\$20.00
+ Checks	\$0.00
= Total Deposit	-\$20.00

Net Income by Revenue Class	
Food	\$96.00
Beer	\$22.00
Wine	\$147.00
Liquor	\$100.00
Sales Income	\$365.00
Total Net Income	\$365.00

Taxes	
Tax	\$20.07
Total Tax	\$20.07
Net + Taxes	\$385.07

Tips	
auto gratuities	\$0.00
manual gratuities	\$0.00
tips	\$20.00
Total Tips	\$20.00
Total Receipts	\$405.07

Tips Captured % Net:	5.47	Head Count:	1	Net per Head:	\$365.00	Open Tickets:	0
Tips Captured % Gross:	5.47	Closed Tickets:	1	Gross per Head:	\$365.00	Open Total:	\$0.00
Gross per Ticket:	\$365.00	Net per Ticket:	\$365.00	Labor %:	2478.90		

Actual Cash Deposit

Cash Over/Short

Prepared By

Approved By

RIO

Page 1 of 1

**Wisconsin Sales and Use
Tax Return**

State, County and Stadium Sales and Use Tax

12-May-2021



Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)
01-Apr-2021	30-Apr-2021	01-Jun-2021

MANGIAMI ITALIANO LLC**Use BLACK INK Only**
☐ Check if business discontinued
(enter discontinuation date below)

(MM DD YYYY)

☐ Check if address or name change
(note changes at left)

☐ Check if this is an amended return

☐ Check if correspondence is included

Confirmation Number:

Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.

Step A Sales Tax – State

1	Total sales	1	9,770.50
Subtractions from total sales:			
2	Sales for which you received exemption certificates	2	0.00
3	Sales of exempt property and services (sales that occurred outside Wisconsin, real property, groceries and highway fuel, etc.)	3	0.00
4	Sales returns, allowances, and bad debts	4	0.00
5	Other (sales tax included in line 1, etc.)	5	0.00
6	Total subtractions (add lines 2 through 5)	6	0.00
7	Sales subject to state sales tax (subtract line 6 from line 1)	7	9,770.50
8	State sales tax (line 7 x .05)	8	488.53

Step B Sales Tax – County and Stadium

COUNTY	To report county sales tax for more than 4 counties, leave lines 9-12 blank, and complete and enclose Schedule CT.	County Code (see instructions)	County Name (first 5 letters)	Sales Subject to County Sales Tax
9a		9b		9c 0.00
10a		10b		10c 0.00
11a		11b		11c 0.00
12a		12b		12c 0.00

IMPORTANT!
Baseball stadium tax
ended 3-31-20
Football stadium tax
ended 9-30-15.

13	Total sales subject to county sales tax (add lines 9c through 12c OR enter total from Sch CT, Col 1)	13	0.00
14	County sales tax (line 13 x .005)	14	0.00

Sales Subject to Stadium Sales Tax

STADIUM	15	Baseball stadium district taxable sales through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	0.00	15a	x .001 = 15b	0.00
	16	Football stadium district taxable sales through 9-30-15 (Brown County)	0.00	16a	x .005 = 16b	0.00

Step C Sales Tax Before Discount

17	Total sales tax (add TAX amounts from lines 8, 14, 15b and 16b)	17	488.53
----	---	----	--------

Step D Discount and Net Sales Tax

18	Total sales tax (fill in amount from line 17)	18	488.53
19	Discount – Applies only if return is filed and tax is paid by due date	19	10.00
20	Net sales tax (subtract line 19 from line 18)	20	478.53

Step E Use Tax – State

21	Purchases subject to state use tax	21a	0.00	.x .05 =	21b	0.00
----	------------------------------------	-----	------	----------	-----	------

Step F Use Tax – County and Stadium

		County Code (see instructions)	County Name (first 5 letters)	Purchases Subject to County Use Tax
C O U N T Y	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a	22b	22c 0.00
		23a	23b	23c 0.00
		24a	24b	24c 0.00
		25a	25b	25c 0.00
		IMPORTANT! Baseball stadium tax ended 3-31-20 Football stadium tax ended 9-30-15.		
26		Total purchases subject to county use tax (add lines 22c through 25c OR enter total from Sch CT, Col 2)		26 0.00
27		County use tax (line 26 x .005)		27 0.00
		Purchases Subject to Stadium Use Tax		
S T A D I U M	28	Baseball stadium district taxable purchases through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)		0.00
	28a			x .001 = 28b 0.00
29	Football stadium district taxable purchases through 9-30-15 (Brown County)		0.00	0.00
29a			x .005 = 29b	

Step G Total Amount Due

30	Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b)	30	478.53
31	Interest	31	0.00
32	Late filing fee (\$20.00) and negligence penalty	32	0.00
33	Total amount due (add lines 30 through 32)	33	478.53

Step H Signature and Mailing Information

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Contact Person (please print clearly)	Phone Number	Signature	Date
---------------------------------------	--------------	-----------	------

**Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.**

**Wisconsin Sales and Use
Tax Return****State, County and Stadium Sales and Use Tax**

Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)
01-Mar-2021	31-Mar-2021	30-Apr-2021

MANGIAMI ITALIANO LLC**Use BLACK INK Only**

____ Check if business discontinued
(enter discontinuation date below)

(MM DD YYYY)

____ Check if address or name change
(note changes at left)

____ Check if this is an amended return

____ Check if correspondence is included

**Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.**

Step A Sales Tax – State

1	Total sales	1	7,349.00
Subtractions from total sales:			
2	Sales for which you received exemption certificates	2	0.00
3	Sales of exempt property and services (sales that occurred outside Wisconsin, real property, groceries and highway fuel, etc.)	3	0.00
4	Sales returns, allowances, and bad debts	4	0.00
5	Other (sales tax included in line 1, etc.)	5	0.00
6	Total subtractions (add lines 2 through 5)	6	0.00
7	Sales subject to state sales tax (subtract line 6 from line 1)	7	7,349.00
8	State sales tax (line 7 x .05)	8	367.45

Step B Sales Tax – County and Stadium

County Code (see instructions)		County Name (first 5 letters)		Sales Subject to County Sales Tax	
9a	9b	9c	0.00		
10a	10b	10c	0.00		
11a	11b	11c	0.00		
12a	12b	12c	0.00		

IMPORTANT!
Baseball stadium tax ended 3-31-20
Football stadium tax ended 9-30-15.

13	Total sales subject to county sales tax (add lines 9c through 12c OR enter total from Sch CT, Col 1) ..	13	0.00
14	County sales tax (line 13 x .005)	14	0.00

Sales Subject to Stadium Sales Tax

15	Baseball stadium district taxable sales through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	15a	0.00	x .001 = 15b	0.00
16	Football stadium district taxable sales through 9-30-15 (Brown County)	16a	0.00	x .005 = 16b	0.00

Step C Sales Tax Before Discount

17	Total sales tax (add TAX amounts from lines 8, 14, 15b and 16b)	17	367.45
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Step D Discount and Net Sales Tax

18	Total sales tax (fill in amount from line 17)	18	367.45
19	Discount – Applies only if return is filed and tax is paid by due date	19	0.00
20	Net sales tax (subtract line 19 from line 18)	20	367.45

Step E Use Tax – State

21	Purchases subject to state use tax	21a	0.00	.x .05 =	21b	0.00
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Step F Use Tax – County and Stadium

		County Code (see instructions)	County Name (first 5 letters)	Purchases Subject to County Use Tax
C O U N T Y	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a	22b	22c 0.00
		23a	23b	23c 0.00
		24a	24b	24c 0.00
		25a	25b	25c 0.00
		26 Total purchases subject to county use tax (add lines 22c through 25c OR enter total from Sch CT, Col 2) . . 26 0.00		
		27 County use tax (line 26 x .005) 27 0.00		
		Purchases Subject to Stadium Use Tax		
S T A D I U M	28 Baseball stadium district taxable purchases through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	28a	0.00	0.00
	29 Football stadium district taxable purchases through 9-30-15 (Brown County)	29a	0.00	0.00

Step G Total Amount Due

30	Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b)	30	367.45
31	Interest	31	5.51
32	Late filing fee (\$20.00) and negligence penalty	32	38.37
33	Total amount due (add lines 30 through 32)	33	411.33

Step H Signature and Mailing Information

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Contact Person (please print clearly)	Phone Number	Signature	Date
---------------------------------------	--------------	-----------	------

**Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.**

**Wisconsin Sales and Use
Tax Return**
State, County and Stadium Sales and Use Tax

05-Apr-2021



Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)
01-Feb-2021	28-Feb-2021	31-Mar-2021

MANGIAMI ITALIANO LLC**Use BLACK INK Only**

____ Check if business discontinued
(enter discontinuation date below)

(MM DD YYYY)

____ Check if address or name change
(note changes at left)

____ Check if this is an amended return

____ Check if correspondence is included

**Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.**

Step A Sales Tax – State

1	Total sales	1	8,438.50
Subtractions from total sales:			
2	Sales for which you received exemption certificates	2	0.00
3	Sales of exempt property and services (sales that occurred outside Wisconsin, real property, groceries and highway fuel, etc.)	3	0.00
4	Sales returns, allowances, and bad debts	4	0.00
5	Other (sales tax included in line 1, etc.)	5	0.00
6	Total subtractions (add lines 2 through 5)	6	0.00
7	Sales subject to state sales tax (subtract line 6 from line 1)	7	8,438.50
8	State sales tax (line 7 x .05)	8	421.93

Step B Sales Tax – County and Stadium

COUNTY	To report county sales tax for more than 4 counties, leave lines 9-12 blank, and complete and enclose Schedule CT.	County Code (see instructions)	County Name (first 5 letters)	Sales Subject to County Sales Tax
		9a	9b	9c 0.00
		10a	10b	10c 0.00
		11a	11b	11c 0.00
		12a	12b	12c 0.00

IMPORTANT!
Baseball stadium tax
ended 3-31-20
Football stadium tax
ended 9-30-15.

13	Total sales subject to county sales tax (add lines 9c through 12c OR enter total from Sch CT, Col 1)	13	0.00
14	County sales tax (line 13 x .005)	14	0.00

Sales Subject to Stadium Sales Tax

STADIUM	15	Baseball stadium district taxable sales through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)	0.00	0.00
	15a		x .001 = 15b	
	16	Football stadium district taxable sales through 9-30-15 (Brown County)	0.00	0.00
	16a		x .005 = 16b	

Step C Sales Tax Before Discount

17	Total sales tax (add TAX amounts from lines 8, 14, 15b and 16b)	17	421.93
----	---	----	--------

Step D Discount and Net Sales Tax

18	Total sales tax (fill in amount from line 17)	18	421.93
19	Discount – Applies only if return is filed and tax is paid by due date	19	0.00
20	Net sales tax (subtract line 19 from line 18)	20	421.93

Step E Use Tax – State

21	Purchases subject to state use tax	21a	0.00	.x .05 =	21b	0.00
----	------------------------------------	-----	------	----------	-----	------

Step F Use Tax – County and Stadium

		County Code (see instructions)	County Name (first 5 letters)	Purchases Subject to County Use Tax
C O U N T Y	To report county use tax for more than 4 counties, leave lines 22-25 blank, and complete and enclose Schedule CT.	22a	22b	22c 0.00
		23a	23b	23c 0.00
		24a	24b	24c 0.00
		25a	25b	25c 0.00
		IMPORTANT! Baseball stadium tax ended 3-31-20 Football stadium tax ended 9-30-15.		
26		Total purchases subject to county use tax (add lines 22c through 25c OR enter total from Sch CT, Col 2) . . 26 0.00		
27		County use tax (line 26 x .005) 27 0.00		
		Purchases Subject to Stadium Use Tax		
S T A D I U M	28	Baseball stadium district taxable purchases through 3-31-20 (Milwaukee, Ozaukee, Racine, Washington & Waukesha counties)		0.00
	28a			x .001 = 28b 0.00
29	Football stadium district taxable purchases through 9-30-15 (Brown County)		0.00	0.00
29a			x .005 = 29b	

Step G Total Amount Due

30	Total sales and use taxes (add TAX amounts from lines 20, 21b, 27, 28b and 29b)	30	421.93
31	Interest	31	6.33
32	Late filing fee (\$20.00) and negligence penalty	32	41.10
33	Total amount due (add lines 30 through 32)	33	469.36

Step H Signature and Mailing Information

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Contact Person (please print clearly)	Phone Number	Signature	Date
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**Avoid Duplicate Filing. Do NOT send this return copy in.
Do NOT use this return copy as a method for submitting your payment.**

Harry's Cafe

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 } Lake Geneva
☐ Village of }
☒ City of }

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

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

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. LLC or Corporation (and Agent):

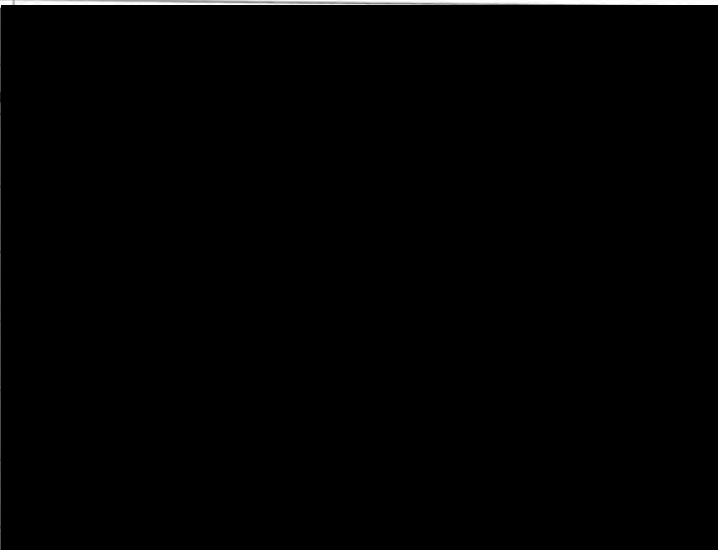
Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Harrys Cafe &Place Inc</u>	Address of Corporation / Limited Liability Company (if different from licensed premises) <u>808 Main Street Lake Geneva WI</u>
--	---

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 <u>Chironis</u>	(First) <u>James</u>	(Middle Name) <u>G</u>
------------------------------------	-------------------------	---------------------------

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

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



C. Business Information

1. Trade Name Harrys Cafe Business Phone Number 262-248-3494
2. Address of Premises 808 Main Street Post Office & Zip Code 53147

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

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

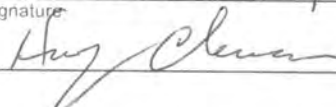
One story brick/records in office, storage (office-bar-basement-cafe kitchen-sidewalk

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	\$ <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>

41221

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.) Chivonis HARRY S	Title / Member SECRETARY	Date 04/02/2021
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk April 12, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Comfort Suites

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: _____ ending: 6/30/2022
(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

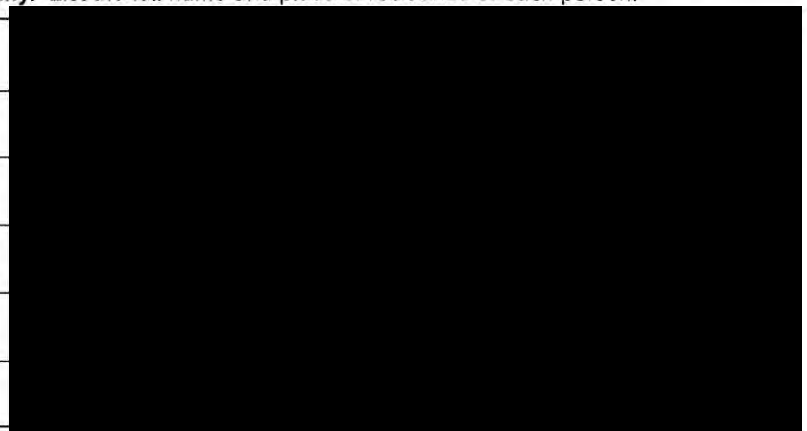
Applicant's Wisconsin Seller's Permit Number	
FEIN Number 86-3123608	
TYPE OF LICENSE REQUESTED	FEE
☐ Class A beer	\$
☒ Class B beer	\$ <u>100-</u>
☐ Class C wine	\$
☐ Class A liquor	\$
☐ Class A liquor (cider only)	\$ N/A
☐ Class B liquor	\$
☐ Reserve Class B liquor	\$
☐ Class B (wine only) winery	\$
Publication fee	\$ <u>25</u>
TOTAL FEE	\$ <u>125</u>

pd 4/20/21

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)
DECORUM LAKE GENEVA, LLC

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

President / Member Last Name	(First)	(Middle Name)
THAKKAR	CHINTAN	S
Vice President / Member Last Name	(First)	(Middle Name)
PATEL	AJIT	K
Secretary / Member Last Name	(First)	(Middle Name)
Treasurer / Member Last Name	(First)	(Middle Name)
Agent Last Name	(First)	(Middle Name)
Schmitt	Eric	
Directors / Managers Last Name	(First)	(Middle Name)



1. Trade Name Comfort Suites Lake Geneva East Business Phone Number (262) 248-2300
2. Address of Premises 300 E Main St Post Office & Zip Code Lake Geneva, 53147

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

Beverages will be in a cooler in a designated marketplace area next to the front desk.

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

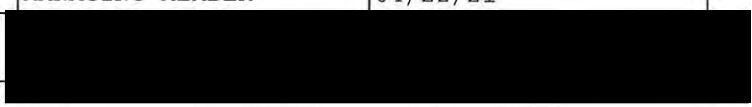
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☒ Yes ☐ No

(b) If yes, under what name was license issued? K.NMG Hotels LLC

[Handwritten signature]

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.
MANAGING MEMBER
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 04/08/21 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.) PATEL, AJIT K.	Title/Member MANAGING MEMBER	Date 04/22/21
Signature 		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>April 29, 2021</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

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

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as
COMFORT SUITES LAKE GENEVA LLC

(Trade Name)

located at 300 E Main St., Lake Geneva, WI 53147

appoints ERIC SCHMITT



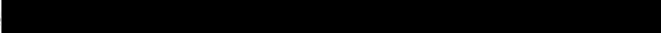
(Home Address of Appointed Agent)

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

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

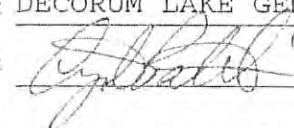
Is applicant agent subject to completion of the responsible beverage server training course? ☐ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? > 90 DAYS

Place of residence last year 

For: DECORUM LAKE GENEVA, LLC

(Name of Corporation / Organization / Limited Liability Company)

By: 

(Signature of Officer / Member / Manager)

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

ACCEPTANCE BY AGENT

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

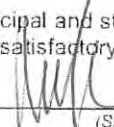
corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Eric Schmitt

4-26-21

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

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

Approved on 5-3-21 by  Title Police Chief
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
PATEL		AJIT	K

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

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

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

☒ **MANAGING MEMBER** of **DECORUM LAKE GENEVA, LLC**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 0

2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No

If yes, describe status of charges pending.

4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No

If yes, identify.

(Name, Location and Type of License/Permit)

5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No

If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
QUALITY INN	300 E. WHITESTONE BLVD, TX	04/01/2016	06/01/2021
Employer's Name	Employer's Address	Employed From	To
AKP SOLUTIONS	1400 LITTLE ELM TRAIL #1303	01/01/2014	06/01/2021

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

(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print)	(last name)	(first name)	(middle name)
THAKKAR	CHINTAN	S	

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

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

which is making application for an alcohol beverage license.

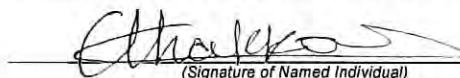
The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 0
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☐ Yes ☒ No
If yes, identify.
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
If yes, identify.

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

Employer's Name	Employer's Address	Employed From	To
DAYS INN	220 S. LYFORD RD, 61108	01/01/2012	05/01/2021
Employer's Name	Employer's Address	Employed From	To
HOWARD JOHNSON	3909 11TH STREET, 61109	01/01/2005	01/01/0215

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


(Signature of Named Individual)

original

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

Tienda El Rancho Inc

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

Agent Last Name (First) (Middle Name)
Jaramillo Mercedes

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

President / Member Last Name	(First)	(Middle Name)
Jaramillo	Gerardo	
Vice President / Member Last Name	(First)	(Middle Name)
Jaramillo	Mercedes	
Secretary / Member Last Name	(First)	(Middle Name)
Jaramillo	Mercedes	
Treasurer / Member Last Name	(First)	(Middle Name)
Jaramillo	Gerardo	
Directors / Managers Last Name	(First)	(Middle Name)
Directors / Managers Last Name	(First)	(Middle Name)

C. Business Information

1. Trade Name Tienda El Rancho Inc Business Phone Number (262) 249-0698.

2. Address of Premises 1151 Elkhorn Rd L.G. 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.)

NOW it's store in The restaurant Area in the first door 3 door cooler but outside walking cooler but if we aprobe for a CLASS B beer it will be in a Kitchen Refrigerator and in the outside walking cooler.

Tienda El Rancho

Applicant's Wisconsin Seller's Permit Number	
456-1020048704-03	
FEIN Number	
20-2479235	
TYPE OF LICENSE REQUESTED	FEE
☒ Class A beer	\$ 100
☒ 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

pd 5/11/21

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.) Mercedes Jaramillo	Title / Member V.P.	Date 05-11-21
Signature Mercedes Jaramillo		

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk May 11, 2021	Date reported to council / board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Mercedes Jaramillo	(first name) Mercedes	(middle name)
--	---------------------------------	---------------

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

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

which is making application for an alcohol beverage license.

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

1. How long have you continuously resided in Wisconsin prior to this date? 28 yrs
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? ☐ Yes ☒ No
 If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ☒ Yes ☐ No
 If yes, identify. Tienda El Rancho Inc
(Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? ☐ Yes ☒ No
 If yes, identify.

(Name of Wholesale Licensee or Permittee)

(Address By City and County)

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

Employer's Name GO INC	Employer's Address 600 chipewag Dr Harvard IL	Employed From 1995	To 1999
Employer's Name	Employer's Address	Employed From	To

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

Mercedes Jaramillo
(Signature of Named Individual)

Outside walking cooler

EXIT
back door

Dishes

Heg Cooler | Bagri

Bathroom

Tienda el

Rancho INC

EXIT

Entrance

Fruits & Snacks

Groceries

Groceries

Cash

Registered

Beef cooler

Restaurant

tables

Meat Department

Kitchen
refrigerator

EXIT
back door



WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORBusinessTax@wisconsin.gov
website: revenue.wi.gov

Letter ID L2044334672



TIENDA EL RANCHO, INC.

Wisconsin Business Tax Registration Certificate

Expiration date: March 31, 2023
Legal/real name: TIENDA EL RANCHO, INC.

- This certificate confirms that you are registered with the Wisconsin Department of Revenue for the tax types shown below.
- This registration certificate is not a seller's permit, and should not be used as proof that you hold a seller's permit.
- You may not transfer this certificate to any other individual or business.

Tax Type	Account Type	Number
Sales & Use Tax	Sales & Use Tax	456-1020048704-03
Withholding Tax	Withholding Tax	036-1020048704-04



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 Small PH no W&M (22) - Food Sales \$25K - \$1 Million PHF no W&M		EXPIRATION DATE 30-Jun-2021	I.D. NUMBER NFRY-A3W53N
LICENSEE MAILING ADDRESS TIENDA EL RANCHO, INC. 1151 ELKHORN RD LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS TIENDA EL RANCHO 2 1151 ELKHORN RD 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 OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- ☒ **Certificate of Comprehensive General Liability Insurance** naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- ☒ **Scaled diagram** which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- ☒ **Copy of restaurant license issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64.**
- ☒ **Application Fee** of \$15.00 per seat: 20 seats x \$15.00 = \$ 300.00
(# OF SEATS) (TOTAL FEE)
- ☐ **Alcohol License Premises Extension Application (Initial Applications Only).** If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: TOM TRILLA

Establishment Name: BARRIQUE BISTRO & WINE BAR

Address: 835 WRIGHT AVE., LAKE GENEVA, 53147

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: DANA M. TRILLA

Signature of Agent: _____

Date: _____

INDEMNIFICATION STATEMENT

I, DANA M. TRILLA representing BEACHSIDE HOSPITALITY, INC. as its
(FULL NAME) (ESTABLISHMENT)

AGENT 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: _____

DATE: 3/26/2021

For Office Use Only

Date Filed with Clerk: 3/26/2021

Total Amount: \$ 300.00

Receipt No.: 15.000576

Date Forwarded to Police Chief: March 26, 2021

Police Chief Signature: _____

Approved

Denied

Date Forwarded to Building Inspector: 3/26/21

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2021

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 Risk Management Services, Inc. None Chicago IL 60607	CONTACT NAME:	
	PHONE (A/C, No, Ext): 815-459-3300	FAX (A/C, No): 815-459-3360
	E-MAIL ADDRESS: Joan_Lewandowski@ajg.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Society Insurance, a Mutual Company	15261
INSURED Beachside Hospitality Inc DBA 835 Wrigley Dr Lake Geneva, WI 53147	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 853482360

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:			TRM 564684	5/24/2020	5/24/2021	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 ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						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 \$ \$
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		WC 564685	5/24/2020	5/24/2021	☒ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			TRM 564684	5/24/2020	5/24/2021	Limit 1,000,000

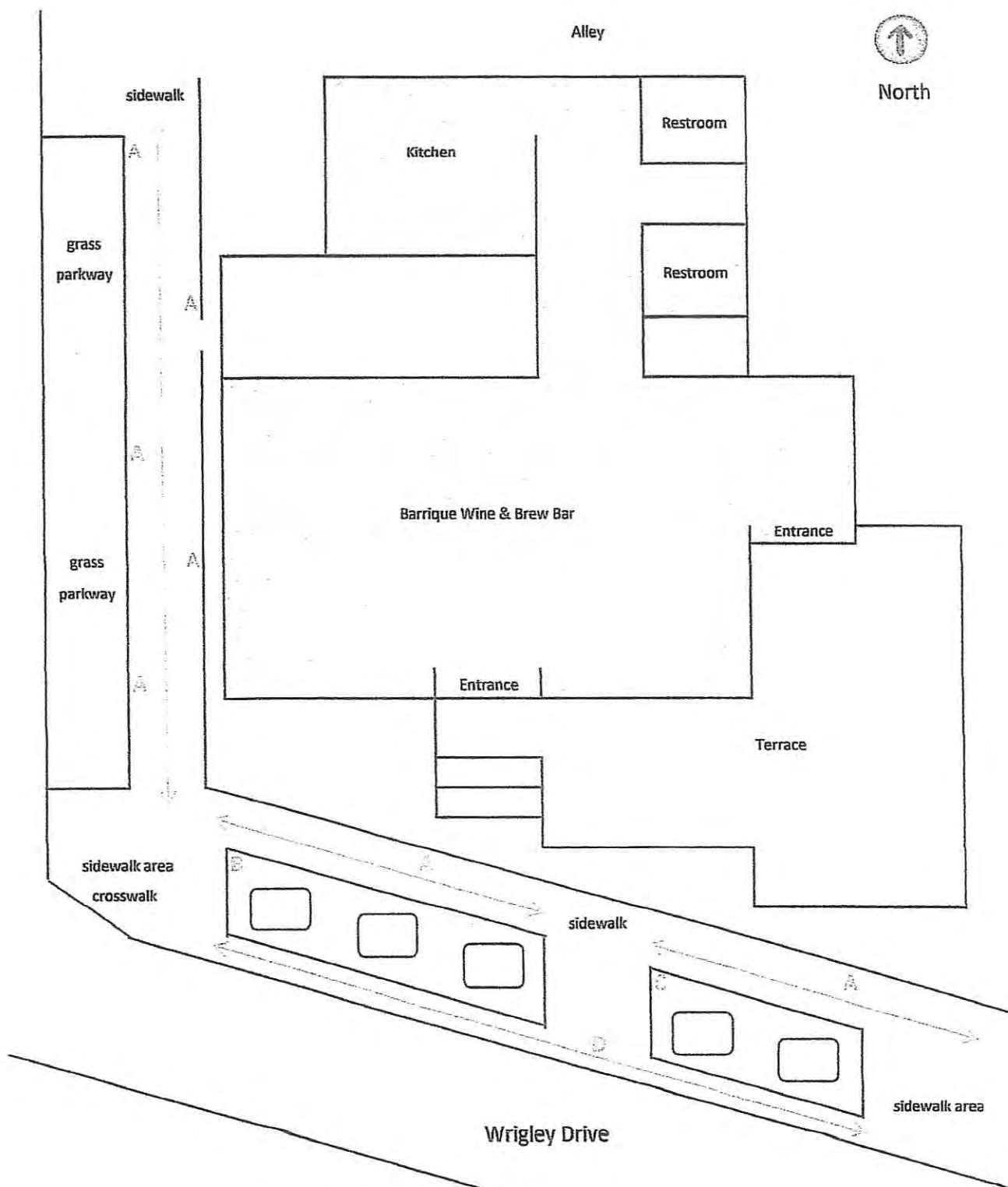
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Coverage

CERTIFICATE HOLDER

CANCELLATION

City of Lake Geneva 626 Geneva St. Lake Geneva WI 53147 USA	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
--	---

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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 Restaurant - Moderate Complexity	EXPIRATION DATE 30-Jun-2021	I.D. NUMBER MEBH-9AXPAV
LICENSEE MAILING ADDRESS BEACHSIDE HOSPITALITY INC. [REDACTED]	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS BARRIQUE WINE AND BREW BAR 835 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:

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

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



CITY OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- ☐ **Certificate of Comprehensive General Liability Insurance** naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- ☐ **Scaled diagram** which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- ☐ **Copy of restaurant license issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64.**
- ☐ **Application Fee** of \$15.00 per seat: 24 seats x \$15.00 = \$ 360
(# OF SEAT'S) (TOTAL FEE)
- ☐ **Alcohol License Premises Extension Application (Initial Applications Only).** If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: HARRY S CHIRONIS
Establishment Name: HARRY'S CAFE & PLACE
Address: 208 MAIN STREET LAKE GENEVA, WI

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: JAMES G. CHIRONIS

Signature of Agent: James G. Chironis Date: 4-2-2021

INDEMNIFICATION STATEMENT

I, HARRY S. CHIRONIS representing HARRY'S CAFE & PLACE 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 Chironis DATE: 04/02/2021

For Office Use Only

Date Filed with Clerk: April 12, 2021

Total Amount: \$ 300 Receipt No.: 15-000740

Date Forwarded to Police Chief: April 12, 2021

Police Chief Signature: [Signature] Approved ☒ Denied ☐

Date Forwarded to Building Inspector: 20 April 2021

Director of Building Inspector Signature: _____ Approved ☐ Denied ☐

Date Forwarded to Director of Public Works: 20 April 2021

Director of Public Works Signature: [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

WEST

Basement Storage (Beer)

STAIRS

NEWS RM

LADIES RM

SERVICE AREA

HALLWAY

KITCHEN

SERVICE AREA

BEER & WINE

OFFICE
Records + Storage

CAFE

BAR

LIQUOR storage under bar

BEER BACK BAR LIQUOR

EAST

LeCockery

Door

BACK PATIO

OUTSIDE SIDEWALK

Door

LAKESHORE

329

329

329

329

329

MAIN ST

NORTH

ROAD

NORTH

HARRY'S Cafe & Place

SCALE:	APPROVED BY	DRAWN BY
DATE:		
808 Main St.		
		DRAWING NUMBER



CITY OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- ☒ **Certificate of Comprehensive General Liability Insurance** naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- ☒ **Scaled diagram** which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- ☒ **Copy of restaurant license** issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64.
- ☒ **Application Fee** of \$15.00 per seat: 20 seats x \$15.00 = \$ 300.00
(# OF SEATS) (TOTAL FEE)
- ☒ **Alcohol License Premises Extension Application (Initial Applications Only).** If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: DEMETRIUS ARGIROPOULOS / GEORGE ARGIROPOULOS
Establishment Name: LAKE AIRE LLC (DBA: LAKE AIRE RESTAURANT)
Address: 804 W. MAIN ST., LAKE GENEVA, WI 53147

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: GEORGE ARGIROPOULOS

Signature of Agent: George Argiropoulos

Date: 4/5/2021

INDEMNIFICATION STATEMENT

I, GEORGE ARGIROPOULOS representing LAKE AIRE RESTAURANT 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: George Argiropoulos

DATE: 4/5/2021

For Office Use Only

Date Filed with Clerk: April 12, 2021

Total Amount: \$ 300 Receipt No.: 15.000742

Date Forwarded to Police Chief: April 12, 2021

Police Chief Signature: [Signature] Approved

Denied

Date Forwarded to Building Inspector: 4/16/21

Director of Building Inspector Signature: [Signature] Approved

Denied

Date Forwarded to Director of Public Works: 20 April 2021

Director of Public Works Signature: [Signature] Approved

Denied

5' walk shall be maintained @ all times
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



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 Restaurant - Moderate Complexity		EXPIRATION DATE 30-Jun-2021	I.D. NUMBER HSAT-7QWBUC
LICENSEE MAILING ADDRESS ARGIROPOULOS/ARGIROPOULOS 804 MAIN ST LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS ARGIROPOULOS DEMETRIUS 804 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

DATE (MM/DD/YYYY)

04/06/2021

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 Spiegelhoff & Associates Insurance Agency 803 S Wells Street Lake Geneva, WI 53147	CONTACT NAME: Carrie Fecteau	
	PHONE (A/C, No, Ext): (262)248-9502 FAX (A/C, No): (262)248-8982	
	E-MAIL ADDRESS: carrie@spiegelhoffinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Erie Insurance	26271
INSURED LAKE AIRE RESTAURANT 804 MAIN ST LAKE GENEVA, WI 53147-1805	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 00004491-427553

REVISION NUMBER: 1

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:			Q971230242	02/15/2021	02/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10000			Q26-1570496	02/15/2021	02/15/2022	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	Q86-1501047	02/15/2021	02/15/2022	☒ PER STATUTE ☐ 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITY OF LAKE GENEVA
626 CENTER ST
LAKE GENEVA, WI 53147

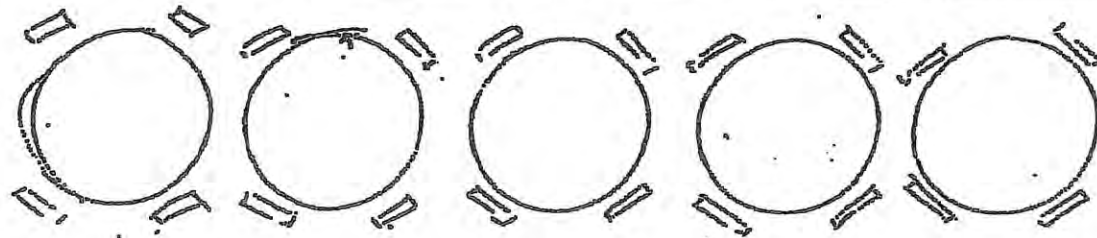
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(CJF)

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LAKE AIRE RESTAURANT



PROJECTED SEATING AREA

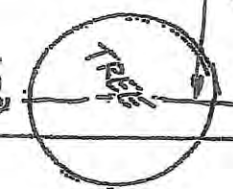
SIDE WALK AREA

CEMENT

BRICK

CEMENT

CURB



BROAD STREET

15'

6 1/2'

4 1/2'

3 1/2'

3 1/2'

2 FT



CITY OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- ☒ **Certificate of Comprehensive General Liability Insurance** naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- ☒ **Scaled diagram** which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- ☒ **Copy of restaurant license** issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64.
- ☒ **Application Fee** of \$15.00 per seat: 24 seats x \$15.00 = \$ 360
(# OF SEATS) (TOTAL FEE)
- ☒ **Alcohol License Premises Extension Application (Initial Applications Only).** If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: PAUL MECKLER
Establishment Name: OAKFIRE
Address: 831 WZIGLEY DR LAKE GENEVA WI 53147

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: DAVID R. SCOTNEY

Agent E-mail: DAVID@DAVIDSCOTNEY.COM

Signature of Agent: [Signature]

Date: 4/14/2021

INDEMNIFICATION STATEMENT

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

OPERATIONS MANAGER 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: 4/14/21

For Office Use Only

Date Filed with Clerk: April 14, 2021

Total Amount: \$ 3100

Receipt No.: 15-000782

Date Forwarded to Police Chief: [Signature]

Police Chief Signature: [Signature]

Approved

Denied

Date Forwarded to Building Inspector: [Signature]

Director of Building Inspector Signature: [Signature]

Approved

Denied

Date Forwarded to Director of Public Works: [Signature]

Director of Public Works Signature: [Signature]

Approved

Denied

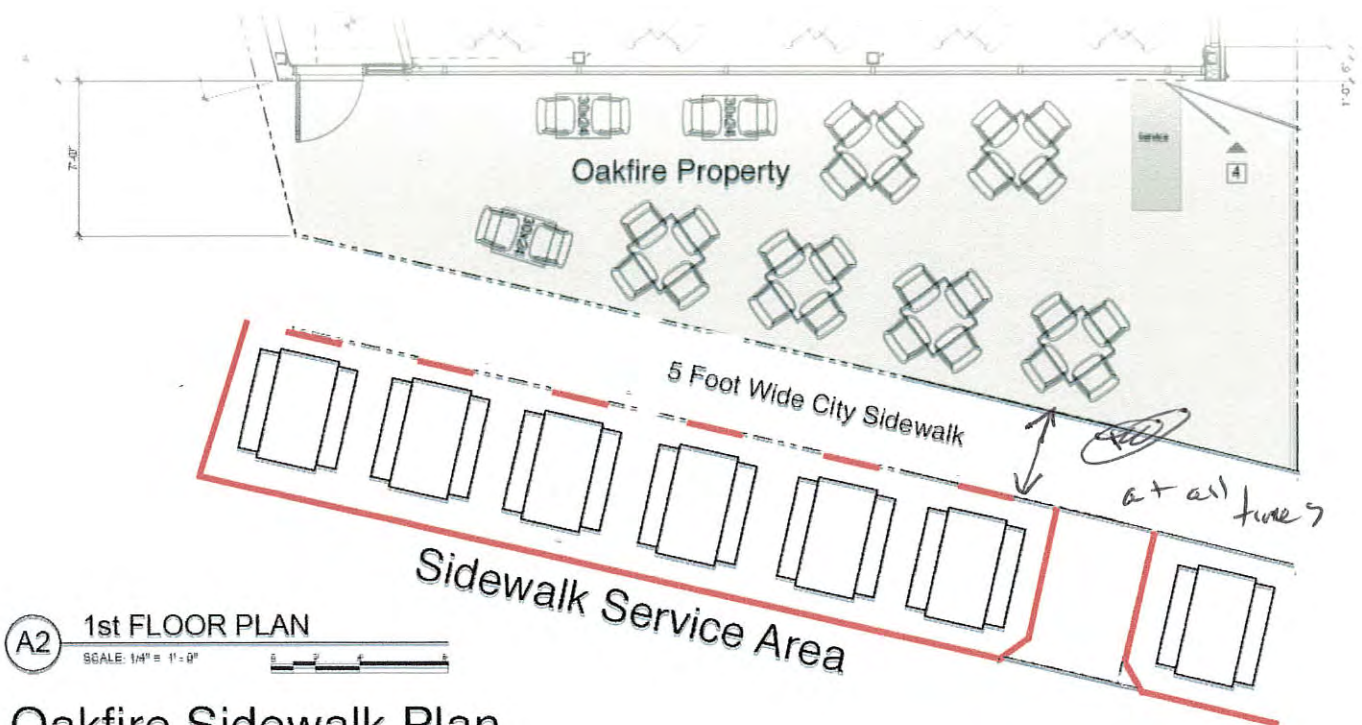
Date of FLR/Council Approval (for alcohol license amendment, if applicable): [Signature]

Permit Issue Date: [Signature] Permit Number: [Signature]

Copies Provided to:

Police Chief
DPW Director

Fire Chief
Zoning Administrator



A2 1st FLOOR PLAN

SCALE: 1/4" = 1' - 0"



Oakfire Sidewalk Plan

Baricade



OAKFI-1

OP ID: JC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2021

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.

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PRODUCER
Glass Insurance Center
500 Commercial Ct, Ste 500
P.O. Box 1149
Lake Geneva, WI 53147-6149
Jodi Cordes

262-248-5555

CONTACT NAME: Jeffrey J Glass**PHONE (A/C, No, Ext):** 262-248-5555**FAX (A/C, No):** 262-248-5544**E-MAIL ADDRESS:****INSURER(S) AFFORDING COVERAGE****NAIC #****INSURER A:** Society Insurance**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:**

INSURED
Oakfire LLC; Oakfire Properties LLC
Oakfire Kenosha LLC; Oakfire Hospitality Group LLC
David Scotney
831 Wrigley Dr
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 ☒ Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			BP17035903	12/08/2020	12/08/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BP17035903	12/08/2020	12/08/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$			UM17035921	12/08/2020	12/08/2021	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) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC17035918	12/08/2020	12/08/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			BP17035903	12/08/2020	12/08/2021	Liability \$ 1,000,000

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

- Outside/Sidewalk Tables

CERTIFICATE HOLDER

City of Lake Geneva
Lake Geneva, WI 53147

CANCELLATION

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



DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION

License, Permit or Registration

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

ACTIVITY Restaurant - Moderate Complexity		EXPIRATION DATE 30-Jun-2021	I.D. NUMBER MMAH-AKGRVY
LICENSEE MAILING ADDRESS OAKFIRE, LLC 831 WRIGLEY DR LAKE GENEVA WI 53147	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS OAKFIRE 831 WRIGLEY LAKE GENEVA WI 53147	

Wisconsin Department of Revenue Seller's Permit

Legal/real name: OAKFIRE LLC

Business name: OAKFIRE PIZZERIA AND RESTAURANT
831 WRIGLEY DRIVE
LAKE GENEVA WI 53147

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type

Sales & Use Tax

Account Type

Seller's Permit

Account Number

456-1028656597-02



CITY OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

☒ Certificate of Comprehensive General Liability Insurance naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00. - requested

☒ Scaled diagram which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). Site plan must depict five (5) feet of unobstructed sidewalk for public use. ?

☒ Copy of restaurant license issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64. ✓

☒ Application Fee of \$15.00 per seat: 130 seats x \$15.00 = \$ 1950 ?
(# OF SEATS) (TOTAL FEE)

☒ Alcohol License Premises Extension Application (Initial Applications Only). If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area. OK

APPLICANT INFORMATION

Applicant Name: Dimitrius ANAGNOS

Establishment Name: Popeyes Galley & Grog, Ltd.

Address: 811 Wrigley Dr. LAKE GENEVA WI 53147

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Dimitrios Anagnostos

Signature of Agent: [Signature]

Date: 4/14/21

INDEMNIFICATION STATEMENT

I, Dimitrios Anagnostos representing Papayas Gally & Grog as its
(FULL NAME) (ESTABLISHMENT)

CEO

(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: 4/14/21

For Office Use Only

Date Filed with Clerk: April 15, 2021

Total Amount: \$ 1,956. Receipt No.: 18.000794

Date Forwarded to Police Chief: April 15, 2021

Police Chief Signature: [Signature]

Approved

Denied

Date Forwarded to Building Inspector: 4/20

Director of Building Inspector Signature: [Signature]

Approved

Denied

Date Forwarded to Director of Public Works:

Director of Public Works Signature: [Signature]

Approved

Denied

Date of FLR/Council Approval (for alcohol license amendment, if applicable): 5' clearance maintained

Permit Issue Date: _____ Permit Number: _____

Copies Provided to:

Police Chief
DPW Director

Fire Chief
Zoning Administrator



POPEYES
PATIO

Each table on
sidewalk
has an umbrella

RESTAURANT

RESTAURANT

Popeye's
Main
Entrance

host

serv

6

6

6

6

6

6

6

6

6

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6

6

6

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6

6

6

6

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6

6

Sidewalk Café
Seats
130

5 FT
CLEARANCE

5 FT
CLEARANCE

5' clear

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

2

4

4

4

4

Stanchions for Alcohol Service

2ft clear

Stanchions for Alcohol Service

2ft clear

Stanchions for Alcohol Service

2 ft clear

Stanchions for Alcohol Service

Wrigley Drive

Geneva

Lake



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/13/2021

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.

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PRODUCER Ansay & Associates, LLC. PW 101 E Grand Ave, Suite 11 Port Washington WI 53074	CONTACT NAME: Laurie Schafer	
	PHONE (A/C, No, Ext): 4144219200	FAX (A/C, No): 414-421-8991
INSURED Popeye's Galley & Grog, Ltd 811 Wrigley Drive Lake Geneva WI 53147	E-MAIL ADDRESS: laurie.schafer@ansay.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Sentry Insurance a Mutual Company	
	INSURER B: Employers	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1040204837**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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	Y	A0084838007	2/1/2021	2/1/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 3,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 3,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$
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 ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS		A0084838005	2/1/2021	2/1/2022	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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 \$ 0		A0084838008	2/1/2021	2/1/2022	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																			
AGGREGATE	\$ 5,000,000																			
	\$																			
B	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		EIG2708571	2/1/2021	2/1/2022	<table border="1"><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
WC STATU-TORY LIMITS	OTH-ER																			
E.L. EACH ACCIDENT	\$ 500,000																			
E.L. DISEASE - EA EMPLOYEE	\$ 500,000																			
E.L. DISEASE - POLICY LIMIT	\$ 500,000																			
A	LIQUOR LIABILITY		A0084838007	2/1/2021	2/1/2022	<table border="1"><tr><td>Each Occurrence</td><td>1,000,000</td></tr><tr><td>Aggregate</td><td>2,000,000</td></tr></table>	Each Occurrence	1,000,000	Aggregate	2,000,000										
Each Occurrence	1,000,000																			
Aggregate	2,000,000																			

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

Additional Insured status is extended from the general liability policy to all parties specified in the written contract, signed prior to the loss, as per the attached endorsement.

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

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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
Restaurant - Moderate Complexity, Kitchens: 1	30-Jun-2021	DROS-8Y87NU
LICENSEE MAILING ADDRESS	NOT TRANSFERABLE	BUSINESS / ESTABLISHMENT ADDRESS
POPEYES GALLEY & GROG, LTD		POPEYES
[REDACTED]		811 WRIGLEY DR
LAKE GENEVA WI 53147-1117		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 OF LAKE GENEVA

SIDEWALK CAFÉ PERMIT APPLICATION

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED.

Please Check:

- | | |
|---|--|
| ☐ Initial Sidewalk Café Permit with Alcohol | ☒ Renewal of Sidewalk Café Permit with Alcohol |
| ☐ Initial Sidewalk Café Permit without Alcohol | ☐ Renewal of Sidewalk Café Permit without Alcohol |

Application Checklist:

- ☒ Certificate of Comprehensive General Liability Insurance naming the City as a party insured against liability resulting from the uses permitted herein. The coverage shall be in an amount not less than \$1,000,000.00.
- ☒ Scaled diagram which accurately depicts the dimensions of the existing sidewalk area and adjacent private property, the proposed location of the sidewalk café, size and number of tables, seats, bollards (and chains or ropes), planters, umbrellas, location of doorways, tree, signage, parking meters, obstructions (either existing or proposed, within the pedestrian way). *Site plan must depict five (5) feet of unobstructed sidewalk for public use.*
- ☒ Copy of restaurant license issued by the Wisconsin Dept. of Health Services and/or Wisconsin Dept. of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64.
- ☐ Application Fee of \$15.00 per seat: $\frac{22}{\text{(\# OF SEATS)}} \text{ seats} \times \$15.00 = \$ \frac{350}{\text{(TOTAL FEE)}} 330$
- ☐ Alcohol License Premises Extension Application (Initial Applications Only). If the applicant wishes to serve alcohol in the sidewalk café area, the applicant must currently hold a valid license to serve alcohol and submit an application requesting the premises description of the license be amended to include the sidewalk café area. The Alcohol License Premises Extension Application does not need to be submitted if the alcohol license has already been extended to the sidewalk café area.

APPLICANT INFORMATION

Applicant Name: GLENEAGLES LLC
Establishment Name: SOPRA
Address: 724 W. MAIN ST. LAKE GENEVA 53147

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

☒ Yes

☐ No

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name:

ACASTAIR M. COMMING

Signature of Agent:

Date:

4/19/21

INDEMNIFICATION STATEMENT

I, ACASTAIR M. COMMING 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:

4/26/21

For Office Use Only

Date Filed with Clerk:

Apr. 1 20, 2021

Total Amount: \$

330

Receipt No.:

15-000833

Date Forwarded to Police Chief:

Police Chief Signature:

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

I'm again requesting approval of the sidewalk cafe seating Plan A. This was the layout approved in 2020. Both owners have again given us approval to use some of their frontage.

It's a far more practical layout for Main St. giving 11' feet of sidewalk compared to the required 5 feet. It doesn't create a bottleneck for pedestrians plus gives up more socially distanced tables.

Many Thanks

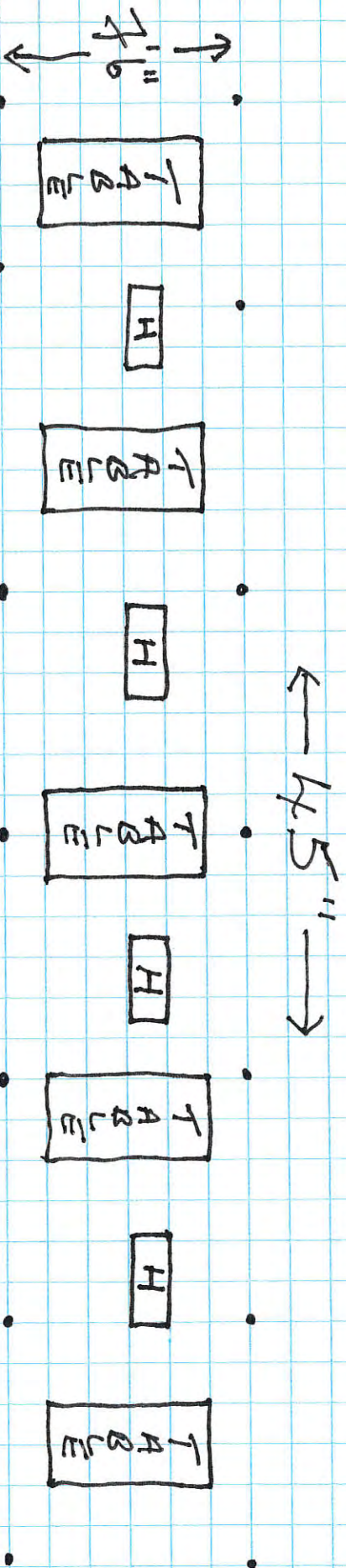
Alarstein



SOPRA

MAIN STREET

PLAN 1.



H = HEATER

JEWELLER

SOPRA

TOY
SHOP

6-LENEKABICS LLC

66A SOPRA
124 Main St.
Litchfield, CT

Maple St.

Former Layout 2019

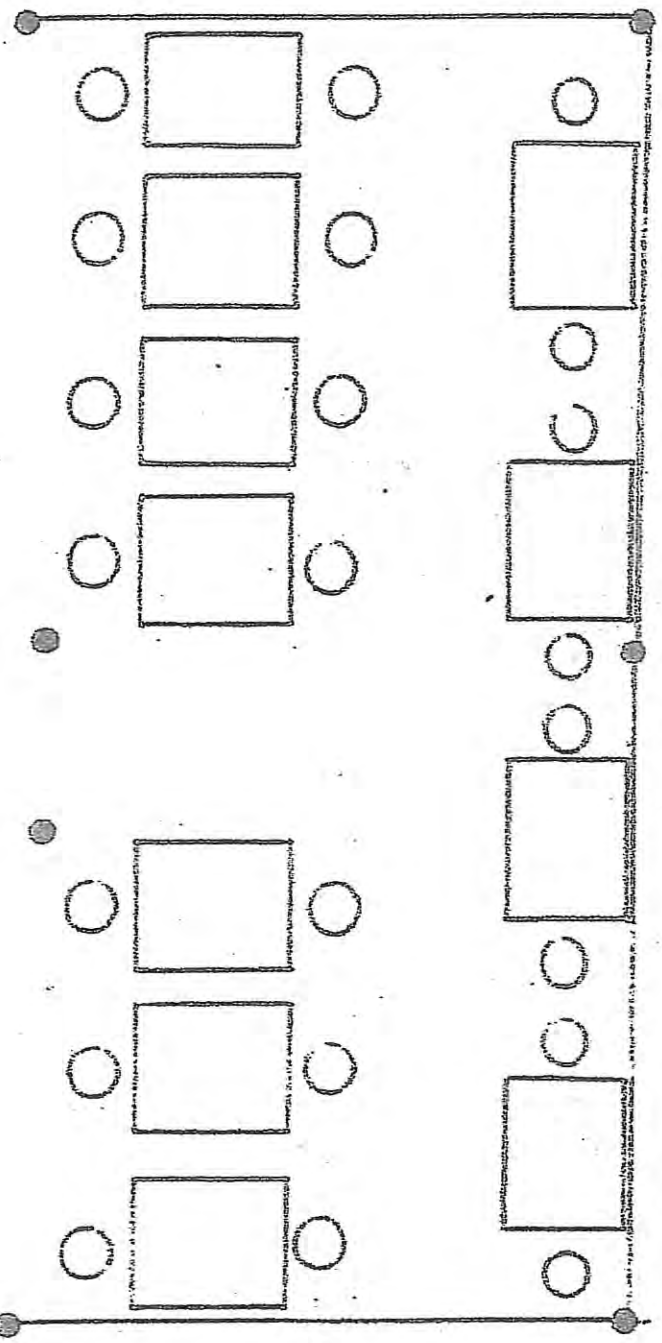
2'

20' 6"

2'

10'

10'



6' 3" Sidewalk

EXISTING
LAYOUT

6' 3" Sidewalk

Sofa

Door

FRONT OF SOPRA RESTAURANT



CITY OF LAKE GENEVA

TAXI COMPANY LICENSE APPLICATION

Please Check:

☐ Original Application

☒ Renewal of Current License

Fees of \$50.00 for first car and \$25.00 per each additional car are due upon application

Annual License Expires June 30th each year

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

NOTE: Application must be accompanied by the following documents:

- ☐ Copy of policy of liability insurance covering all vehicles, insuring the licensee against loss from liability to the amount of \$300,000 for the injury or death of one or more persons and in the amount of \$100,000 for damage to property of others for any one accident due to negligent operation of vehicle.
- ☐ Copy of certificate of inspection signed by a reputable automobile mechanic or public garage owner certifying that the vehicle sought to be licensed is mechanically sound and in a thoroughly safe condition for the transportation of passengers and in clean, fit and good appearance.
- ☐ Taxi/Trolley Driver License Application(s) for any drivers who are not currently licensed with the City of Lake Geneva.

ANY APPLICATION SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND REJECTED.

BUSINESS INFORMATION

Business Name: Lakefront Shuttle

Bus. Address (Physical): 300 Wrigley Dr

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

BUSINESS OWNER/AGENT INFORMATION

Owner/Agent Name: Robert McAllister

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? ☒ YES ☐ NO
If Yes, please state where: Lake Geneva
2. Have you ever had a license revoked? YES ☒ NO
If Yes, please explain: _____

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 2

Vehicle #1

<u>Ford</u>	<u>E450</u>	<u>2005</u>
Make	Model	Year
<u>12+ Driver</u>		

Vehicle #2

<u>Thomas</u>	<u>HDX</u>	<u>2007</u>
Make	Model	Year
<u>46+ Driver</u>		
Capacity	License Plate No.	

Vehicle #3		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

Vehicle #4		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

APPLICANT SIGNATURE

Rht 51111111 DATE: 4/22/21

For Office Use Only

Date Filed: <u>4/22/21</u>	Police Chief
Receipt No: <u>15000842</u>	Recommendation: <u><i>[Signature]</i></u>
Total Amount: <u>75.00</u>	Approved ☒ Denied ☐
Forwarded to Police Chief: <u>April 22, 2021</u>	City Attorney Approval of Liability Insurance: _____
Forwarded to City Attorney: _____	License Date: _____
Verified: Stark ☐ MSI ☐	License Number: _____
Notes: _____	
FLR Approval: _____	
Council Approval: _____	

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Robert M^c Allister
 Vehicle Owner/Agent Name

Vehicle – Year <i>2005</i>	Make <i>Ford</i>	Model <i>E450</i>	Color <i>White</i>	Odometer Reading <i>103242</i>	
Name – Inspecting Company or Agency <i>M. Key Auto Repair</i>			Name – Inspector <i>Jack</i>		
Address <i>923 Williams St</i>			City <i>Lake Geneva</i>	State <i>WI</i>	Zip Code <i>53142</i>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	☒	☐	SAFETY FEATURES	☒	☐
1. Failure indicator light	☒	☐	17. Turn signals operational	☒	☐
2. System integrity	☒	☐	18. Head lights	☒	☐
3. Pedal reserve	☒	☐	19. Tail lights	☒	☐
4. Disc / drum condition	☒	☐	20. Brake lights	☒	☐
5. Hoses and assembly	☒	☐	21. Horn	☒	☐
SUSPENSION	☒	☐	22. Windows / Windshield (cracks / chips)	☒	☐
6. Shock absorbers / struts	☒	☐	23. Front seat safety belts condition	☒	☐
7. Springs	☒	☐	24. Back seat safety belts condition	☒	☐
8. Shackles	☒	☐	25. Door locks operational	☒	☐
9. Modifications	☒	☐	WIPERS / WIPER BLADES	☒	☐
STEERING	☒	☐	26. Wipers operational	☒	☐
10. Lash	☒	☐	27. Blades contact	☒	☐
11. Free turning	☒	☐	28. Blades condition	☒	☐
12. Linkage play	☒	☐	TIRES – FRONT	Lft	Rt
13. Power system	☒	☐	29. Tread depth	☒	☒
EXHAUST SYSTEM	☒	☐	30. Matching	☒	☒
14. Leaks	☒	☐	31. Condition	☒	☒
15. Legal muffler	☒	☐	TIRES – REAR	Lft	Rt
16. Tailpipe	☒	☐	32. Tread depth	☒	☒
			33. Matching	☒	☒
			34. Condition	☒	☒

Brief Comments – Refer to Item Number

SIGNATURE – Inspector

John Seidel / *[Signature]*

Date – Inspection

4-15-21

VEHICLE SAFETY INSPECTION

Instructions: The licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the City Clerk.

Robert McAllister
Vehicle Owner/Agent Name

Vehicle - Year <u>2007</u>	Make <u>Thomas</u>	Model <u>HDX</u>	Color <u>White</u>	Odometer Reading <u>222861</u>	
Name - Inspecting Company or Agency <u>Nelsons bus service Inc.</u>			Name - Inspector <u>Chris Ruesch</u>		
Address <u>W8608 Willis Ray RD</u>			City <u>Whitewater</u>	State <u>WI</u>	Zip Code <u>53190</u>

VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace
BRAKES	☒	☐	SAFETY FEATURES	☒	☐
1. Failure indicator light	☒	☐	17. Turn signals operational	☒	☐
2. System integrity	☒	☐	18. Head lights	☒	☐
3. Pedal reserve	☒	☐	19. Tail lights	☒	☐
4. Disc / drum condition	☒	☐	20. Brake lights	☒	☐
5. Hoses and assembly	☒	☐	21. Horn	☒	☐
SUSPENSION	☒	☐	22. Windows / Windshield (cracks / chips)	☒	☐
6. Shock absorbers / struts	☒	☐	23. Front seat safety belts condition	☒	☐
7. Springs	☒	☐	24. Back seat safety belts condition	☒	☐
8. Shackles	☒	☐	25. Door locks operational	☒	☐
9. Modifications	☒	☐	WIPERS / WIPER BLADES	☒	☐
STEERING	☒	☐	26. Wipers operational	☒	☐
10. Lash	☒	☐	27. Blades contact	☒	☐
11. Free turning	☒	☐	28. Blades condition	☒	☐
12. Linkage play	☒	☐	TIRES - FRONT	Lft	Rt
13. Power system	☒	☐	29. Tread depth	☒	☒
EXHAUST SYSTEM	☒	☐	30. Matching	☒	☒
14. Leaks	☒	☐	31. Condition	☒	☒
15. Legal muffler	☒	☐	TIRES - REAR	Lft	Rt
16. Tailpipe	☒	☐	32. Tread depth	☒	☒
			33. Matching	☒	☒
			34. Condition	☒	☒

Brief Comments - Refer to Item Number

SIGNATURE - Inspector

[Signature]

Date - Inspection

4/20/21



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)
04/29/2021 10:42 AM

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 Suite 500 Lake Geneva, WI 53147	CONTACT NAME: Risk Placement Services, Inc.	
	PHONE: 7158324000 (A/C. No. Ext):	FAX: (A/C. No.):
E-MAIL:		
ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: NATIONAL LIABILITY & FIRE INSURANCE		20052
INSURER B: COMPANY		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 489,061 **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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS -- COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS			73APR390025	08/18/2020 12:01 AM	08/18/2021 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$ N/A
							BODILY INJURY (Per accident)	\$ N/A
							PROPERTY DAMAGE (Per accident)	\$ N/A
	UMBRELLA LIAB EXCESS LIAB ☐ 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)

When this policy is cancelled, the Company agrees to provide 10 days advance notice to the Certificate Holder.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2005 FORD E450 1FDXE45S55HB31415		N/A	N/A	N/A	N/A	N/A

CERTIFICATE HOLDER

CITY OF LAKE GENEVA
626 GENEVA STREET
LAKE GENEVA, WI 53147

CANCELLATION

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

Tom J. J.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)
04/29/2021 10:42 AM

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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 Suite 500 Lake Geneva, WI 53147	CONTACT NAME: Risk Placement Services, Inc. PHONE (A/C. No. Ext): 7158324000 FAX (A/C. No.): E-MAIL ADDRESS:
INSURED LAKEFRONT SHUTTLE LLC PO BOX 163 LAKE GENEVA, WI 53147	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONAL LIABILITY & FIRE INSURANCE NAIC # 20052 INSURER B: COMPANY INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 489,061 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS -- COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			73APR394758	02/26/2021 12:01 AM	02/26/2022 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	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)

When this policy is cancelled, the Company agrees to provide 10 days advance notice to the Certificate Holder.

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2008 THOMAS BUS 1T7YU4C2981293109		N/A	N/A	N/A	N/A	N/A

CERTIFICATE HOLDER

CITY OF LAKE GENEVA
626 GENEVA STREET
LAKE GENEVA, WI 53147

CANCELLATION

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



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: Badger High School
Name of Event Organizer/Producer: Jennifer Strause - Principal
Production Company/Organization: Badger Graduation FEIN #: _____
Street Address: 220 E. South Street
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 High School Graduation Ceremony
2. Date(s) of Event: June 6th 2021 (RAIN DATE 6/7/21)
3. Location(s) of Event: Badger High School - Lake Geneva Middle School
4. Hours: 12:30 pm - 3:30 pm (June 6 + 7)
Note: Start Time & End Time
5. Event Chair/Contact Person: Principal Straus Phone: [REDACTED]
6. Day of Event Contact Name: _____ Phone: _____
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☐ Yes ☒ No
9. Estimated Attendance Number: 1350
10. Basis for estimate: 333 graduates, 4 family members + staff
11. Will you be setting up a tent? ☐ Yes ☒ No

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

12. Will there be any animals? ☐ Yes ☒ No

If yes, what type and how many: _____

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

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

Badger Custodial Staff to clean-up.

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

Lake Geneva Police department, School Liason: Officer Ward

16. Will there be fireworks or pyrotechnics at your event?

☐ Yes ☒ No

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

17. Will your event include the sale of beer and/or wine?

☐ Yes ☒ No

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

18. Will you or any other vendors be selling food or merchandise?

☐ Yes ☒ No

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

19. Do you intend to use the available picnic tables and benches in the location?

☐ Yes ☒ No

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. (Attached Google Map & Insurance form)

N/A

☐ 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

Wells Street - see attached Google Map

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

☐ Yes ☒ 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 High School 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: to close Wells Street - for students to parade to LGMS

☒ Police Services; Explain: to maintain Street closure, traffic

☐ 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: _____

N/A

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: 4/20/21



path of students



closure



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2021

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 M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	CONTACT NAME: Brianna Schwanke		
	PHONE (A/C, No, Ext): 262-524-6026	FAX (A/C, No): 608-273-1725	
	E-MAIL ADDRESS: brianna.schwanke@m3ins.com		
	PRODUCER CUSTOMER ID #: LAKEGEN-01		
INSURED Lake Geneva Union High School 208 South Street Lake Geneva WI 53147	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : EMCASCO Insurance Company		21407
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 620495717**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			5D14931	7/1/2020	7/1/2021	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 - COMP/OP AGG \$ 4,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DEDUCTIBLE 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				WC STATUTORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Town of Bloomfield PO Box 704 Pell Lake WI 53157	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 <i>Brianna Schwanke</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2021

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.

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PRODUCER M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	CONTACT NAME: Brianna Schwanke PHONE (A/C, No, Ext): 262-524-6026 FAX (A/C, No): 608-273-1725 E-MAIL ADDRESS: brianna.schwanke@m3ins.com PRODUCER CUSTOMER ID #: LAKEGEN-01																					
INSURED Lake Geneva Union High School 208 South Street Lake Geneva WI 53147	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A :</td><td>EMCASCO Insurance Company</td><td>21407</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	EMCASCO Insurance Company	21407	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES**CERTIFICATE NUMBER:** 1772850891**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
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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
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	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				WC STATUTORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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 <i>Brianna Schwanke</i>
--	--

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For Office Use Only

Date Filed with Clerk: 4/26/21 Payment Amount: \$ N/A

Receipt #:

City Clerk/Administrator Signature: [Signature] Date: 4/26/2021

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 4-29-2021

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5-12-21

☒ Approve ☐ Denied Notes: _____

Parking Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Harbormaster Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____

City of Lake Geneva- Event Permit

Save the Date Form

Per the City of Lake Geneva Event Permit Policy, events held annually have the ability to reserve future dates for that event no more than three years after the current event being applied for.

Completion of this form is not meant to replace the application process for a City of Lake Geneva Event permit. A new event permit application will need to be completed for every future event.

Event Name: Badger HS Graduation

Event Date: YR 2021: 6/6/21

YR 2021: 6/7/21 rain date

YR 20____: _____

All Park Facilities: _____

Name of Sponsoring Organization: Badger High School

If Non-profit or Not-for-Profit: Tax ID / EIN #: _____

Contact First Name: _____ Last Name: _____

Phone/Mobile: _____

Email: _____

Notes/Request: _____



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: MAYOR CHARLENE KLEIN

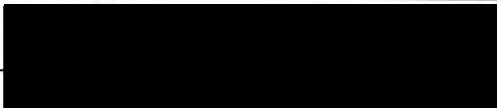
Name of Event Organizer/Producer: Ø

Production Company/Organization: CITY OF LAKE GENEVA FEIN #: _____

Street Address: 626 GENEVA ST.

City: LAKE GENEVA State: WI Zip code: 53147

E-mail Address: mayor@cityoflakegeneva.com

Daytime Phone: _____ Cell Phone: 

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

EIN # (Tax Exempt Number): 39-6005495

*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: NEW YEARS EVE GALA
2. Date(s) of Event: 12/31/21
3. Location(s) of Event: RIVIERA BALLROOM
4. Hours: 7 PM - MIDNIGHT
Note: Start Time & End Time
5. Event Chair/Contact Person: CHARLENE KLEIN Phone: [REDACTED]
6. Day of Event Contact Name: 11 Phone: [REDACTED]
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☒ Yes ☐ No
9. Estimated Attendance Number: 200 - 250
10. Basis for estimate: RIVIERA CAPACITY
11. Will you be setting up a tent? ☐ Yes ☒ No

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

12. Will there be any animals? ☐ Yes ☒ No

If yes, what type and how many: _____

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

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

STAFF

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

STAFF

16. Will there be fireworks or pyrotechnics at your event?

☐ Yes ☒ No

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

17. Will your event include the sale of beer and/or wine?

☒ Yes ☐ No

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

18. Will you or any other vendors be selling food or merchandise?

☐ Yes ☒ No

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

19. Do you intend to use the available picnic tables and benches in the location?

☐ Yes ☒ No

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

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

☐ Yes ☐ 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: 12/31/21

Total Number of Parking Stalls being Requested: _____

Parking Stall Number(s) and Location: _____

3. Description of Signage to be used during event: NONE

**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: _____

☐ **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: Charlene Klein Date: 4-26-21

New Years Eve Gala – Friday, December 21, 2021

This is another gala event to expose attendees to the newly renovated Riviera Ballroom and will feature the Swing Nouvea Orchestra from Milwaukee. Shari Straube is leading the committee along with Mayor Charlene Klein. This will likely be another fundraising event TBD. As of this date, the Rotary group will be providing the beverage service.

For Office Use Only

Date Filed with Clerk: April 27, 2021 Payment Amount: \$ _____

Receipt #: _____

City Clerk/Administrator Signature: [Signature] Date: Apr 27, 2021

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 4-29-2021

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5-12-21

☒ Approve ☐ Denied Notes: _____

Parking Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Harbormaster Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____



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: MAYOR CHARLENE KLEIN

Name of Event Organizer/Producer: CITY OF LAKE GENEVA

Production Company/Organization: _____ FEIN #: _____

Street Address: 626 GENEVA ST.

City: LAKE GENEVA State: WI Zip code: 53147

E-mail Address: mayor@cityoflakegeneva.com

Daytime Phone: _____ Cell Phone: 

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

EIN # (Tax Exempt Number): 39-6005495

*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.

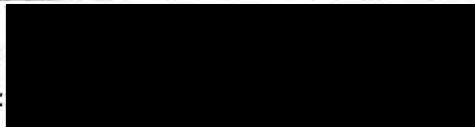
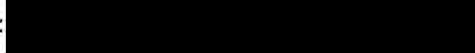
☒ **Tier 1 Events: *Non-Profit: No Charge; Otherwise: \$250.00 Fee for an event up to seven days; additional \$50.00 per day thereafter**

(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: "STRING OF PEARLS" GALA
2. Date(s) of Event: 8/28/21
3. Location(s) of Event: RIVIERA BALLROOM
4. Hours: 6 pm - 11 pm
Note: Start Time & End Time
5. Event Chair/Contact Person: CHARLENE KLEIN Phone: 
6. Day of Event Contact Name: " " Phone: 
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☒ Yes ☐ No
9. Estimated Attendance Number: 200
10. Basis for estimate: RIV CAPACITY & DISTANCING
11. Will you be setting up a tent? ☐ Yes ☒ No

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

12. Will there be any animals? ☐ Yes ☒ No

If yes, what type and how many: _____

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

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

CITY STAFF

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

CITY STAFF

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

If yes, please attach a fireworks display permit or application. (~~attach~~)

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

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

GENEVA LAKE MUSEUM PROVIDING ALCOHOL SERVICE

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

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

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

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

N/A

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

☒ Yes ☐ 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: 8-28-21

Total Number of Parking Stalls being Requested: 25

Parking Stall Number(s) and Location: LOT B

3. Description of Signage to be used during event: NONE

**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: _____

☐ **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: Mayor Charles Klein Date: 4-26-21

Saturday, August 28th, 2021

"String of Pearls" Gala to commemorate the 1932 completion of the Historic Riviera Municipal building, featuring the Glenn Miller Orchestra. (The original Glenn Miller Orchestra performed in the 1930's and 1940's)

This will be a ticketed event, with beverage service provided by the group from the Geneva Lake Museum.

A portion of the proceeds are proposed to go to a "First Responders Fund" to assist with EMT training, education, body cameras and other public safety items.

For Office Use Only

Date Filed with Clerk: April 27, 2021 Payment Amount: \$ _____

Receipt #:

City Clerk/Administrator Signature: [Signature] Date: Apr 27, 2021

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 4-29-2021

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5-12-2021

☒ Approve ☐ Denied Notes: _____

Parking Signature: [Signature] Date: 5/3/21

☐ Approve ☐ Denied Notes: 25 SALES * \$20 = \$500 + \$10 = \$510.00

DONATED PARKING

Harbormaster Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____



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: Mayor CHARLENE KLEIN

Name of Event Organizer/Producer: CITY OF LAKE GENEVA

Production Company/Organization: _____ FEIN #: _____

Street Address: 676 GENEVA ST.

City: LAKE GENEVA State: WI Zip code: 53147

E-mail Address: mayor@cityoflakegeneva.com

Daytime Phone: _____ Cell Phone: _____

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

EIN # (Tax Exempt Number): 39-6005495

*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: RIVIERA OPEN HOUSE
2. Date(s) of Event: 7/15/21
3. Location(s) of Event: RIVIERA
4. Hours: 10 am - 8 pm
Note: Start Time & End Time
5. Event Chair/Contact Person: CHARLENE KLEIN Phone: 
6. Day of Event Contact Name: " " Phone: " "
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☐ Yes ☒ No
9. Estimated Attendance Number: TBD
10. Basis for estimate: _____
11. Will you be setting up a tent? ☐ Yes ☒ No

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

12. Will there be any animals? ☐ Yes ☒ No

If yes, what type and how many: _____

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

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

N/A

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

AD HOC COMMITTEE VOLUNTEERS

16. Will there be fireworks or pyrotechnics at your event?

☐ Yes ☒ No

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

17. Will your event include the sale of beer and/or wine?

☐ Yes ☒ No

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

18. Will you or any other vendors be selling food or merchandise?

☐ Yes ☒ No

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

19. Do you intend to use the available picnic tables and benches in the location?

☐ Yes ☒ No

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

N/A

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

☒ Yes ☐ 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: 7-15-21

Total Number of Parking Stalls being Requested: 25

Parking Stall Number(s) and Location: LOT B - REQUESTED

3. Description of Signage to be used during event: OPEN HOUSE BANNER ON BALCONY

**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: _____

☐ Fire/EMS Services; Explain: _____

☐ Other; Explain: CHAIR SET-UP FOR 4pm RE-DEDICATION CEREMONY (INSIDE)

***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: Mayor Charles Klein Date: 4-26-21

Thursday, July 15, 2021

Free all day open house event at the Riviera to allow the citizens and public to see the completed renovation of the ballroom and first floor. Members of the Riviera Ad Hoc Committee will serve as greeters. Piano music will be provided periodically throughout the day in the ballroom.

A short re-dedication ceremony will be held at 4 pm, to which several local and state dignitaries will be invited, as well as personnel from the city, as well as the State Historical Society. I am requesting that Parking lot B be made available so that dignitaries coming from out of town will have a place to park for this event.

Following this event is a regularly scheduled Concert in the Park, (VLG).

For Office Use Only

Date Filed with Clerk: April 26, 2021 Payment Amount: \$ _____

Receipt #: _____

City Clerk/Administrator Signature: [Signature] Date: Apr 27, 2021

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 4-29-2021

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5-12-21

☒ Approve ☐ Denied Notes: _____

Parking Signature: [Signature] Date: 5/3/21

☐ Approve ☐ Denied Notes: 25 SPOTS * \$20 = \$500 + \$10 = \$510.00 IN

DONATED PARKING

Harbormaster Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____

Piers, Harbors and Lakefront Committee

May 11, 2021

Harbormaster Report: Slips 31 & 32 Recommendation

Overview: Slips 18, 31 and 32 are difficult to lease.

Suggestion: Designate two (2) slips to PWC. Largest PWC is approximately 50" wide by 150" (12.5') long

- Slip 31 – 7' width x 17' in length



Narrow entrance to the slip due to proximate of sterns and outdrives on rental boats.

Slip 18: This slip is especially difficult to lease due to it is wider at the opening and narrower at the dock end. Measures approximately 5' at the opening to the lagoon and 6' at the dock. Also short in length. Previous lessee purchased the boat to specifically to fit in this slip.



Pier is angled creating a narrower opening.

Slip 32: Remove from slips available for lease. This unit is too close to the rental boats and I would be concerned that any boat or PWC in this area could be damaged.



Slip 32 directly behind the rental boats and narrow entrance to the dock



Recommendation:

- Advertise two (2) slips available for PWC through a community drawing
- Residents only (exclude current lessees)
- Seasonal fee of \$1200
- Draw two names on Memorial Day Weekend

PHOENIX TALENT AGENCY, INC.

3208 W. Lake Mary Blvd., Suite 1720 Lake Mary, Florida 32746 (321) 441-9139

THE ATTACHED RIDER IS PART OF THIS CONTRACT AND MUST BE SIGNED
DO NOT ADVERTISE THIS ENGAGEMENT UNTIL CONTRACT HAS BEEN SIGNED BY BOTH PARTIES

AGREEMENT made this 28th day of April, 2021, between **Glenn Miller Productions, Inc.** (hereinafter referred to as the "Artist"), and **City of Lake Geneva** (hereinafter referred to as the "Purchaser").

IT IS MUTUALLY AGREED between the parties hereto as follows:

The Artist agrees to furnish and the Purchaser agrees to accept for the engagement hereinafter described the services of the **GLENN MILLER ORCHESTRA®** upon all the terms and conditions set forth herein and attached, which are incorporated herein and made a part of this agreement.

Name and address of place of engagement:	Riviera Ballroom, 812 Wrigley Drive Lake Geneva, Wisconsin 53417
Date(s) of engagement:	Saturday, August 28, 2021
Hours of engagement:	7:00 PM - 10:00 PM, with appropriate intermissions
Type of engagement:	Dinner dance
Price:	Seven Thousand (\$7,000.00) Dollars
Special Conditions:	Purchaser to provide hotel rooms per Rider #12

Payment of non-refundable deposit of Three Thousand, Five Hundred (\$3,500.00) Dollars shall be made by the Purchaser to **Glenn Miller Productions, Inc.** upon the signing of this agreement. The balance of the guarantee shall be paid to the manager of the **Glenn Miller Orchestra®** 30 minutes prior to the performance in **cash or by bank draft** drawn to the order of **Glenn Miller Productions, Inc.**

THERE ARE TO BE NO DEDUCTIONS FROM THE AGREED PRICE FOR ANY REASON WHATSOEVER

If the Purchaser breaches this agreement, it shall, in addition to the forfeiture of the non-refundable deposit to the Artist, pay the Artist's damages together with interest thereon at the rate of 1-1/2% per month plus reasonable attorney's fees.

The Agreement cannot be changed orally and shall be construed, governed, and interpreted pursuant to the laws of the State of New York. The Agreement represents the full understanding between the parties and neither party shall be bound by any terms or undertakings other than those contained herein.

WHEREFORE, the parties have signed this agreement the day and year first above written.

Glenn Miller Productions, Inc.
FEDERAL I.D. #13-5650273

City of Lake Geneva

BY: _____

By: _____
Mayor Charlene Klein

Deposit Received:

Deposit: _____ Date: _____
Agent: Joe Young

Address: 626 Geneva Street
Lake Geneva, WI 53417
Contact: Mayor Charlene Klein
Telephone: 262-215-3563
Email: mayor@cityoflakegeneva.com

THE FOLLOWING TERMS AND PROVISIONS ARE INCORPORATED IN THE AGREEMENT

The Artist agrees to plan, assemble and furnish the orchestra and accompanying personnel, if any, as well as the use of all musical arrangements. The Artist shall have and exercise exclusive authoritative control over such personnel, the details, methods and persons to be employed by it in performing the provisions of this agreement on its part to be performed, and shall have the right in its sole discretion to designate or change the personnel to be furnished by it at any time during the engagement. The Purchaser shall have no right, title or interest in the performances covered by this agreement other than the right to receive the live performances of the **Glenn Miller Orchestra** at the agreed time and place. The Artist shall perform and discharge all obligations imposed upon the employer under laws relating to workers' compensation, unemployment insurance, social security, withholding taxes and other Federal and State laws relating to employment. It shall further file all returns and reports and make withholdings required to be made by the employer.

The obligations upon the Artist to furnish the orchestra and accompanying personnel, if any, is subject to proven detention on the part of any persons involved by sickness, accidents, or accidents to means of transportation, riots, strikes, epidemics, Acts of God, or any other legitimate conditions beyond the control of the Artist or the employees involved.

Nothing in this contract shall ever be so construed as to interfere with any obligations which any employee of the Artist may have by reason of union membership.

The Purchaser represents that there does not exist any claim of any kind arising out of musical services rendered for the Purchaser, or any predecessor in interest, or any predecessor operating under the same trade name at the same location. It is agreed that the Artist, in its sole discretion, shall not be required to perform any provisions of this contract or to render any services so long as any such claim is unsatisfied or unpaid in whole or in part.

The Artist shall be free, in its sole discretion and without liability, to terminate or suspend its services hereunder in the event that its employees are affected by any union strike, ban, unfair list, order, or requirement notwithstanding any other provisions of this contract to the contrary.

~~Each party hereby agrees to indemnify the other party, and their respective agents, representatives, principals, employees, officers and directors, harmless from and against any loss, damage, cost or expense, including reasonable attorney's fees incurred or suffered by the other party as a result of any claim for personal injury, property damage or otherwise brought by or on behalf of any third party as a result of or in connection with the willful misconduct or negligence of the indemnifying party.~~

This constitutes the sole, complete, and binding agreement between the parties hereto. Phoenix Talent Agency, Inc. acts only as agent for Artist and assumes no liability hereunder.

This agreement may not be assigned by either party hereto.

(FOR OTHER PROVISIONS SEE ATTACHED RIDER)

January 2021

Please initial _____

GLENN MILLER ORCHESTRA®

THIS RIDER FORMS PART OF THE ANNEXED AGREEMENT DATED April 28, 2021

1. **BILLING:** The GLENN MILLER ORCHESTRA shall receive One Hundred Percent (100%) billing in all printed material, paid advertising, displays, programs, and any and all other advertising and publicity media used in connection with this engagement as specified by the Artist. The show shall be advertised as:

The World Famous 35%
Glenn Miller Orchestra 100%

2. **CANCELLATION POLICY:** The Artist has the right to cancel (or postpone to a mutually agreeable date) this engagement upon written notice to the Purchaser at least eight (8) weeks prior to the date of commencement of the engagement if the Artist enters into a contract prior to such eight (8) week period for the services of the Orchestra in film, radio, television or theatrical production. In the event of such cancellation, the Artist's total liability to the Purchaser hereunder shall be to pay to the Purchaser the amount of the nonrefundable deposit made hereunder.

Purchaser may not cancel this engagement for any reason whatsoever except for conditions beyond its control such as accidents, riots, strikes, acts of God, and inclement weather. If venue is outdoors, and in the event of inclement weather, Purchaser shall provide a local indoor venue. If no indoor venue is available, Artist shall be paid rain or shine.

3. **NO RECORDING:** Unless approved by the Artist, the Purchaser shall not:
 - A. schedule leader or members of the Orchestra for television or radio appearances;
 - B. permit any portion of the performance rendered hereunder to be broadcast, photographed, recorded, filmed, taped, or embodied in any form for any purpose, and Purchaser agrees that it will not authorize any such activity, nor admit to performance any persons carrying tape, film, cassettes, or video recording devices.

PURCHASE SHALL POST: "NO AUDIO OR VIDEO RECORDING AND NO FLASH PHOTOGRAPHY"

4. **SUPPORT ACTS:** Artist shall have absolute right of approval of any other acts on the show, including set length, billing, and placement in the show. In the event said approval is granted and Orchestra further agrees to rehearse with and/or accompany such acts, Artist shall receive additional compensation in an amount to be agreed upon separately.
5. **STAGING:** Purchaser at its own expense shall provide the following, all of which must be in first-class condition:
 - (a) One (1) grand (or baby grand) piano tuned to 440-A pitch (Steinway or Yamaha preferred);
 - (b) Sixteen (16) chairs on stage;
 - (c) Proper lighting on stage (full wash) and two (2) spotlights with operators (spotlights for concerts only);
 - ~~(d) A bandstand with skirted risers / platforms in conformance with the Orchestra's standard stage plot attached hereto;~~
 - (e) Four (4) Manhasset type music stands;
 - (f) Jazz drum set.
6. **SOUND:** The Purchaser shall provide sound equipment at its own expense in accordance with the attached sound equipment schedule.

Please initial _____

7. **DRESSING ROOMS:** Purchaser at its own expense shall provide Orchestra personnel ~~with three (3) adequate~~ dressing room facilities at or near the premises to enable the leader, the musicians, and vocalists to change prior to and after the performance hereunder. ~~One dressing room with private restroom must be provided for female vocalist and instrumentalists if any.~~
8. **HOSPITALITY:** Purchaser agrees to provide Orchestra personnel with a meal such as but not limited to sandwiches or hot dishes, a cheese/fruit/vegetable tray or salads, coffee, water, juice and soda. Meal shall be available upon Orchestra's arrival at venue. Please discuss with Orchestra road manager any special requirements.
9. **SETTLEMENT:** The balance of the guarantee shall be paid to the manager of the **Glenn Miller Orchestra** 30 minutes prior to the performance in cash or by bank draft drawn to the order of **Glenn Miller Productions, Inc.**

Should the terms of this contract entitle the Orchestra to participate in gross admission receipts or cover charges, the Purchaser agrees that in addition to Artist comps it will not issue more than thirty (30) complimentary tickets, or three percent (3%) of capacity, whichever is greater. A representative of the **Glenn Miller Orchestra** shall have access to the box office at all times throughout the day of engagement for purposes of verifying ticket sales. Purchaser will furnish Artist's representative with a signed box office statement at completion of engagement.

10. **MERCHANDISING:** Purchaser agrees to permit **Glenn Miller Orchestra** souvenir programs, CD's, DVD's, T-shirts and memorabilia to be sold throughout the engagement by salesmen provided by Artist without charge by the Purchaser. Purchaser shall provide 2 tables for Orchestra's use.
11. ~~**COMPLIMENTARY TICKETS:** Eight (8) courtesy house seats will be made available at all performances for use by the Artist.~~
12. **HOTEL ACCOMMODATIONS:** Purchaser at its own expense shall provide six (6) single rooms and seven (7) double rooms the night of the performance in a reasonable hotel as close to the venue and restaurants as possible.
13. **FUEL SURCHARGE:** Due to travel expenses, the Purchaser shall pay Artist \$100.00 at the venue either in cash or by separate check as partial reimbursement of its fuel costs.
14. **INSURANCE:** Artist carries standard Commercial General Liability insurance in the amount of \$1,000,000 per occurrence/\$2,000,000 Aggregate, Workers Compensation Insurance/Employers Liability, Automobile Liability insurance in the amount of \$1,000,000 for all Owned, Non-Owned & Hired Auto Vehicles and an Umbrella policy with \$2,000,000. Artist will provide a certificate of liability insurance if requested at least 30 days prior to the engagement. Any additional dollar amounts, or requests to be a named insured, will be at the sole expense of the Purchaser.
15. The Person signing this Agreement warrants that he / she is authorized to represent the Purchaser and has the authority and means to present Artist according to the terms herein. Any changes, deletions, additions to this Agreement and / or Rider, including any Purchaser Addenda or Riders shall not apply unless approved by Artist in writing. Should there be a conflict between Purchaser's Rider/Addenda and Artist's Agreement/Rider, Artist's Agreement/Rider shall apply.

Glenn Miller Productions, Inc.

City of Lake Geneva

By: _____

By: _____
Mayor Charlene Klein

Date: _____

Date: _____

GLENN MILLER ORCHESTRA®

Sound Requirements

The following equipment shall be provided by Purchaser
in accordance with Article #6 of the contract rider.

- A. Theatres or theatre-sized indoor facilities:
1. ~~Three~~ Four vocal microphones across the front
 2. Five saxophone microphones
 3. Two trombone microphones
 4. Two trumpet microphones
 5. One piano microphone
 6. Two floor monitors for vocalists
 7. Sidefills (monitors) suggested, but not required

- B. Outdoor concerts or very large indoor facilities:
1. Four vocal microphones across the front
 2. Five saxophone microphones
 3. Two trombone microphones
 4. Two trumpet microphones
 5. One piano microphone
 6. One bass microphone or direct input
 7. Three drum microphones (overhead, kick and snare)
 8. Two floor monitors for vocalists
 9. Sidefills (monitors) strongly suggested (not required)

~~Note:~~ Fourteen (14) total microphones and two (2) monitors for indoor jobs.

~~Eighteen (18) total microphones and at least two (2) monitors for outdoor jobs.~~

The Miller Sound Lives Forever!

3208 W. Lake Mary Blvd., Suite 1720

Lake Mary, Florida 32746

Phone: (321) 441-9135

www.glennmillerorchestra.com

Please initial _____



Contract

www.swingnouveau.net

13630 West Crawford Drive
New Berlin, WI 53151

Purchaser: City of Lake Geneva
Contact : Mayor Charlene Klein
Phone: (262)-215-3562
E-Mail: mayor@cityoflakegeneva.com

1. This is to confirm that Swing Nouveau will perform at The Riviera Ballroom, Lake Geneva, WI

On the date of December 31, 2021. The performance will begin at 8:30 PM and conclude after 12:30 AM

The contract price is \$ 5,000.00. A down payment will be made by check in the amount of \$ 500.00

Upon signing this contract. The remainder will be paid by check in the amount of \$ 4,500.00 by the end of the performance time.

2. Cancellation:

If the purchaser cancels the performance by notifying the contract person listed above of such cancellation less than 60 days but more than 30 days before the date of performance, then Swing Nouveau shall refund 50% of the down payment. If the purchaser cancels the performance with-in 7 days prior to the start time, Swing Nouveau shall receive full contract price. Please make checks out to Swing Nouveau LLC.

3. Special Considerations:

The purchaser shall provide two (2) 20 amp circuits or four (4) 10 amp circuits to the performance area. Twelve (12) chairs will be made available on the stage area for seating. A performance area of no less than 15' x 25' will be provided. Complimentary water, soda, or juice will be provided to band members during breaks.

4. Performance:

Swing Nouveau shall do everything necessary to execute the work in an expeditious and workman-like manner pursuant to the standards of the trade. The band shall perform on time and at the appointed place with all necessary equipment. This agreement to perform is subject to proven detention by sickness, accidents, riots, strikes, or an act of god. Note: Swing Nouveau's federal ID # is 39-195-2217

Purchaser

Swing Nouveau Signature

Date

3-12-2021

Date

Please sign and forward back a copy to Swing Nouveau by mail or electronically to swingnv69@aol.com and keep one copy for your records. Thank you and see you soon.



Lake Geneva

IT'S ALWAYS BEEN THE PLACE

Impact Fee Needs Assessment and Feasibility Report

Version 3.0

January 26, 2004

Presented by:



EHLERS
& ASSOCIATES, INC.

I. Introduction and Background

In November 2001, Ehlers and Associates was contracted with to provide an update to the original impact fee study that was completed in 1990.

The original impact fees as established by the City were enacted prior to the State of Wisconsin creating Section 66.0617 in 1993, and were adopted under the Special Assessment powers of the City. The City currently has implemented the following three impact fees under its Special Assessment authority:

- Sewer Utility \$1,344 per REU (Residential Equivalency Unit)
- Water Utility \$ 805 per REU
- Parks
 - Single Family \$ 50 per unit
 - Multiple Family
 - 1st unit \$ 50 per unit
 - 2nd unit \$ 25 per unit
 - 3rd unit \$ 15 per unit
 - 4+ units \$ 10 per unit

The 1993 Act established a framework necessary to be utilized for any impact fee created and enacted after May 1, 1995. The basis of Section 66.0617 is sub. 2, which states, "...a political subdivision may enact an ordinance under this section that imposes impact fees on developers to pay for the capital costs that are necessary to accommodate land development."

While the City has been collecting impact fees under special assessment authority, the City recognizes the need to adopt impact fees for additional areas outside of the special assessment area.

II. Background of Impact Fees

The 1993 Act that established Section 66.0617 was predicated on providing Wisconsin municipalities with a framework for the enactment of impact fees. The law was established to ensure that impact fees established carried a rational relationship to infrastructure necessary for land development to occur.

The law defined "Public Facilities" to mean "...highways, as defined in Section 340.01(22), and other transportation facilities, traffic control devices, facilities for collecting and treating sewage, facilities for collecting and treating storm and surface waters, facilities for pumping, storing and distributing water, parks, playgrounds and other recreational facilities, solid waste and recycling facilities,

fire protection facilities, law enforcement facilities, emergency medical facilities and libraries except that, with regard to counties, "public facilities" does not include highways, as defined in Section 340.01(22), other transportation facilities or traffic control devices. "Public Facilities" does not include facilities owned by a school district."

The law further defined the need to conduct a Public Facilities Needs Assessment, hold a public hearing on the proposed implementation of the impact fees, provided a framework for differential impact fee zones, standards for impact fees, ability to have a low-cost housing exemption, established expenditure/accounting requirements for fees collected, establishes a mechanism for the refunding of unspent impact fees, and also a framework for the impact fees to be established.

III. Inventory of Existing Public Facilities

General Government

The City's current general government infrastructure includes a 41,500 square foot City Hall that houses general government and police department functions. The facility was constructed in 1998, with adequate space for expansion of the police department.

There are no deficiencies noted in the General Government area.

Public Works

The Public Works department currently includes two structures, one masonry structure of 6,000 square feet, unknown construction date, and a metal shed of approximately 5,612 square feet, unknown construction.

There are no deficiencies noted in the Public Works area.

Library

The library is currently located in a facility comprised of 13,894 square feet, unknown construction date. Although not included in this report, it is anticipated that the library may be expanding at a future date to meet the needs of the community.

The City is currently studying the library, but has yet to define any deficiencies in the library.

Fire Department

The City is currently serviced by a single fire station of 9,728 square feet, unknown construction date. The city does utilize garage space at a water storage facility owned and operated by the Water Utility.

The City would categorize the space utilized by the Fire Department at the water storage facility as a deficiency to be addressed when development requires expansion of the existing fire station, or the construction of a second facility.

Parks & Recreation

The City currently operates approximately 148 acres of parkland, comprised of open space, community parks, neighborhood parks, special use sites, and playlots. The park facilities include play structures, playfields, trails, picnicking, water recreating and sledding.

The City commissioned and adopted a Park and Open Space Plan in 1999, which is on file and available at the City Hall.

As indicated in the Park and Open Space Plan, there are no identified deficiencies in the City's park system. However, as additional residential areas are developed, the need will arise to provide for additional neighborhood classified parks.

Water Utility

The Water Utility currently operates with four(4) production wells with a capacity of 6 million gallons per day (MGD). Current average daily use is 1.4 MGD, with a high low range of 1 MGD in the winter months, to 2.2 MGD in the peak summer months.

Production capacity is limited by the Water Commissions filtration capabilities of 4 MGD.

The City has the capability to store 1.7 MG in two(2) elevated storage tanks, with another 1.7 MG stored within the capacity of the distribution/transmission mains.

The City distributes the water through a series of over 209,000 feet of mains.

Based upon the standards that the City has employed historically, the City desires to maintain excess capacity in production/filtration/storage of greater than 2:1.

Sewer Utility

The Sewer Utility currently operates a collection and treatment system with rated capacity of 2.5 MGD. The Department of Natural Resources (DNR) recognizes plant capacity of 90% of the rated capacity, or 2.25 MGD. The current average daily use is approximately 1.3 MGD, but can peak out significantly higher. Although rated for 2.5 MGD, the plant can support a peak capacity in the range of 2.8 to 3.0 MGD, for limited periods of time.

IV. Expansion of Facilities to Meet Needs of Growth

The City of Lake Geneva, current population 7,196, has been experiencing steady growth over the past years, averaging approximately 150 units per year. The average is skewed higher with significant years of growth in 1997 and 1998.

In determining the growth areas for the City, Village Engineers Crispell-Snyder, Inc. reviewed potential development areas and estimated that full build-out would result in a population equivalent of 45,535 additional residents, or an equivalent of 23,328 additional residential equivalent units. The growth memorandum prepared by Crispell-Snyder, Inc. dated January 26, 2004 has been incorporated as Exhibit A and is attached. It has further been assumed that there will be no significant changes to community demographics.

Below are the anticipated new water & sewer facility infrastructure that would be necessary to accommodate the growth as envisioned in the Crispell-Snyder memorandum:

Sewer Utility

The City has identified the need to increase the capacity of the wastewater treatment plant and the interceptor sewer main/force main system transmitting wastewater to the treatment plant in order to accommodate the new growth.

Cost estimates for the increased transmission capability are as follows:

Northwest	\$1,994,000
Highway 50	350,000
Highway H	450,000
Highway 12	370,000
Southeast	1,140,500
Old Highway 120	2,247,500
WWTP Improvements	<u>24,494,581</u>

Construction Total	\$31,046,581
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Construction Contingencies	6,209,316
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Eng., Legal & Admin. (see Note)	<u>6,209,316</u>
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Total Projects	<u>\$43,465,213</u>
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Note: Engineering, Legal & Administrative costs included design, engineering, and construction management services.

The City anticipates that the above construction/expansion costs will not have a benefit towards the existing residents of the community.

Water Utility

The City has identified the need to develop additional elevated storage transmission mains and ultimately the siting and construction of a new water supply sources. Dependent upon development considerations, it is anticipated that an additional 3.2 million gallons will need to be stored/elevated and an additional 11,195 gallons per minute will need to be produced. Further, the City will need to construct a number of boosted zone stations, pressure reduction stations and significant installations of transmission classified water mains. Cost estimates are as follows:

Northwest Area	\$2,085,000
North Area	495,000
Stoneridge Subdivision	1,855,000
South Area	5,231,500
Area 15	1,526,500
Deep Well Construction	<u>16,904,568</u>
Construction Sub-Total	\$28,097,568
Construction Contingency	5,619,514
Eng., Legal & Admin. (see Note)	<u>5,619,514</u>
Total	<u>\$39,336,596</u>

Note: Engineering, Legal & Administrative costs included design, engineering, and construction management services.

The City anticipates that the above construction/expansion costs will not have a benefit towards the existing residents of the community.

Fire Department

The Fire Department currently utilizes garage space at a facility owned and operated by the Water Utility. It is anticipated that the growth in the community will necessitate either the expansion of the existing Fire Station, or the development of a second satellite station. It is believed that the latter is the most likely scenario, and is anticipated to be necessary in either 2008 or 2009.

Currently, the City is utilizing approximately 10,800 square feet to service the current population. Based upon the above, the current per capita square foot fire facility space is 1.5 square feet per capita. Based upon the anticipated total developed area population, the City would need to add 68,300 square feet to maintain the same per capita/square foot ratio. It is not anticipated that the

same ratio will be needed in the future, so a ratio of 1 square foot per capita has been utilized. Therefore, it is anticipated that 45,535 square feet of space will need to be added in the future.

In estimating the construction costs associated with building new fire facility space, it is anticipated that 25% of the facility will be "administrative" use, carrying construction costs in the \$120 - \$160 range. The remainder of the space needs will be for equipment storage and will carry construction costs in the \$85 to \$110 range. For purposes of this analysis, the administrative area will be cost estimated at \$150 per square foot, and the equipment storage areas will be cost estimated at \$100 per square foot.

Based upon an anticipated need of 45,535 square feet, the following are the anticipated costs:

Administrative Area	11,385 sq. ft @ \$150 =	\$1,707,750
Equipment Area	34,150 sq. ft. @ \$100 =	\$3,415,000
Engineering/Architectural	10%	512,275
Land/Contingencies	30%	<u>\$1,536,825</u>
Total		\$7,171,850

The City anticipates that the above construction/expansion costs will not have a benefit towards the existing residents of the community.

Parks

The City's Park and Open Space Plan, included by reference, identifies the need for the City to continue creating neighborhood parks with the development of new residential subdivisions. No new community or regional parks are identified as being necessary to develop with the growth that is anticipated.

The City's typical neighborhood park is between 3 and 5 acres, and includes some minor play structures. The Outdoor Recreation Plan calls for at least 1.8 acres per 1,000 residents, with a service radius not greater than 0.5 miles.

Assuming that the City will purchase and develop 1.8 acres of land per 1,000 residents, the City would need to purchase 82 acres (rounded) of land to service the developed population. It is estimated that the cost of land will average \$40,000 per acre, totaling \$3,280,000.

For the purposes of the impact fees, the City is estimating that improvement costs for the neighborhood park system will average \$25,000 per net developed

acre. It is estimated that based upon the 82 acres of land to service the developed population will result in an additional \$2,050,000 of cost.

Therefore, the total neighborhood park system will result in development costs of \$5,330,000.

There are no other deficiencies identified in the Park and Open Space Plan.

V. Impact Fee Methodology

The methodology that the City is utilizing in determining the impact fee assessments is prescribed in Section 66.0617, Wisconsin Statutes, and is summarized as follows:

New Capital Costs to Support Growth

Minus

Existing Facility Deficiencies

Divided by

Anticipated Unit Growth

Equals

Proposed Impact Fee

Sewer Utility

Capital Costs	\$43,465,213
Less Existing Facility Deficiencies	0
Divided by Residential Equivalent Units	23,328
Proposed Impact Fee	\$1,863.22
Rounded Fee	\$1,865

Water Utility

Capital Costs	\$39,336,596
Less Existing Facility Deficiencies	0
Divided by Residential Equivalent Units	23,328
Proposed Impact Fee	\$1,686.24
Rounded Fee	\$1,690



Fire Department Facilities

Capital Costs	\$7,171,850
Less Existing Facility Deficiencies	0
Divided by Residential Equivalent Units	23,328
Proposed Impact Fee	\$307.44
Rounded Fee	\$310

Parks & Recreation

Capital Costs	\$5,330,000
Less Existing Facility Deficiencies	0
Divided by Residential Equivalent Units	23,328
Proposed Impact Fee	\$228.48
Rounded Fee	\$230

Total Proposed Impact Fees

Sewer Utility	\$1,865
Water Utility	1,690
Fire Department Facilities	310
Parks & Recreation	230
Total Proposed Impact Fee	\$4,095.00

VI. Effects of Proposed Fee on Affordable Housing

Lake Geneva Affordable House	\$ 195,616
WHEDA 30 year Mortgage Rate	5.375%
Estimated Monthly Payment (Not Including Taxes)	\$ 1,106.18
Proposed Impact Fee	\$ 4,095
Estimated 30 Year Mortgage Rate	5.375%
Estimated Monthly Payment (Not Including Taxes)	\$ 23.16

The imposition of the impact fee represents an increase of 2.09% of the monthly mortgage costs for the above home. Assuming a mortgage affordability calculation of 2.5 times gross earnings, the "affordable home" would require a household income level of \$78,246 and the "affordable home" plus the impact fee would require an income level of \$79,884, a difference of \$1,638 annually.

VII. Development Zones

Based upon discussion by City Staff and the City Council, it is the determination of the City that the impact fees shall be implemented uniformly over the developable areas as identified in Exhibit B. Although Section 66.0617(5), Wisconsin Statutes, allows for differential zones to be applied, the City believes that a uniform fee is equitable for the community.

VIII. Low Cost Housing Exemption

Section 66.0617(7), Wisconsin Statutes, allows for a "Low-Cost Housing" exemption from the fee. Based upon direction of the City, the City is not of the opinion that a low-cost housing exemption should be implemented at this time.

IX. Conclusions

Based upon the foregoing analysis and assumptions, the City of Lake Geneva should proceed with revising existing and adopting new impact fees as follows:

Wastewater Fee	\$ 1,865
Water Fee	\$ 1,690
Fire Department	\$ 310
Parks	\$ 230
Total	<u>\$ 4,095</u>

The above represents an equitable assessment to new development for infrastructure that will need to be constructed in order to meet the needs of the City's new growth. The improvements laid out heretofore represent a rational relationship stemming from the growth that is anticipated to occur.

The City should review the impact fee ordinance and methodology periodically to ensure that the assumptions utilized in the analysis remain accurate.

Exhibit A

CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement ("Agreement") is entered into by and between the undersigned parties, who agree to maintain the confidentiality of all information disclosed by one party to the other, including but not limited to, trade secrets, confidential information, and other proprietary information, and to use such information solely for the purposes of the joint venture.

1. DEFINITION OF CONFIDENTIAL INFORMATION

Confidential information includes all information, whether in written, oral, or electronic form, that is disclosed by one party to the other, and which is identified as confidential at the time of disclosure.

2. OBLIGATIONS OF THE PARTIES

The parties agree to maintain the confidentiality of all confidential information disclosed by the other party, and to use such information solely for the purposes of the joint venture.

CONFIDENTIALITY	CONFIDENTIALITY
CONFIDENTIALITY	CONFIDENTIALITY
CONFIDENTIALITY	CONFIDENTIALITY
CONFIDENTIALITY	CONFIDENTIALITY

CONFIDENTIALITY CONFIDENTIALITY

The parties agree to maintain the confidentiality of all confidential information disclosed by the other party, and to use such information solely for the purposes of the joint venture.

CONFIDENTIALITY CONFIDENTIALITY CONFIDENTIALITY





MEMORANDUM

TO: Jim Mann
Ehlers & Associates, Inc.

FROM: Diane Thoun
Crispell-Snyder, Inc.

DATE: January 26, 2004

SUBJECT: City of Lake Geneva
Impact Fee Utilities Planning
Project No. 03014.BQ

General

Because of rapid residential and commercial development, the City of Lake Geneva wishes to assess impact fees to alleviate the cost of new municipal water and sewer facilities. This study is a summary of the facilities needed to serve new development. Cost estimates for the new facilities are also provided. This is a planning report intended for use in calculating impact fees only; the actual size and location of facilities may change during design. This report also does not offer a timeline for the rate of development. Impact fees are only charged to new development and do not account for current deficiencies in the system. Impact fees should be examined at a maximum interval of every 5 years, to assure that development is taking place as predicted.

A study area was chosen based on which areas around the City are expected to develop most quickly. The study area is the same for the analysis of both the water and wastewater facilities. The study areas are shown on Figures 1 and 2. Both maps are broken down further into service areas. For the wastewater study, the study areas are based on elevation and the flow of water. On the water map, the service areas are based on different pressure zones. Each of the service areas is divided into smaller areas of varying land use. The expected population, wastewater production, and water use are based on land use. The names of the service areas are based on the "Extra-Territorial Sewer and Water Study," by Crispell-Snyder, Inc., 1990.

LAKE GENEVA	GERMANTOWN	RACINE
P.O. Box 550 700 Geneva Parkway, 53147 (262) 348-5600 FAX (262) 348-9979	W175 N11117 Stonewood Drive, Suite 100, 53022 (262) 250-8000 FAX (262) 250-8011	6011 Durand Avenue, Suite 500, 53406 (262) 554-8530 FAX (262) 554-1503

Wastewater

The wastewater study area includes seven main service areas with several smaller areas of varying land use. The seven service areas are Areas B and D; Area G; Area H and its subparts; Area K; Area I; Areas M and L; and Area J. A summary of all areas, their land use, and estimated wastewater production is shown in Table 1.

Areas B and D are located northwest of the City near Lake Como. Area B is expected to contain low-density, single-family development. Area D is expected to be a mix of residential development with single-family homes and multiple family residences. Most of this service area drains toward Lake Como, while the rest will drain to the existing system. One new 2,241 gpm lift station and a 16-inch force main are required. The sizing calculations for all lift stations are shown in Table 2.

Area G contains proposed commercial development and is located at the intersection of Highways 12 and 50. A 288 gpm lift station will be located in this area. A 6-inch force main will transport the lifted sewage to the existing system. It will then flow by gravity to the treatment plant.

Areas H, H-1, H-2, H-3, and H-4 are planned for light industrial, single-family, commercial, institutional (middle school), and multi-family land use. These areas can be served by gravity sewers flowing to the nearby existing interceptor sewers.

Area K is divided into two sections. One section is expected to contain single-family, one-acre lots, while the other section will contain multi-family development with an existing trailer park. The whole area will be served by a 806 gpm lift station with an 8-inch force main. This will empty into the existing interceptor sewers to the north.

Area I is expected to contain single-family residential development. The entire area drains to the north, where it is bounded by STH 12. A 358 gpm lift station will be located there. A 6-inch force main will carry the pumped wastewater to the west to existing interceptor sewers.

Area L is planned for single-family residential and some commercial development along Highway H. Area M is planned for low-density residential development with some one-acre and some five-acre lots. Almost the entire portion of both areas drains to a point along the railroad track. An 868 gpm lift station will be located there, and a 12-inch force main will run to the northeast to the City's existing interceptor sewers. One small area in the northeast part of M cannot be served by this lift station. Because there will be very low-density development in this area, the City will not require the residents to hook up to the municipal sewer system. Another lift station will not be added in that location.

Area J is a large section on the south side of the lake. The area is expected to contain mixed residential development. The entire area drains to the northwest, where a 4,468 gpm lift station will be located. A 12-inch and a 16-inch force main will carry wastewater east and north to existing interceptor sewers.

Water

The water map, Figure 2, has the same boundary as the wastewater map. It is divided into five major areas, which represent different service areas and pressure zones. These areas are divided further based on the different land uses discussed in the wastewater section above.

The maximum water use, fire flow needs, water supply capacity, and required storage capacity were analyzed in each of the pressure zones. This analysis determined which new facilities are needed in each pressure zone. A summary of water use can be found in Table 3. It was assumed that each person uses 125 gpd. It was also assumed that all new wells will be deep wells, and will have a flow rate of 1,000 gpm. The water supply capacity needed to serve the entire new service area was based on the maximum day demand. That demand was calculated by multiplying the average day demand by a peaking factor. Using the projected population of the new service area, a peaking factor was found on Figure 3. The maximum day demand is 14.7 MGD. As shown in Table 4, 11,195 gpm of well capacity is needed. Table 5 shows the necessary booster station capacities in the high pressure zones. Table 6 is a summary of the storage capacity needed in the different service areas.

Most of Areas 1, 2, and 4 northwest of the City will be on a separate pressure system from the rest of the City. Three pressure relieving valves will separate this zone from the existing system. It will also have a separate elevated storage tank and booster station. With a projected maximum water demand of 1.12 MGD, this area requires a 776 gpm booster station and a 300,000 gallon tower.

A small section north of the City can be served on the existing high pressure system. This section includes Areas 4, 4-C, 5-A, 7, and 8. A 12-inch water main from the City system will provide water to these areas.

The proposed Stoneridge Subdivision is also located north of the City. Areas 5, 5-B, and 5-C make up this section. These areas have high elevations and require a boosted pressure zone. Two pressure relieving valves will separate this area from the rest of the system. This area will require a 1,501 gpm booster station. A 200,000 gallon elevated storage tank has been proposed for this area. At ultimate development, the area will require 443,514 gallons of storage.

Area 13 and all its sub-sections will be on the same pressure system as the existing Host Drive tower. Areas 14 and 16 will also run on this same pressure system. It will be possible to fill the new tower with the new wells or through the existing system. All of these areas combined have an average day water demand of 4.83 MGD. A 2.0 million gallon tower will be necessary to serve Areas 13, 14, and 16, as shown on Figure 2. As an option, the City could construct one 1.0 million gallon tower when development begins and another 1.0 million gallon tower when storage needs increase. In this way, the City can avoid the problem of poor cycling and stagnant water in the tower.

Area 15 is a small high pressure zone that will require its own tower and 1,275 gpm booster station. The area has an average day demand of 0.56 MGD. The tower will have a capacity of 400,000 gallons. Two pressure relieving valves will separate this area from the rest of the system.

Population

A population projection is necessary to determine an impact fee. The population projection for this study was based on the type of residential land use, the number of residential equivalent units (REUs), and an assigned number of population equivalents (PE) per acre. An REU is equivalent to one household, whether it is a one-family, multi-family, condominium, cooperative, rental, or owner-occupied unit. According to year 2000 census data, each household in the City of Lake Geneva contains 2.33 people. The PEs assigned to each type of development are based on widely used conservative estimates. These calculations are shown in Table 1. PEs were assigned to commercial and industrial areas to determine wastewater production and water use, but these areas won't contribute to the population of the City. REUs for these areas are based on their service needs compared to residential development. It was determined that the new residential population of the study area when development is complete will be 45,535 people. The number of residential equivalent units (REUs), which includes all types of development, will be 23,328.

Cost Estimates

The cost estimates for all the new wastewater and water facilities required to serve the study area are shown in Tables 7 and 8. For wastewater, the total cost is \$43,465,213, while the total cost for water facilities is \$39,336,596. The average cost per gpm of water from a typical deep well is shown in Table 9. This cost estimate includes the cost of treatment, which was assumed to be necessary at all well sites. The costs of elevated storage tanks are based on a manufacturer's quote of \$1.25 per gallon for large towers and \$1.75 per gallon for small towers. The wastewater treatment plant improvements are based on a cost per REU, as calculated from recently bid projects. The costs of sanitary sewer, water main, valves, and lift stations are based on recent bid prices. Only the costs of sewers and water mains greater than eight inches in diameter are included in the cost estimates. Sewers and water mains sized eight inches and smaller are paid for by the developer.

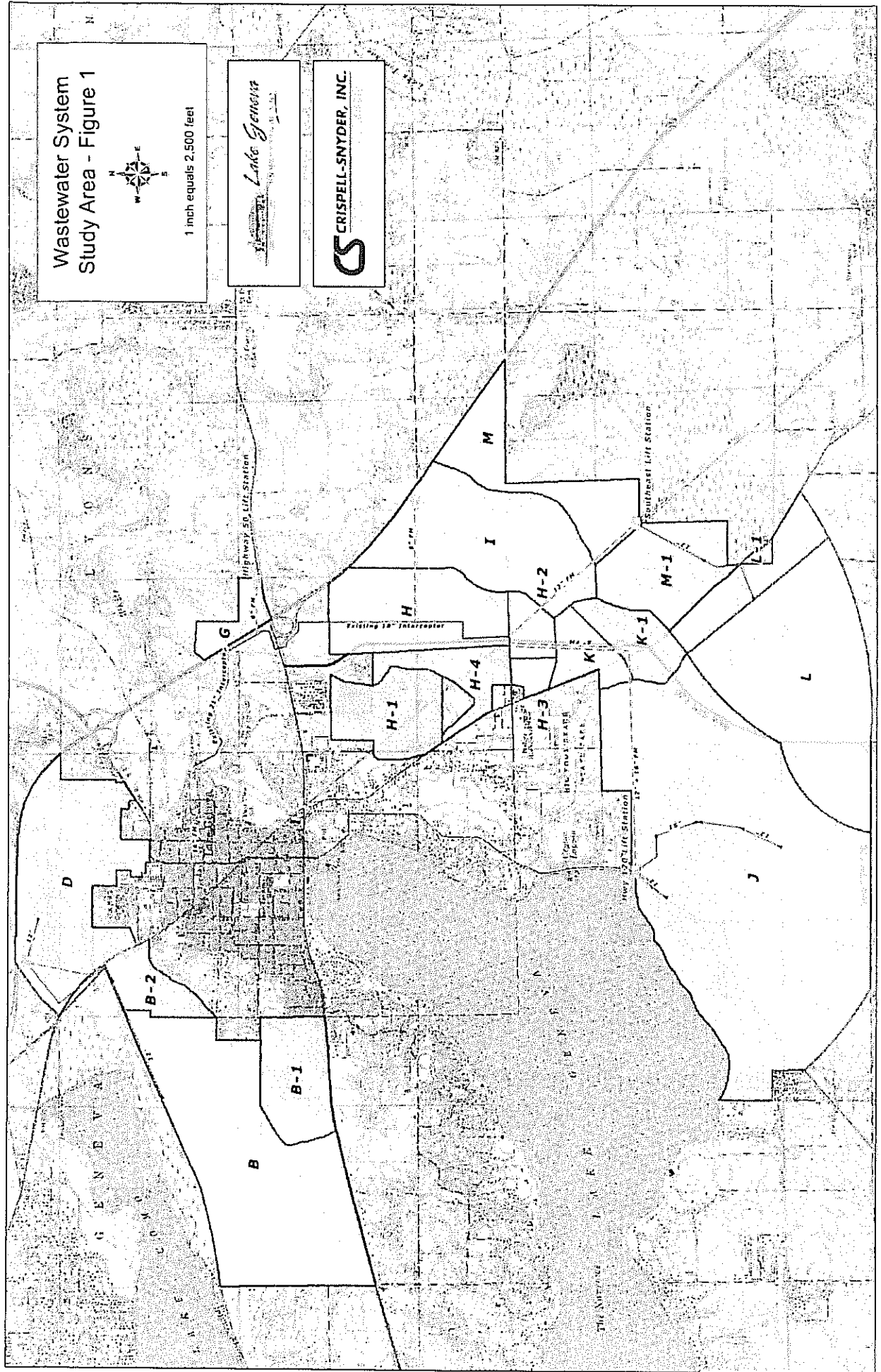
Wastewater System
Study Area - Figure 1



1 inch equals 2,500 feet

Lake Geneva

CS CRISPELL-SNYDER, INC.



Water System
Study Area - Figure 2



1 inch equals 2,500 feet

Lake Geneva

CRISPELL-SNYDER, INC.

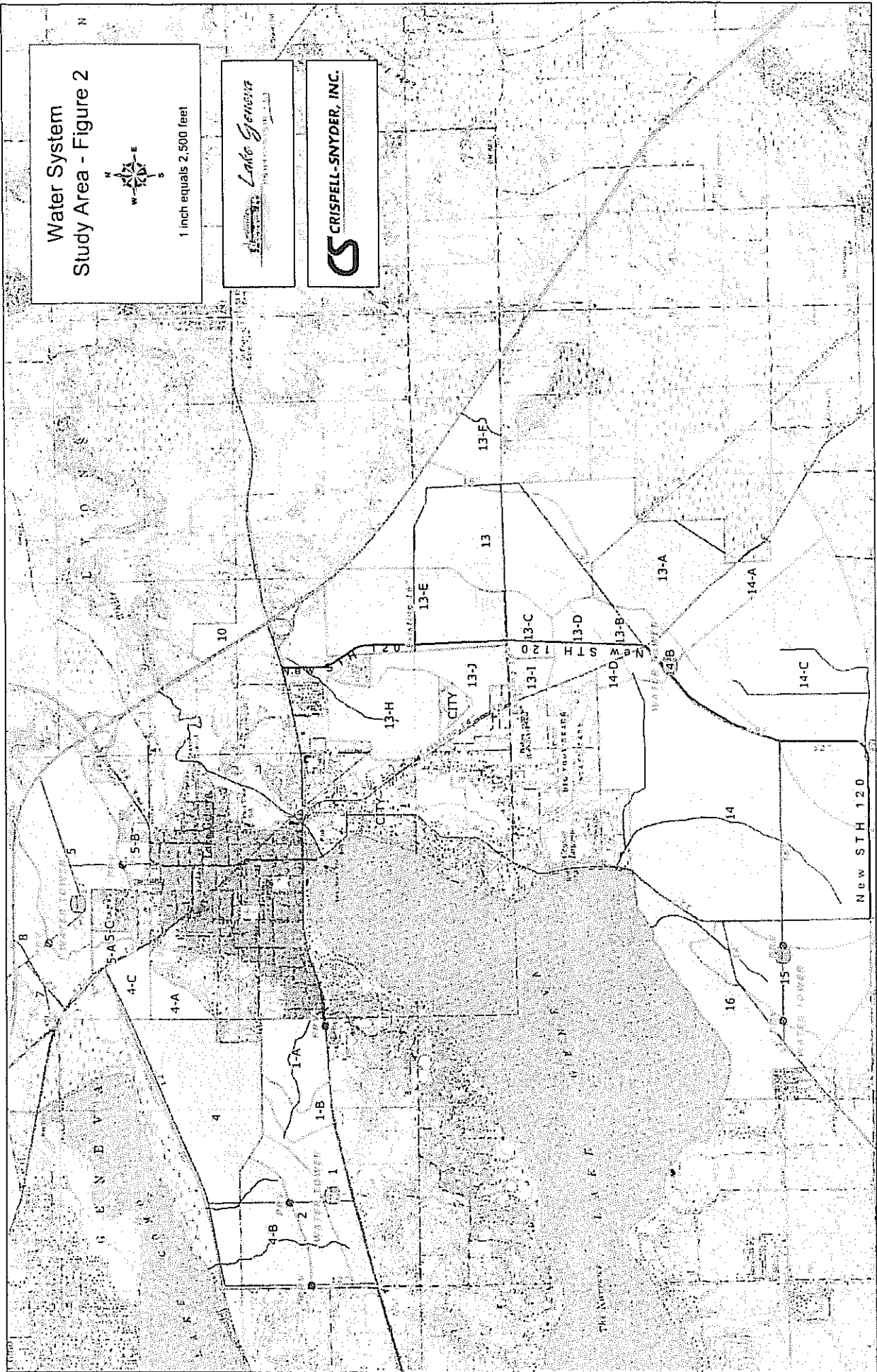


TABLE 1
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Wastewater Production and Population Projection

Sewerage Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Total REUs per Area	Population Equivalent	Average Flow (gpd)	Peaking Factor ³	Design Flow (gpd)
B	Low Density Residential ¹	699	506	2	1,011	2,356	235,605	2.9	683,254
B-1	Low Density Residential	164	116	2	232	541	54,127	3.9	211,097
B-2	Low Density Residential	92	69	2	137	320	31,982	3.9	124,730
D	Mixed Residential	438	323	10.73	3,467	8,079	807,911	2.9	2,342,943
G	Commercial	55	37	12.88	481	1,121	112,070	3.7	414,660
H	Business / Light Industrial	281	211	8.58	1,812	4,222	422,163	3.3	1,393,139
H-1	Low Density Residential	168	116	2	231	539	53,931	3.9	210,329
H-2	Commercial	56	42	12.88	536	1,249	124,927	3.7	462,232
H-3	Institutional ²	29	29	N/A	N/A	N/A	7,500	4.2	31,500
H-4	Multi-family Residential	104	78	19.31	1,504	3,505	350,487	3.4	1,191,654
I	Low Density Residential	408	299	2	598	1,394	139,400	3.7	515,779
J	Mixed Residential	1,478	953	10.73	10,227	23,828	2,382,781	2.7	6,433,508
K	Low Density Residential, 1-acre lots	79	57	1.00	57	134	13,351	3.3	44,060
K-1	Multi-family Residential, trailer park	102	73	19.31	1,408	3,280	327,954	3.3	1,082,248
L	Low Density Residential	606	267	2	535	1,246	124,620	3.3	411,245
L-1	Commercial, Frontage	130	74	12.88	956	2,228	222,780	3.3	735,176
M	Low Density Residential, 5-acre lots	211	126	0.20	25	59	5,885	3.3	19,422
M-1	Low Density Residential, 1-acre lots	209	109	1.00	109	255	25,488	3.3	84,112
TOTAL		5311	3486	---	23,328	54,355	5,442,964	---	16,391,088

TOTAL RESIDENTIAL POPULATION = 45,535
TOTAL RESIDENTIAL REUS = 19,543

NOTES:

¹ Wetland areas and land set aside for public use such as streets and parks have been subtracted.

² Peaking factors in lift station service areas are based on the total population in those areas. All others are based on the population of the individual area.

³ Low density residential development is expected to contain approximately half-acre lots.

⁴ Lake Geneva Middle School. The flow is based on a population of approximately 750 students and a flowrate of 10 gpcpd.

TABLE 2
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

New Lift Stations

	Northwest Lift Station	Highway 50 Lift Station	Highway H Lift Station	Highway 12 Lift Station	Southeast Lift Station	Old Highway 120 Lift Station
Areas Served	B, B-2, D	G	K, K-1	I	L, L-1, M, M-1	J
Average Daily Flow (gpd)	1,075,498	112,070	341,306	139,400	378,774	2,382,781
Population	10,755	1,121	3,413	1,394	3,788	23,828
Peaking Factor	3.0	3.7	3.4	3.7	3.3	2.7
Maximum Day Demand (gpd)	3,226,495	414,660	1,160,439	515,779	1,249,955	6,433,508
Pumping Capacity (gpm)	2,241	288	806	358	868	4,468

TABLE 3
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Water Use

Northwest Area

Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Population Equivalent	Average Use (gpd)
1	Low Density Residential	114	85	2	395	49,385
1-A	Low Density Residential	100	70	2	325	40,643
1-B	Low Density Residential	47	34	2	158	19,719
2	Low Density Residential	105	77	2	358	44,701
4	Low Density Residential	351	254	2	1183	147,937
4-A	Low Density Residential	39	29	2	135	16,882
4-B	Low Density Residential	143	100	2	467	58,426
TOTAL					3022	377,693

North Area

Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Population Equivalent	Average Use (gpd)
4	Low Density Residential	351	254	2	1183	147,937
4-C	Low Density Residential	55	41	2	193	24,148
5-A	Mixed Residential	17	12	10.73	312	39,039
7	Mixed Residential	20	12	10.73	310	38,737
8	Mixed Residential	105	76	10.73	1,904	237,969
TOTAL					3903	487,830

Stoneridge Subdivision

Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Population Equivalent	Average Use (gpd)
5	Mixed Residential	271	203	10.73	5,083	635,370
5-B	Mixed Residential	37	28	10.73	696	87,054
5-C	Mixed Residential	8	6	10.73	158	19,780
TOTAL					5,938	742,204

South Area

Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Population Equivalent	Average Use (gpd)
10	Commercial	55	37	12.88	1,121	140,082
13	Low Density Residential	408	299	2	1,394	174,250
13-A	Low Density Residential, 1-acre lots	210	110	1	257	32,086
13-B	Multi-family Residential	62	46	19.31	2,086	260,719
13-C	Commercial	56	42	12.88	1,249	156,154
13-D	Low Density Residential, 1-acre lots	66	49	1	114	14,312
13-E	Business / Light Industrial	281	211	8.58	4,221	527,649
13-F	Low Density Residential, 5-acre lots	211	126	0.2	59	7,358
13-H	Low Density Residential	168	116	2	539	67,414
13-I	Institutional ¹	29	29	N/A	N/A	9,000

13-J	Multi-family Residential	104	78	19.31	3,505	438,104
14	Mixed Residential	1034	593	10.73	14,819	1,852,351
14-A	Commercial (frontage)	130	74	12.88	2,228	278,484
14-B	Multi-family Residential	39	26	19.31	1,149	143,652
14-C	Low Density Residential	606	267	2	1,246	155,774
14-D	Low Density Residential, 1-acre lots	14	9	1	20	2,493
16	Mixed Residential	247	181	10.73	4,536	567,044
TOTAL					38,543	4,826,927

Area 15

Study Area	Land Use	Total Area (acres)	Developable Area (acres)	REUs per acre	Population Equivalent	Average Use (gpd)
15	Mixed Residential	242	178	10.73	4,450	556,257

¹ Lake Geneva Middle School. The flow is based on a population of approximately 750 students and a water use of 12 gpcpd.

TABLE 4
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Well Capacity Summary

	Total Average Demand (gpd)	Peaking Factor ¹	Maximum Day Demand (gpd)	Maximum Demand (gpm)	Firm Water Supply Needed ² (gpm)
All Areas	6,990,911	2.1	14,680,913	10,195	11,195

¹ Based on the population calculated in Table 1 and using Figure 3.

² The maximum day demand must be provided with one well out of service. It was assumed that a deep well produces 1,000 gpm.

TABLE 5
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

High Pressure Zones

Northwest Area

Study Area	Land Use	Population Equivalent	Average Use (gpd)
1	Low Density Residential	395	49,385
1-A	Low Density Residential	325	40,643
1-B	Low Density Residential	158	19,719
2	Low Density Residential	358	44,701
4	Low Density Residential	1183	147,937
4-A	Low Density Residential	135	16,882
		2,554	319,267
		Peaking factor	3.5
		Maximum Day Demand (gpd)	1,117,435
		Booster Station Capacity (gpm)	776
		Pump Capacity (gpm, three pumps)	388

Stoneridge Subdivision

Study Area	Land Use	Population Equivalent	Average Use (gpd)
5	Mixed Residential	5,083	635,370
5-C	Mixed Residential	158	19,780
		5,241	655,151
		Peaking factor	3.3
		Maximum Day Demand (gpd)	2,161,997
		Booster Station Capacity (gpm)	1,501
		Pump Capacity (gpm, four pumps)	500

Area 15

Study Area	Land Use	Population Equivalent	Average Use (gpd)
15	Mixed Residential	4,450	556,257
		Peaking factor	3.3
		Maximum Day Demand (gpd)	1,835,647
		Booster Station Capacity (gpm)	1,275
		Pump Capacity (gpm, four pumps)	425

TABLE 6
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Water Storage and Well Capacity Summary

Study Area	Maximum Day Demand ¹ x 0.25 (gallons)	Required Fire Storage ² (gallons)	Three-Hour Pumped Capacity ³ (gallons)	Total Required Storage (gallons)
Northwest Area	321,039	120,000	139,679	301,360
North Area	402,460	120,000	201,230	321,230
Stoneridge Subdivision	593,764	120,000	270,250	443,514
South Area	3,016,829	630,000	1,508,415	2,138,415
Area 15	458,912	120,000	229,456	349,456

¹ Maximum Day Demand = Average Day Demand * peaking factor.

² Fire storage is based on 3,500 gpm for 3 hours in commercial areas and 1,000 gpm for 2 hours in single-family residential areas.

³ Three-hour pumped capacity is calculated with the largest well or pump in the planning area out of service.

TABLE 7
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Preliminary Cost Estimates - Wastewater System Improvements

Number	Item	Unit	Quantity	Unit Price	Total
NORTHWEST					
1	12" Interceptor Sewer	LF	8,900	\$80	\$712,000
2	16" Force Main	LF	9,700	\$60	\$582,000
3	Sewage Pumping Station (2,241 gpm)	LS	1		\$700,000
				SUBTOTAL	\$1,994,000
HIGHWAY 50					
4	Sewage Pumping Station (288 gpm)	LS	1		\$350,000
HIGHWAY H					
5	Sewage Pumping Station (806 gpm)	LS	1		\$450,000
HIGHWAY 12					
6	Sewage Pumping Station (358 gpm)	LS	1		\$370,000
SOUTHEAST					
7	12" Interceptor Sewer	LF	4,500	\$80	\$360,000
8	12" Force Main	LF	5,100	\$55	\$280,500
9	Sewage Pumping Station (868 gpm)	LS	1		\$500,000
				SUBTOTAL	\$1,140,500
OLD HIGHWAY 120					
10	12" Interceptor Sewer	LF	2,550	\$80	\$204,000
11	15" Interceptor Sewer	LF	2,750	\$60	\$165,000
12	12" & 16" Force Main	LF	10,300	\$95	\$978,500
13	Sewage Pumping Station (4,468 gpm)	LS	1		\$900,000
				SUBTOTAL	\$2,247,500
14	Treatment Plant Improvements	REU	23,328	\$1,050	\$24,494,581

ESTIMATED CONSTRUCTION COST \$31,046,581

CONTINGENCIES (20%) \$6,209,316

ENGINEERING, LEGAL, AND ADMINISTRATIVE (20%) \$6,209,316

ESTIMATED PROJECT COST \$43,465,213

TABLE 8
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Preliminary Cost Estimates - Water System Improvements

Number	Item	Unit	Quantity	Unit Price	Total
NORTHWEST AREA					
1	12" Water Main	LF	17250	\$60	\$1,035,000
2	12" PR Valve in Vault	EA	3	\$25,000	\$75,000
3	1,196 gpm Booster Station	EA	1	\$450,000	\$450,000
4	300,000 Gallon Water Tower	EA			\$525,000
				SUBTOTAL	\$2,085,000
NORTH AREA					
5	12" Water Main	LF	8250	\$60	\$495,000
STONERIDGE SUBDIVISION					
6	12" Water Main	LF	8000	\$60	\$480,000
7	12" PR Valve in Vault	EA	2	\$25,000	\$50,000
8	1,941 gpm Booster Station	EA	1	\$450,000	\$450,000
9	500,000 Gallon Water Tower	EA			\$875,000
				SUBTOTAL	\$1,855,000
SOUTH AREA					
10	16" Water Main	LF	28350	\$70	\$1,984,500
11	12" Water Main	LF	12450	\$60	\$747,000
12	2.0 Million Gallon Water Tower	EA			\$2,500,000
				SUBTOTAL	\$5,231,500
AREA 15					
13	16" Water Main	LF	2250	\$70	\$157,500
14	12" Water Main	LF	2650	\$60	\$159,000
15	16" PR Valve in Vault	EA	2	\$30,000	\$60,000
16	1,105 gpm Booster Station	EA	1	\$450,000	\$450,000
17	400,000 Gallon Water Tower	EA			\$700,000
				SUBTOTAL	\$1,526,500
18	Deep Wells	gpm	11,195	\$1,510	\$16,904,568

ESTIMATED CONSTRUCTION COST \$28,097,568

CONTINGENCIES (20%) \$5,619,514

ENGINEERING, LEGAL, AND ADMINISTRATIVE (20%) \$5,619,514

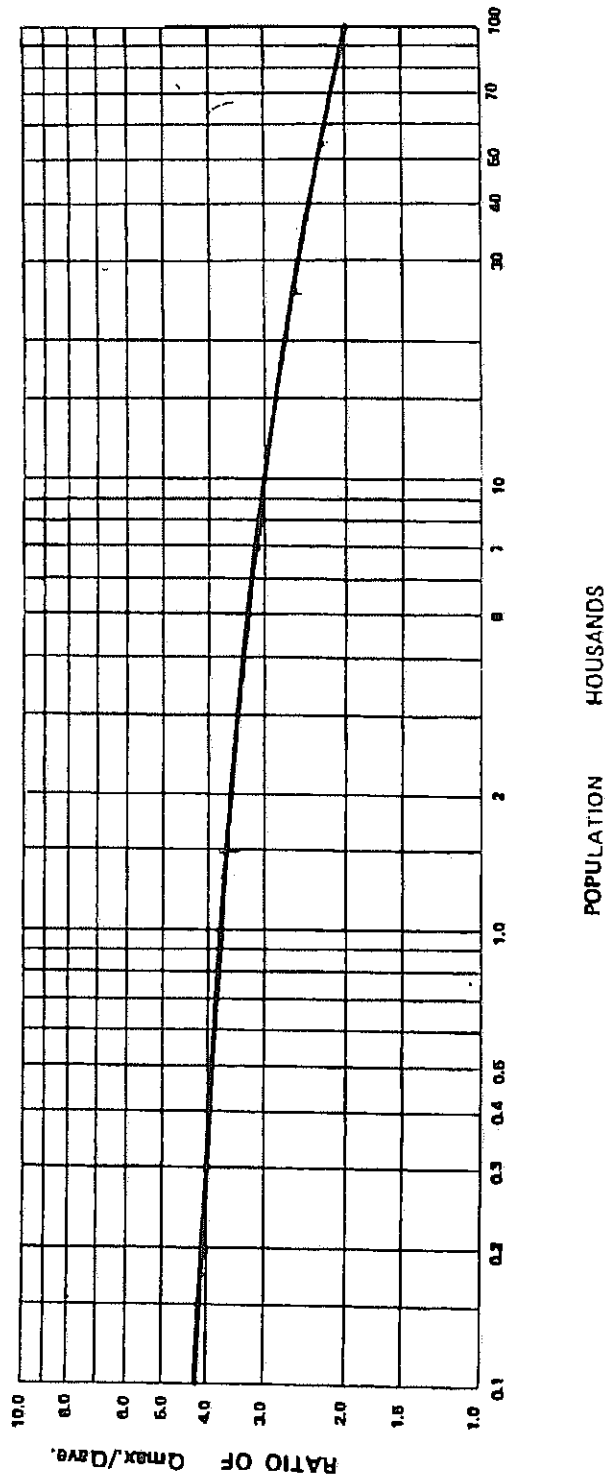
ESTIMATED PROJECT COST \$39,336,596

TABLE 9
CITY OF LAKE GENEVA
IMPACT FEE UTILITIES PLANNING
P.N. 03014BQ

Deep Well Cost Estimate

Item	Cost
Well Construction & Testing	\$270,000
Treatment Facility Building / Site Work	\$340,000
Mechanical Equipment (Pumps & Treatment)	\$650,000
Electrical / Controls Construction & Generator	\$250,000
TOTAL	\$1,510,000
Cost per gpm (assume 1,000 gpm per well)	\$1,510

FIGURE 3
RATIO OF EXTREME FLOW TO DAILY AVERAGE FLOW



Qmax: Maximum Rate of Sewage Flow (Peak Hourly Flow)
 Qave: Average
 Source: $Q_{max}/Q_{ave} = \frac{18 + \sqrt{P}}{4 + \sqrt{P}}$ (P = population in thousands)

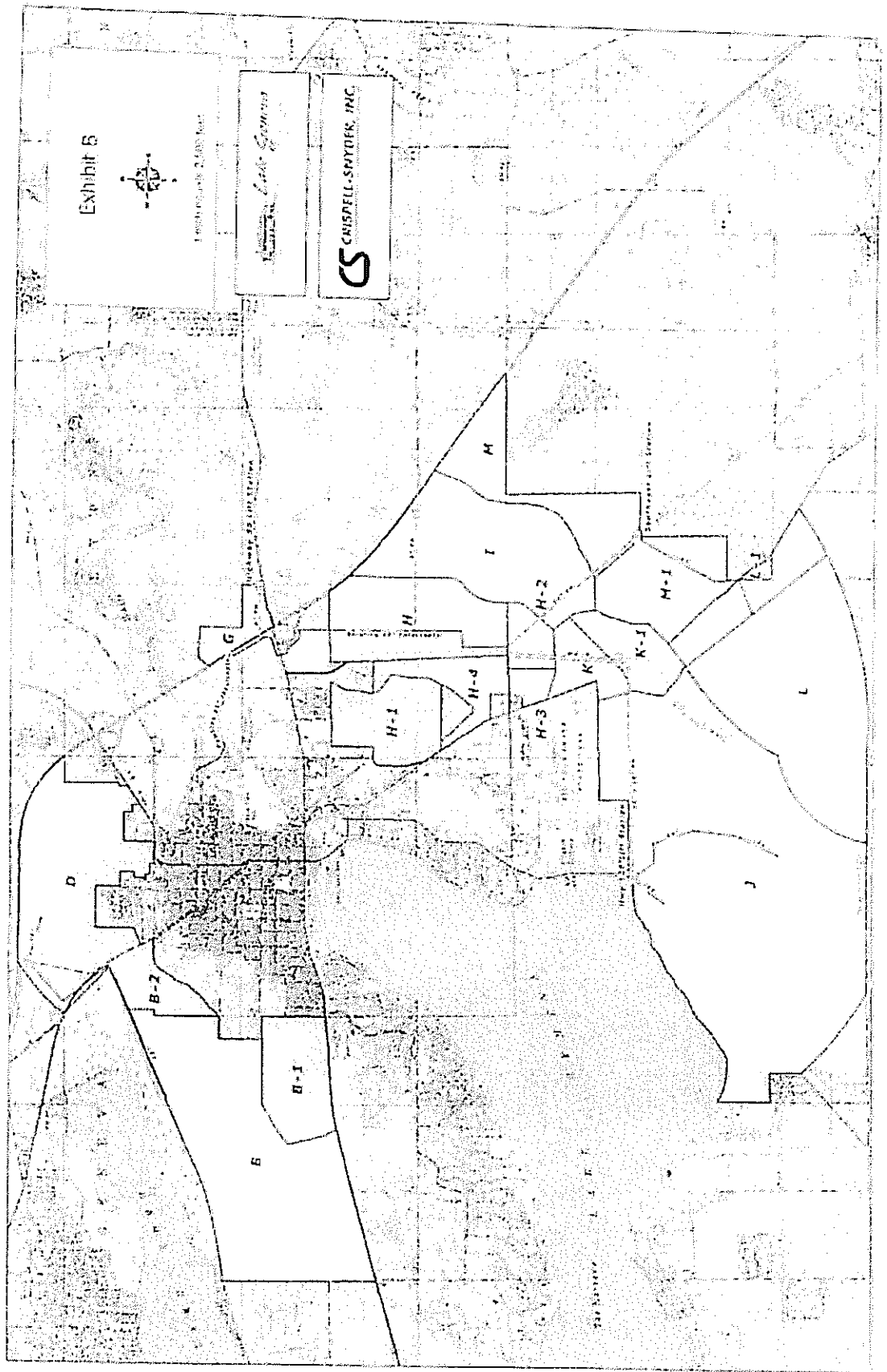
Fair, G.M. and Geyer, J.C. "Water Supply and Waste-Water Disposal"
 1st Ed., John Wiley & Sons, Inc., New York (1954), p. 136

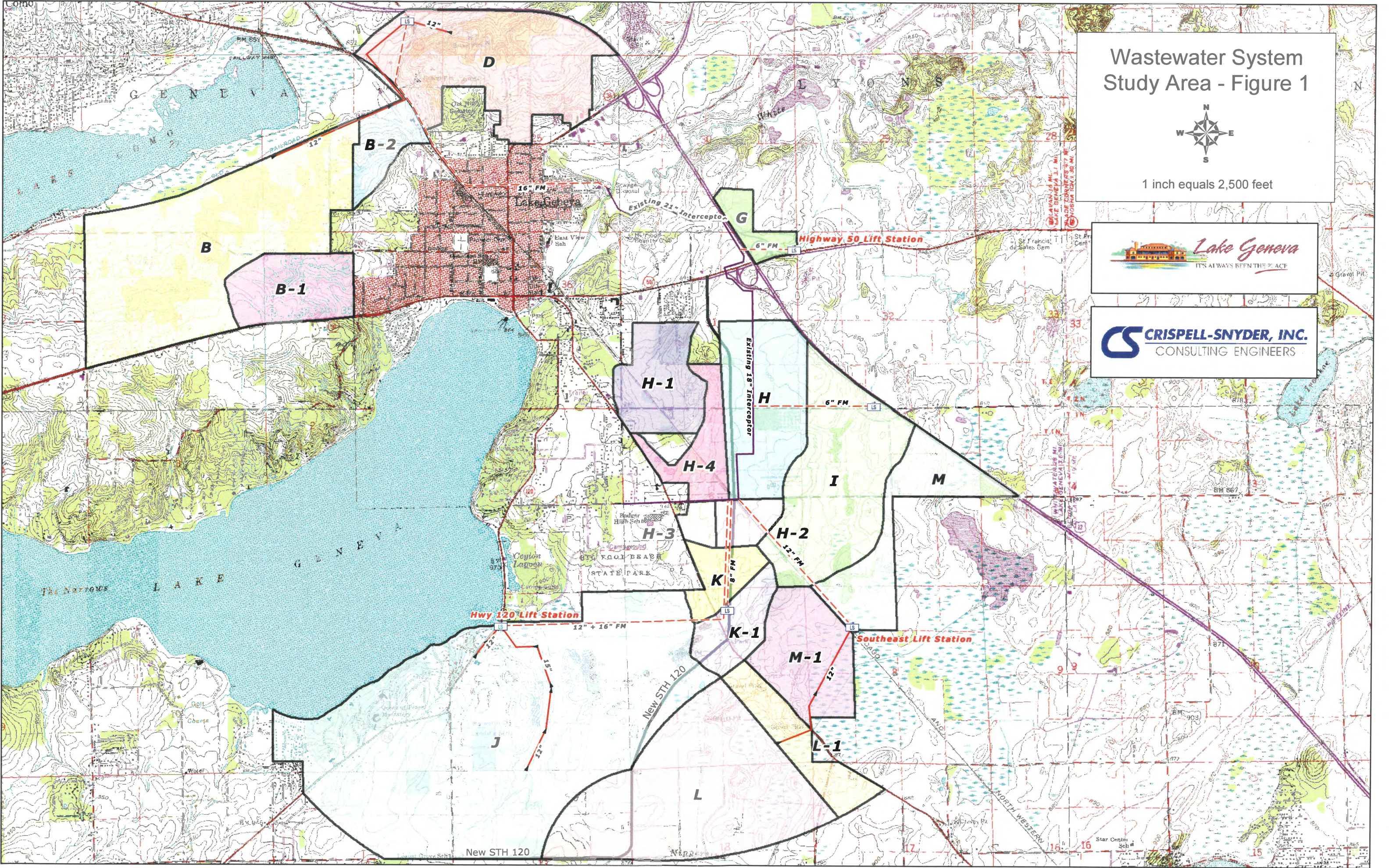
Exhibit B

January 26, 2004



EHLERS
QUALITY. PASSION. RESULTS.



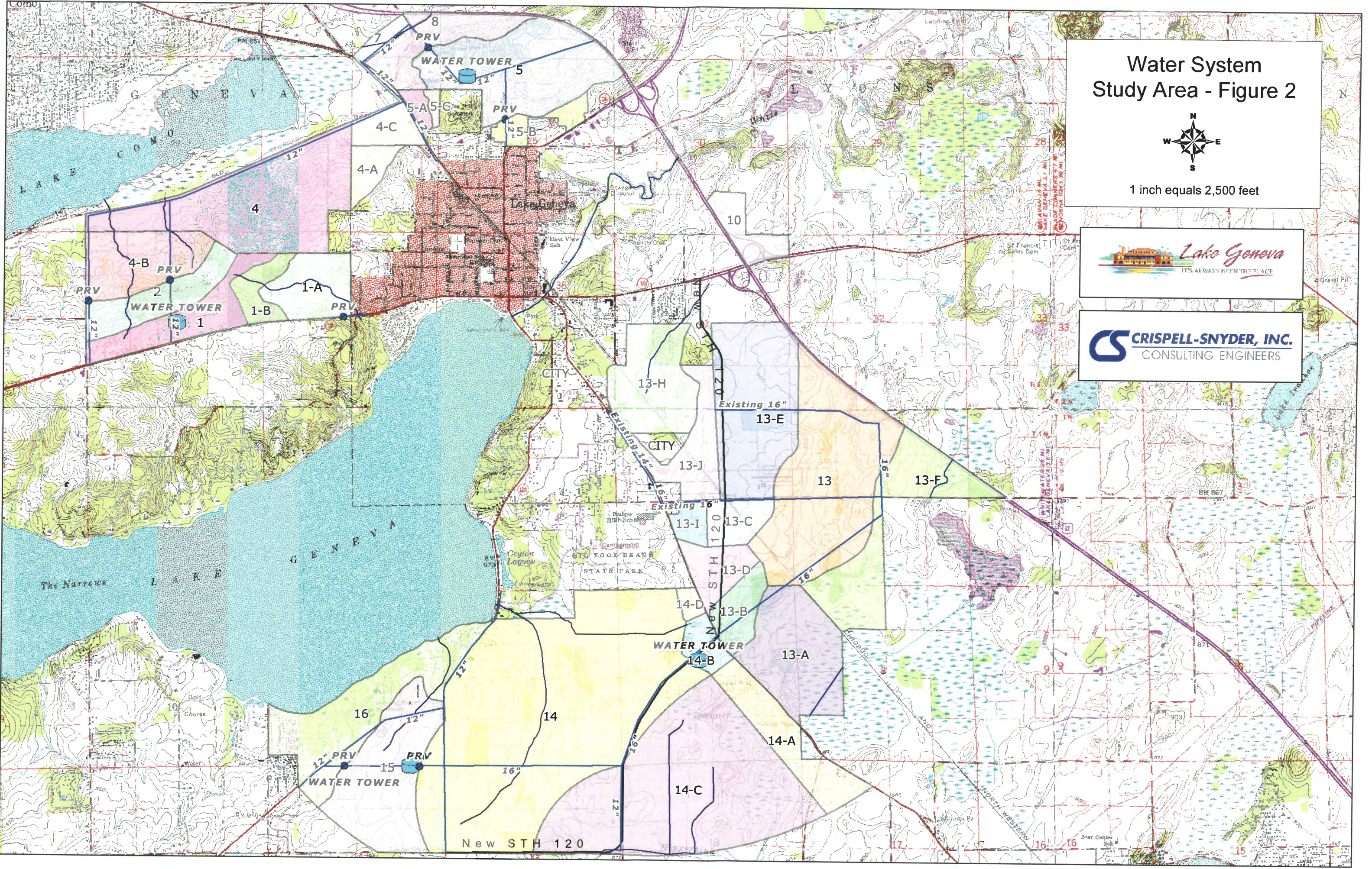


Wastewater System Study Area - Figure 1



1 inch equals 2,500 feet





Water System
Study Area - Figure 2



1 inch equals 2,500 feet





6.1 MEMORIAL AND DONATIONS

I. PURPOSE

The purpose of this policy is to establish guidelines, standards and procedures for the installation and care of donated park improvements, either as a result of a cash or physical property donation. These donations may include, but are not limited to the following: park benches, trees, flagpoles, picnic tables, public art, statuary and other appropriate parkland amenities and accessories. The City of Lake Geneva desires to encourage donations from individuals and groups, both public and private, while at the same time managing aesthetic impacts and mitigating on-going maintenance costs.

II. DEPARTMENT RESPONSIBLE

The City Administrator will oversee park memorials and donations.

III. COMMITTEE OVERSIGHT

The Board of Park Commissioners and Common Council will oversee this policy.

Adopted by Common Council	1/25/2010
Amended by Common Council	??/??/2011

Guidelines established by this policy shall apply to all donations to the City of Lake Geneva within its park system. Standards established by this policy will apply to purchased equipment, installation techniques, donation acknowledgements and long-term maintenance of all donations. The standards as set forth in this document may be applied to donations to other City of Lake Geneva departments, though other committees and commissions are not required to utilize this policy. This policy is simply a guideline for accepting donations. Each donation will be reviewed on its own merits and decided on a case-by-case basis. These policies do not create a precedent for the acceptance of memorials or donations.

STANDARDS FOR DONATIONS

Acquisition or Purchase: The City and the community have an interest in ensuring that park elements purchased and installed are of high quality related to style, appearance, durability and ease of maintenance. The City staff will be responsible for the purchase and installation of all park elements. Park elements, such as park benches, shall be standardized where possible.

Appearance and Aesthetics: The City and the community have an interest in ensuring the best appearance and aesthetic quality of public facilities. Park elements and/or their associated donation acknowledgements should reflect the character of the park or facility. The parks system exists for the benefit of the general public and, to that end, donations of statues and works of art which depict an individual are discouraged. All park elements will be installed in such a manner that will not substantially alter the character of a facility or its intended use. It is also a consideration of the City to preserve the shoreline and lake views of Geneva Lake.

Maintenance: Donated park elements and/or their associated donation acknowledgement become City property. Accordingly, the City has the duty to maintain the donation for the expected life cycle of the donation. Life cycles are indicated on the Fee Schedule maintained by the City. The City, at its sole discretion, may choose to replace or remove the donated element. The City shall not be responsible for donations located or installed contrary to the terms of this policy.

Repair: The community has an interest in ensuring that all park elements remain in good repair. In addition, the public has an interest in ensuring that the short and long-term repair costs are reasonable. Repair parts and materials must be readily available. Donated park elements must be of high quality to ensure a long life and be resistant to the elements, wear and tear, and to acts of vandalism. Due to factors beyond the City's control, it cannot guarantee the longevity of the donation.

Cost: The City has an interest in ensuring that the donor covers the full cost for the purchase, installation and routine maintenance (if applicable) during the expected life cycle of the donated park elements. The donation cost shall also include the cost of the donation acknowledgement/memorial plaque. A separate fee schedule is maintained in which the City will detail costs for donations, installation and maintenance.

PROCEDURE FOR MAKING A DONATION

The City of Lake Geneva Board of Park Commissioners will administer all donations located on City park property, with the assistance of the City Public Works Department and generally through recommendations to the Common Council.

Application: The donor must contact the City Administrator or Director of Public Works to determine whether a donation may be accepted based upon criteria contained in this policy. If a donation can be accepted, the donor will complete an application form. Completed applications and payment will be made to the City of Lake Geneva for review and processing by the Board of Park Commissioners.

Approval or Denial: The Board of Park Commissioners, upon determining that the donation request meets the criteria provided in this policy, may approve donations up to \$2,500. Donation offers of trees may be referred to the City of Lake Geneva Tree Board for recommendation. If the value of a proposed donation exceeds \$2,500 or has the potential to adversely impact the shoreline or views of Geneva Lake, the Board of Park Commissioners shall review the application and make an appropriate recommendation to the Common Council and/or the Plan Commission for action on the donation ~~approval of the donation~~. The Common Council must approve of all donation requests in excess of \$2,500 and statutory donations of any kind prior to the City accepting any such donations.

CRITERIA FOR ACCEPTANCE

Park Plan: To accept donations of park elements for a specific park facility, City staff will determine whether or not the donation falls within the scope of the City's most recent Park Use and Open Space Master Plan, before forwarding the offer to the Board of Park Commissioners.

If no plan exists, the City may accept the donation under certain circumstances. The donation must:

- Be consistent with the intended current or future use of the facility

- Not create an adverse impact on the varied recreational, social, wellness, enjoyment or educational needs of park users
- Not require the relocation of other equipment or infrastructure to accommodate the donation; and
- Must comply with all deed restrictions as well as local, state and federal guidelines (if applicable). ~~In the opinion of the City, a facility may be determined to be fully developed and the opportunity for donations would not be available.~~ The City of Lake Geneva reserves the right to determine, in its sole discretion, which facilities and sites are available for the placement of memorial donations.

Donation Acknowledgements/Memorial Plaques/On-line Registry: Donation acknowledgements and memorial plaques, as approved by the City, will be placed on or near the donated element at the sole discretion of the City. Such acknowledgements and plaques will be made of bronze and purchased through the City unless separate approval is granted. The cost for these items is incorporated in the cost of the donation. In cases where bronze plaques are not feasible, City staff may suggest alternative types. These types will be in character with the intent of this section and acknowledgements shall be tasteful and subtle; the Board of Park Commissioners (<\$2,500) or Common Council (>\$2,500) must approve all text for donation acknowledgements/memorial plaques. If a donation is made anonymously, a plaque may be installed which reads “Donated by Friends of Lake Geneva”. If a donation is removed, the donor, if he/she can be contacted, has the option of accepting the remnant of the donation and related plaque. The donor also will be given the option of paying for the replacement of the donation upon its destruction, death of a live planting, or end of its useful life. The City will maintain a registry or record of all donations to the park system.

OTHER DONATIONS

There may be donations possible other than those expressly listed or contained within this policy. The City may accept those donations subject to review of the staff, Board of Park Commissioners, Plan Commission (if necessary), and Common Council. The City also reserves the right to modify or alter certain conditions as set forth in this policy.

CONDITIONS

Location: Although suggestions will be considered for a particular location, placement of park elements will be at the discretion of the Board of Park Commissioners and/or Common Council. The location of monuments or other statuary elements may be subject to the approval of the Plan Commission, as required by law. Donations of trees may be approved subject to the final approval of the City Arborist as to species and planting location.

Installation: Installation of donated park elements, including the donor acknowledgement/memorial plaques, will be completed by City personnel or a third party chosen by the City. The installation will be scheduled at a time and date as determined by the Public Works Department so as to not unnecessarily interfere with routine park maintenance activities.

Removal and/or Relocation: The City reserves the right to remove and/or relocate donated park elements and their associated donation acknowledgements/memorial plaques when they interfere with site safety, maintenance, construction activities or if damaged beyond repair. In accordance with previously stated procedures in this policy, the City will send a letter to each identifiable donor notifying the donor of any action related to the disposition of the donation. In certain situations, such as safety or emergency situations, the notification may be made after the action has been taken. In the event a donation must be permanently removed, the City will, when feasible, seek an alternate location consistent with this policy. If no alternate location can be found, the acknowledgement/memorial plaque and element (if appropriate), at the donors request, may be given to the donor.

Fee Schedule

Costs for certain park components shall be as follows:

Lakefront & Downtown Park Bench including acknowledgement plaque (\$2,200.00). Term of donation up to 10 years.

Park Bench other than Lakefront & Downtown including acknowledgement plaque (\$1,200). Term of donation up to 10 years.

Tree including acknowledgement plaque in ground with species selected from the City's approved planting list (\$400.00 unless special more expensive tree is ordered).

Bike rack including acknowledgement plaque in ground (Minimum \$800 or actual cost for material and labor depending upon the size of the rack). Term of donation up to 15 years.

Standard City Picnic Table (\$600). Term of donation up to 10 years.

Modular Play Equipment (Actual cost of components including labor to assemble and install). Requires City Council approval as cost will exceed \$2,500. Term of donation up to 20 years.

Lakefront & Downtown Trash Receptacle (\$1,400 plus cost of concrete pad if required). Term of donation up to 15 years.

Statuary & Works of Art (Actual cost of purchase and installation. A 10-year maintenance charge shall be estimated and added). Term of donation up to 25 years.

30' Anodized Aluminum Flagpole (\$2,000). Term of donation is 25 years.

Other memorial and donation requests may be accepted at the sole discretion of the City of Lake Geneva.

City of Lake Geneva
Department of Public Works

Park System - Memorial and Donation Application

Name of Donor:

Address of Donor:

Phone Number: _____

Home: _____

Other: _____

E-mail: _____

Description of Donation:

Wording on Memorial Acknowledgement:

My signature below indicates that I have received a copy of the Memorial and Donations Policy and agree to all the provisions and procedures as outlined.

Requested by:

(Please Print)

Signature of Donor

Date

Staff Use Only. Date Received _____ Staff Initials _____

Staff Recommendation to City's Board of Park Commissioners: Approve/Deny

Council Review Date: _____ Approved/Denied

Order Date: _____

Installation Date: _____

City of Lake Geneva- Event Permit Policy and Application



The purpose of this policy and event permit application is to guide organizations that are non-profit, not-for-profit, private, or for profit to plan and execute a successful event here in beautiful Lake Geneva. This policy and application will outline the requirements and possible fees associated with hosting an event in the City based on the estimated attendance.

For profit, private, non-profit and not-for profit groups will be able to plan their experience here in the City based on the following four tiers:

☐ **Public Assembly Permit** – **Non-profit or Not-for-Profit* (No Charge), *Otherwise* \$60 per day (Meet one or more criteria) Single day event use of City of Lake Geneva facilities with NO street, parking or intersection closures, attendance under 500, NO serving of alcohol in public space.

☐ **Block Parties or use of Gazebo for 1 Hour Photo Ops:** \$75.00
Small event limited to one street with 4 barricades in a neighborhood or gazebo in Flat Iron Park.

☐ **Tier 1 Events:** **Non-profit or Not-for-Profit* (No Charge), *Otherwise* \$250 for an event up to seven days, additional \$50 per day thereafter
(Meet one or more criteria) Rolling closure of streets, public walkway, limited parking stalls or intersection closures that do not impact public use, attendance of 501 to 3,000, four (4) hours or less of alcohol sales or serving, majority use of a city park(s), or other municipal facility.

☐ **Tier 2 Events:** **Non-profit or Not-for-Profit* (No Charge), *Otherwise* \$500 for an event up to seven days, additional \$100 per day thereafter
(Meets one or more criteria) Non-profit or not-for-profit organization offering multiple-day events, attendance of more than 3,001+, 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 Park (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. This event permit does not apply to the rental or use of the Riviera Ballroom.

Event permit application fees are not refundable whether wholly or partially. Any group using any municipal facility, park or property will be required to place a credit card number on file with the City of Lake Geneva's Clerk Office for any incidentals. Any charges will be fully explained and outlined to the applicant prior to any charge.

All non-profits and not-for-profit groups will be required to provide a current tax form with EIN# to prove their organization's status.

City of Lake Geneva- Event Permit Policy and Application



All event dates are granted on a first come first served basis, although non-profit groups located within the City of Lake Geneva will be given preferential treatment when considered. For events that occur annually you will have the option to place a hold on future dates for no more than three years after the current event being applied for.

All applicants will be required to sign an indemnification agreement for organizations below a tier 1 and all tier 1 and tier 2 event applications will be required to include a copy of their Certificate of Liability insurance with this application.

Any non-profit or not-for-profit organization that is wishing to sell alcohol as part of their event with need to complete a Temporary Class "B"/ "Class B" Retailer's License and pay a separate application fee. This event permit application does not grant the right or privilege to any group to sell alcohol of any kind.

All events under a level tier 1 will only be considered by City Staff prior to approval. Tier 1 and 2 events will require approval of City Staff, the Finance, License, & Regulation Committee and the Common Council.



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: _____

Name of Event Organizer/Producer: _____

Production Company/Organization: _____ FEIN #: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

E-mail Address: _____

Daytime Phone: _____ Cell Phone: _____

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

EIN # (Tax Exempt Number): _____

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

Section II- EVENT INFORMATION- 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: _____
2. Date(s) of Event: _____
3. Location(s) of Event: _____
4. Hours: _____
Note: Start Time & End Time
5. Event Chair/Contact Person: _____ Phone: _____
6. Day of Event Contact Name: _____ Phone: _____
7. Is the event open to the public? ☐ Yes ☐ No
8. Will you charge an admission fee? ☐ Yes ☐ No
9. Estimated Attendance Number: _____
10. Basis for estimate: _____
11. Will you be setting up a tent? ☐ Yes ☐ No

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

12. Will there be any animals? ☐ Yes ☐ No

If yes, what type and how many: _____

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes ☐ 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: _____

**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: _____

☐ **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:** _____

For Office Use Only

Date Filed with Clerk: _____ **Payment Amount: \$** _____

Receipt #: _____

City Clerk/Administrator Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Police Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Parking Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Harbormaster Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____

City of Lake Geneva- Event Permit

Save the Date Form

Per the City of Lake Geneva Event Permit Policy, events held annually have the ability to reserve future dates for that event no more than three years after the current event being applied for.

Completion of this form is not meant to replace the application process for a City of Lake Geneva Event permit. A new event permit application will need to be completed for every future event.

Event Name: _____

Event Date: YR 20____: _____

YR 20____: _____

YR 20____: _____

All Park Facilities: _____

Name of Sponsoring Organization: _____

If Non-profit or Not-for-Profit: Tax ID / EIN #: _____

Contact First Name: _____ Last Name: _____

Phone/Mobile: _____

Email: _____

Notes/Request: _____

Creating a case for continuation:

The Ad Hoc Communication Committee (AHCC) recommends that the Committee be made permanent.

Rationale:

- 1) **The AHCC is a link between the city and residents, as well as, across city committees.** The ever-evolving plethora of communication channels makes communication complex, and no single channel reaches all constituents. Thus, an entity is needed to ensure consistent communication and to continue to monitor what channels are working for the City. Additionally, the scope of the FLR is so broad that the communication responsibilities do not appear to be addressed.

Related accomplishments to date:

- Researched what others are doing in terms of speed of electronic signs.... Forwarded a recommendation which passed FLR and Council to increase the speed on the electronic signs (ex. Library)
- Motion for the Administrator to review/modify our current electronic sign ordinance regarding reducing amount of time required between messages. Administrator to research other municipal policies and report a recommendation to FLR. Motion by Flower, second by Fairbanks.
- Motion carried 4-0 Motion for the Administrator to draft a policy to forward to the FLR committee to provide virtual participation opportunities for all committee meetings to members as well as to the general public, with broadcast live and archiving capabilities. Motion by Flower, second by Sibbing.
- Motion carried 4-0 Motion for the Administrator to draft a policy or ordinance to forward to the FLR committee to establish the Technology Committee, to include committee structure (dept heads, chair, etc.), decision making (voting members), responsibilities (establish prioritization list for software, hardware, network/file management, public interaction/communications -website, social media, cyber security, online/app payment functions) and make recommendations to council including assistance with budgeting, with the chair of the committee to reside on the communications committee. Motion by Flower, second by Sibbing. Motion carried 4-0
- Motion for the Administrator to perform research and report back to the communication committee regarding what the city can do to require service from the cell towers within our city limits such as a tax or drafting a letter to our state representatives.
- Expanded free media coverage from the Lake Geneva Regional News and WLKG. WLKG is also willing to make announcements on Tuesday's Heidi's Happy Hour

- Worked with City administrator to post announcements on the City website.
- Working on adding additional media coverage – i.e., Geneva Shore Report, Visit Lake Geneva, etc. ...
- Reviewed website usage. Created a dashboard with baseline data to monitor website usage.
- Communications strategy promotes transparency and builds trust in government. Advances better decision making.

2) **The AHCC promotes engagement of residents** through avenues such as community engagement events and submissions to the media.

Related accomplishments to date:

- Hosted one community engagement event around the Riviera as a center of community life past and future.
Due to COVID the event was via video. The video had 300 views and 36 individuals completed a survey providing feedback.

The AHCC has been results focused to date and proposes the following goals to guide work into the future if approved by the City Council.

Goal One: Make recommendations to the City Council related to improving communication with and from residents.

- Objectives:**
- 1) Review usage of the website and make suggestions to make it user friendly and an overall effective tool.
 - 2) Assist the administrator in expanding communication through a newsletter and submissions to the local newspaper.
 - 3) Evaluate effectiveness of communication channels as needed.

Goal Two: Promote engagement of residents through avenues such as community engagement events and submissions to the media.

- Objectives:**
- 1) Create and offer at least three community engagement events per year.

Communication Committee Standing Committee of the City Council

(Need article and section number here.)

The powers, duties, and responsibilities of each standing committee are:

(1) **Communication Committee..** The **Committee** shall have the duties and powers set forth below:

- a. ~~Amended 5-29-2012 by Ord. No. 12-08; 11-10-2014 by Ord. No. 14-08; 12-27-~~
- b. ~~2016 by Ord. No. 16-23; 5-28-2019 by Ord. No. 19-06]~~
- c. Meeting. The **Committee** shall meet at 6:30 p.m. on the third Wednesday of each month and additionally as called by the Chairman or by a majority of the **Committee**.

d. ~~Communication Financial~~ recommendations. The **Committee** shall meet to discuss and make recommendations on the following or similar matters:

1. Communication with and from residents with the vision of establishing a system of communications that keep residents informed and city leaders aware of community needs and concerns.
 - i. Review usage of the website and make suggestions to make it user friendly and an overall effective tool.
 - ii. Assist the Administrator in expanding communication through a newsletter and submissions to the local media.
 - iii. Evaluate and monitor the effectiveness of communication channels.
2. Promote engagement of residents through avenues such as community engagement events.
 - i. Create, offer and evaluate at least three community engagement events per year.

e. Recommendations of this committee go directly to the City Council.

f. **Advise the City Council and City Administrator on matters relating to technology, information and communications with the City, or as referred by City staff or Council. f. Evaluate and make recommendations to the City Council related to overall.**

communications to the residents of the City of Lake Geneva with the vision of establishing a system of communications that keeps its residents reasonably well informed about the plans and actions of the City.

g. Advise the City Council on issues related to cable television pursuant to applicable state and federal laws.

h. Monitor the local cable television franchise and review service concerns pursuant to the franchise agreement.

i. Study the use of public access and government channels.

j. Review and make recommendations concerning the City's website.

k. Propose facilities and equipment needs necessary for video, electronic, and digital information distribution to staff and to the public.

Ad Hoc Communications Committee (AHCC)
Wednesday, April 21, 2021 – 6:30 PM
City Hall, Council Chambers
Minutes

Committee Members – Chairperson Fesenmaier, Alderman Flower, Jay Fairbanks, Christine Quinn, and Mary Sibbing

Task: City Council adopted Resolution 20-R37 on May 11, 2020 to establish a temporary committee as follows: WHEREAS, there is a need to form an Ad Hoc Committee on Communications to review, develop and recommend opportunities and systems to provide increased communications to the public with respect to city business and opportunities. Goals of the Committee include means to accomplish increased communications through existing committee structures or new committees if necessary; taking advantage of new technology and products to make communications more efficient and timely; establishment of responsibilities for increasing communications and measurements to evaluate the effectiveness of communications; and establish policies and procedures to guide future communications by the City to the public.

1. Call to Order by Chairperson at 6:40 p.m.
2. Roll Call – Mary Sibbing excused; All others present.
3. Comments from the public as allowed by Wis. Stats. 19.84(2), NOT limited to items on this agenda. Comments will be limited to 5 minutes. – No comments
4. Approval of previous meeting minutes from March 17, 2021 – J. Fairbanks moved and C. Flower second. Motion carried.
5. Discussion/recommendation for future of Communications Committee
Reviewed draft (see updated draft attached) Discussion.... continue ad hoc or request permanence. Discussion reviewed work to date and community needs. Engagement of residents is critical as is the need to provide intentional outreach using a variety of methods. Suggestion to frame goals into an ordinance. Quinn to draft into ordinance language like FLR. For FLR meeting on May 4th.
Motion: To advance a request to make the AHCC permanent to meeting of FLR scheduled on May 4th.
C. Quinn moved, J. Fairbanks seconded. Motion carried.
6. Review of first Community Engagement Event and survey results
 - Survey results were discussed. The video had 300 views and the survey had 36 respondents.
 - Utilization of different forms of social media discussed. Creation of a dashboard to monitor key metrics was discussed. J. Fairbanks will draft an initial dashboard.

7. Discussion/Recommendation for Future Engagement Events

- * Neighborhood Issues...
- * Get feedback what concerns people.
- * Summer.... face to face.... Get out social media plus radio...Possibly use a survey for input on what neighborhood issues are most pertinent to community members. Topic to be continued next month. Quinn and Sibbing will draft recommendations on Topic/Timing/Format

8. Future agenda items –

- * Future of Communication Committee
- *Dashboard review
- * Future Engagement Event

9. Set next meeting date: Wednesday, May 19, 2021

10. Adjourn – C. Quinn moved to adjourn...J. Fairbanks second. Motion passed.

Meeting adjourned at 8:11 p.m.

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY INSTITUTION 4/30/2021		
Institution	Account Name	Balances 4/30/2021
Cash on Hand	Cash Drawer-Change Bank	200.00
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond Change Fund	500.00
	Launch Ramp Change Fund	100.00
	Beach Change Fund	-
	Parking-Petty Cash	100.00
	Library-Petty Cash	500.00
	Tax-Petty Cash	-
		<u>1,785.00</u>
First National Bank	General Fund Checking	968,077.28
	Donations Checking	1,200.97
	Credit Card Account	9,430.43
	Beach Account - VIPLY App	100.02
	Parking Fund Checking	12,417.50
		<u>991,226.20</u>
Local Government		
Investment Pool	Investment Pool #1-General	9,339,311.02
	Investment Pool #2-2021 GO Notes-2021A	628,325.54
	Investment Pool #3-2021 GO Notes-2021B	6,098,986.83
	Investment Pool #4-Tax	234.80
	Investment Pool #5 - Park Impact Fees	79,740.41
	Investment Pool #7 - Parks	20,995.73
	Investment Pool #8 - Equip Replacement	2,200,386.05
	Investment Pool #9 - Library	55,736.72
	Investment Pool #11 - Capital Projects	613,763.73
	Investment Pool #12 - Debt Service	313,313.99
	<u>19,350,794.82</u>	
US Bank	Tax Checking	<u>260.56</u>
Edward Jones	Cemetery Perpetual Care	<u>789,593.02</u>
BMO Harris	Donations Checking	<u>38,881.97</u>
Fidelity		
Investments	Investments-Swanson Fund	151,159.60
	Investments-Special Projects	326,957.58
	Investments-Voyager Fund	32,295.06
		<u>510,412.24</u>
	Total Cash and Investments	<u><u>21,682,953.81</u></u>

CITY OF LAKE GENEVA TREASURER'S REPORT - BALANCES BY FUND 4/30/2021		
Institution	Account Name	Balances 4/30/2021
General Fund	Cash Drawer-Change Bank	200.00
	General Checking-shared cash	968,077.28
	Donations Checking	1,200.97
	Credit Card Account	9,430.43
	Investment Pool #1 - General	9,339,311.02
	Investment Pool #4 - Tax	234.80
	Investment Pool #7 - Parks	20,995.73
	Municipal Court-Petty Cash	60.00
	Police-Petty Cash	150.00
	Police-Cash Drawer	175.00
	Police-Bond-Change Fund	500.00
	<u>10,340,335.23</u>	
Debt Service	LGIP #12-Debt Service	<u>313,313.99</u>
Lakefront	Launch Ramp Change Fund	100.00
	Beach Account - VIPLY App	100.02
	Beach Change Fund	-
		<u>200.02</u>
Parking	Parking Fund Checking	12,417.50
	Parking-Petty Cash	100.00
		<u>12,517.50</u>
Capital Projects	Investment Pool #12 - 2020 Capital Projects	613,763.73
	Investment Pool #2-2021 GO Notes-2021A	628,325.54
	Investment Pool #3-2021 GO Notes-2021B	6,098,986.83
		<u>7,341,076.10</u>
Impact Fees	Investment Pool #5 - Park Impact Fees	<u>79,740.41</u>
Cemetery Perpetual Care	Cemetery Pepetual Care-Edward Jones	<u>789,593.02</u>
Equip Replacement	Investment Pool #8 - Equipment Replacement	<u>2,200,386.05</u>
Tax Agency Fund	Tax-Petty Cash	-
Tax Agency Fund	Tax Checking Account	260.56
		<u>260.56</u>
Library Operating	Library-Petty Cash	<u>500.00</u>
Library Investments	Investment Pool #9 - Library	55,736.72
	Library Donations	38,881.97
	Investments-Swanson Fund	151,159.60
	Investments-Special Projects	326,957.58
	Investments-Voyager Fund	32,295.06
		<u>605,030.93</u>
	Total Cash and Investments	<u><u>21,682,953.81</u></u>

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
GENERAL FUND						
GENERAL FUND						
GENERAL FUND						
11-00-00-41110	GENERAL PROPERTY TAXES	58,608.48	2,793,652.92	5,446,108.00	2,652,455.08	51.30
11-00-00-41120	TID #4 INCREMENT-CLOSING REV	.00	.00	.00	.00	.00
11-00-00-41130	OMITTED & MISC TAX REVENUE	.00	.00	.00	.00	.00
11-00-00-41140	MOBILE HOME PARK FEES	888.15	3,215.70	5,400.00	2,184.30	59.55
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	51,503.67	111,686.95	242,793.00	131,106.05	46.00
11-00-00-41212	ROOM TAX-MARKETPLACE PROVIDE	29,948.57	70,875.68	119,584.00	48,708.32	59.27
11-00-00-41220	SALES TAX DISCOUNT	93.68	198.65	600.00	401.35	33.11
11-00-00-41310	TAXES FROM WATER UTILITY	24,173.25	96,693.00	315,000.00	218,307.00	30.70
11-00-00-41800	INT & PENALTY ON TAXES	.62	31.93	2,500.00	2,468.07	1.28
11-00-00-41810	ROOM TAX LATE FEES	.00	.00	100.00	100.00	.00
11-00-00-41820	ROOM TAX INTEREST	.00	.00	25.00	25.00	.00
11-00-00-42620	SPEC ASSMTS-CURB & GUTTER	.00	509.11	.00	509.11-	.00
11-00-00-42630	SPEC ASSMTS-ROADS	.00	.00	.00	.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	109,005.00	109,005.00	.00
11-00-00-43430	EXPENDITURE RESTRAINT PROGRA	.00	.00	13,983.00	13,983.00	.00
11-00-00-43530	STATE AID FOR HIGHWAYS	184,577.91	369,155.82	739,216.00	370,060.18	49.94
11-00-00-43540	OTHER STATE GRANTS	.00	.00	.00	.00	.00
11-00-00-43600	PYMT MUNI SERVICES-CONSERVATN	.00	3,533.07	3,533.00	.07-	100.00
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	.00	24,260.00	24,260.00	.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	236.48	236.48	10,173.00	9,936.52	2.32
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	5,411.88	.00	5,411.88-	.00
11-00-00-44100	LIQUOR & MALT BEVERAGE LICENSE	24,910.00	31,090.00	32,000.00	910.00	97.16
11-00-00-44110	OPERATOR LICENSES	1,925.00	3,605.00	17,000.00	13,395.00	21.21
11-00-00-44120	BUS LIC-CIG,TAXI,AMUSE,BILLARD	3,815.00	6,360.00	19,000.00	12,640.00	33.47
11-00-00-44130	PERMITS-SELL,CAFE,ROOM,MASSAG	4,310.00	5,140.00	7,000.00	1,860.00	73.43
11-00-00-44140	PERMITS-SHORT-TERM RENTALS	3,750.00	9,750.00	21,000.00	11,250.00	46.43
11-00-00-44150	CABLE TV FRANCHISE FEES	.00	.00	120,000.00	120,000.00	.00
11-00-00-44200	NONBUS LIC-DOGS/CATS	188.00	1,326.00	1,500.00	174.00	88.40
11-00-00-44250	OTHER LICENSES \$ FEES-WEIGHTS	2,400.00	3,950.00	8,000.00	4,050.00	49.38
11-00-00-44900	WORK PERMITS	32.50	60.00	300.00	240.00	20.00
11-00-00-44950	OTHER PERMITS-PARADES,BANNER	.00	.00	2,000.00	2,000.00	.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	42.65	52.37	2,000.00	1,947.63	2.62
11-00-00-46110	SPECIAL ASSMT LETTERS FEES	1,420.00	4,820.00	12,000.00	7,180.00	40.17
11-00-00-46741	CHG FOR SVCS-CELEBRATIONS	.00	.00	.00	.00	.00
11-00-00-46900	MISCELLANEOUS SALES	.00	9.48	200.00	190.52	4.74
11-00-00-47300	DONATIONS	.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	.00	.00	.00
11-00-00-48110	INTEREST INCOME	291.71	2,242.74	20,000.00	17,757.26	11.21
11-00-00-48120	A/R FINANCE CHARGES	.00	.00	.00	.00	.00
11-00-00-48130	INTEREST ON SPECIAL ASSESSMENT	166.90	193.36	.00	193.36-	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
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	17,204.38	30,000.00	12,795.62	57.35
11-00-00-48450	INSURANCE REBATE-LEAGUE	.00	.00	10,000.00	10,000.00	.00
11-00-00-48510	OTHER PARK DONATIONS	.00	.00	.00	.00	.00
11-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
11-00-00-49100	APPL.PRIOR YRS APPROPRIATION	.00	.00	385,098.00	385,098.00	.00
11-00-00-49200	DEBT SERVICE REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49220	TID ADMIN REIMBURSEMENT	.00	.00	.00	.00	.00
11-00-00-49300	TRANSFER FROM LAKEFRONT	.00	.00	472,373.00	472,373.00	.00
11-00-00-49400	TRANSFER FROM UTILITY	.00	.00	.00	.00	.00
11-00-00-49500	REVENUE FROM PARKING FUND	.00	.00	1,076,200.00	1,076,200.00	.00
11-00-00-49610	TRANSFER FROM LAKEFRONT RES	.00	.00	.00	.00	.00
Total GENERAL FUND:		393,282.57	3,541,005.52	9,337,897.00	5,796,891.48	37.92
Total GENERAL FUND:		393,282.57	3,541,005.52	9,337,897.00	5,796,891.48	37.92

GENERAL GOVERNMENT**GENERAL GOVERNMENT**

11-10-00-51330	LIFE INSURANCE POLICY FEES	167.64	665.32	1,870.00	1,204.68	35.58
11-10-00-51390	STAFF APPRECIATION	.00	.00	3,000.00	3,000.00	.00
11-10-00-51395	CUSTOMER SERVICE TRAINING	.00	.00	2,000.00	2,000.00	.00
11-10-00-51400	CYBER SECURITY TRAINING	.00	.00	3,500.00	3,500.00	.00
11-10-00-51540	UNEMPLOYMENT COMPENSATION	2,590.41	11,532.27	6,000.00	5,532.27-	192.20
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	2,130.00	2,130.00	30,000.00	27,870.00	7.10
11-10-00-53140	OFFICIAL PUBLICATIONS & NOTICE	217.63	3,634.57	10,000.00	6,365.43	36.35
11-10-00-53150	PUBLICATION FEES REIMBURSABLE	188.18	558.08	2,100.00	1,541.92	26.58
11-10-00-53160	RECORDING FEES	.00	.00	100.00	100.00	.00
11-10-00-53980	BANK CHARGES	17.14	603.42	1,200.00	596.58	50.29
11-10-00-53990	GENERAL GOV'T MISC EXPENSES	.00	.00	250.00	250.00	.00
11-10-00-55000	COVID-19 EXPENDITURES	1,925.14	3,044.09	.00	3,044.09-	.00
11-10-00-57300	SPECIAL LITIGATIONS	.00	.00	.00	.00	.00
11-10-00-57400	PERSONAL PROPERTY WRITEOFFS	77.69	78.59	4,000.00	3,921.41	1.96
11-10-00-57410	ILLEGAL TAXES & REFUNDS	.00	25,615.33	.00	25,615.33-	.00
11-10-00-57420	P.P. WRITE-OFFS REIMBURSED	.00	.00	.00	.00	.00
11-10-00-57800	CONTINGENCY ACCOUNT	.00	.00	150,204.00	150,204.00	.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
11-10-00-59400	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:		7,313.83	47,861.67	214,224.00	166,362.33	22.34

INSURANCE

11-10-10-55090	INS REIMB-OTHER DEPTS	24,320.35-	24,320.35-	97,000.00-	72,679.65-	25.07
11-10-10-55120	GENERAL LIABILITY INSURANCE	84,213.50	150,211.50	199,375.00	49,163.50	75.34
11-10-10-55130	BOILER & MACHINERY INS	928.56	928.56	930.00	1.44	99.85

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-10-10-55160	WORKERS COMPENSATION	29,235.50	87,706.50	116,950.00	29,243.50	74.99
11-10-10-55170	WORKERS COMP WAGES PAID/REIM	.00	.00	.00	.00	.00
Total INSURANCE:		90,057.21	214,526.21	220,255.00	5,728.79	97.40
HEALTH INSURANCE						
11-10-20-51110	HEALTH & DENTAL REIMBURSABLE	3,589.00	16,859.02	45,000.00	28,140.98	37.46
11-10-20-51120	HEALTH REIMBURSE-EMPLOYEE	.00	.00	.00	.00	.00
11-10-20-51320	HEALTH AND DENTAL ADMIN CHGS	3,484.48	10,795.03	65,000.00	54,204.97	16.61
11-10-20-51330	HEALTH AND DENTAL CLAIMS	.00	.00	.00	.00	.00
11-10-20-51335	DIFFERENCE CARD CLAIMS	8,563.04	66,062.29	190,000.00	123,937.71	34.77
11-10-20-51337	RETIREE HEALTH INS PREMIUMS	9,521.57	38,086.28	127,342.00	89,255.72	29.91
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:		18,917.59	99,959.58	341,142.00	241,182.42	29.30
Total GENERAL GOVERNMENT:		116,288.63	362,347.46	775,621.00	413,273.54	46.72
COMMON COUNCIL						
COMMON COUNCIL						
11-11-00-51140	COUNCIL SALARIES	2,461.60	11,077.20	32,000.00	20,922.80	34.62
11-11-00-51200	PART TIME WAGES	.00	.00	1,650.00	1,650.00	.00
11-11-00-51520	COUNCIL SOCIAL SECURITY	188.32	847.44	2,575.00	1,727.56	32.91
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	4,627.22	4,627.00	.22	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	11.85	2,000.00	1,988.15	.59
Total COMMON COUNCIL:		2,649.92	16,721.86	43,952.00	27,230.14	38.05
Total COMMON COUNCIL:		2,649.92	16,721.86	43,952.00	27,230.14	38.05
MUNICIPAL COURT						
MUNICIPAL COURT						
11-12-00-45100	COURT PENALTIES & FINES	14,664.82	42,536.76	110,000.00	67,463.24	38.67
11-12-00-45120	CIRCUIT COURT FORFEITURES	.00	.00	.00	.00	.00
11-12-00-45130	PARKING CITATION COLLECTIONS	300.00	3,837.68	15,000.00	11,162.32	25.58
11-12-00-45140	COURT CITATION COLLECTN-STARK	.00	12.50	100.00	87.50	12.50
11-12-00-46400	REIMBURSEMENTS BY DEFENDANTS	115.00	287.60	500.00	212.40	57.52
11-12-00-48110	MUNICIPAL CT INTEREST INCOME	.00	.00	.00	.00	.00
Total MUNICIPAL COURT:		15,079.82	46,674.54	125,600.00	78,925.46	37.16
MUNICIPAL COURT						
11-12-00-51140	MUNICIPAL COURT SALARIES	1,169.30	5,261.85	15,205.00	9,943.15	34.61
11-12-00-51200	MUNICIPAL COURT WAGES-CLERK	4,295.96	18,480.75	64,340.00	45,859.25	28.72
11-12-00-51250	MUNICIPAL CT OVERTIME	.00	.00	.00	.00	.00
11-12-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-12-00-51340	MUNICIPAL CT LIFE INSURANCE	18.91	75.64	230.00	154.36	32.89
11-12-00-51345	MUNICIPAL CT HEALTH INSURANCE	2,342.48	9,369.92	28,405.00	19,035.08	32.99
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	105.00	82.12	21.79

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-12-00-51360	MUNICIPAL CT RETIREMENT FUND	235.06	951.99	3,065.00	2,113.01	31.06
11-12-00-51370	MUNICIPAL CT DISABILITY INS	13.72	54.88	165.00	110.12	33.26
11-12-00-51520	MUNICIPAL CT SOCIAL SECURITY	410.29	1,753.91	6,090.00	4,336.09	28.80
11-12-00-52140	COLLECTION FEES	6.25	6.25	100.00	93.75	6.25
11-12-00-52210	MUNICIPAL CT TELEPHONE	78.16	291.19	900.00	608.81	32.35
11-12-00-52900	CARE OF PRISONERS	.00	.00	500.00	500.00	.00
11-12-00-53100	MUNICIPAL CT OFFICE SUPPLIES	.00	.00	1,500.00	1,500.00	.00
11-12-00-53120	POSTAGE-MUNICIPAL COURT	262.41	262.41	1,500.00	1,237.59	17.49
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	1,344.00	1,344.00	.00
11-12-00-53320	MUN CT CONFERENCES & SCHOOL	.00	865.00	1,570.00	705.00	55.10
11-12-00-53400	OPERATING SUPPLIES-CITATIONS	.00	.00	.00	.00	.00
11-12-00-53610	EQUIPMENT MAINT SERVICE COSTS	26.00	5,822.95	6,000.00	177.05	97.05
11-12-00-53810	MUNICIPAL COURT OPERATIONS	.00	.00	500.00	500.00	.00
11-12-00-53990	MUNICIPAL CT MISCELLANEOUS EXP	36.00	42.00	250.00	208.00	16.80
Total MUNICIPAL COURT:		9,010.26	43,701.62	133,689.00	89,987.38	32.69
Total MUNICIPAL COURT:		24,090.08	90,376.16	259,289.00	168,912.84	34.86
CITY ATTORNEY						
CITY ATTORNEY						
11-13-00-51130	CITY ATTORNEY SALARY	5,319.54	23,937.93	69,160.00	45,222.07	34.61
11-13-00-51150	LABOR NEGOTIATIONS	.00	.00	.00	.00	.00
11-13-00-51340	CITY ATTORNEY LIFE INSURANCE	39.57	158.28	475.00	316.72	33.32
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	359.06	1,615.77	4,670.00	3,054.23	34.60
11-13-00-51520	CITY ATTORNEY SOCIAL SECURITY	406.94	1,831.23	5,291.00	3,459.77	34.61
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:		6,125.11	27,543.21	80,796.00	53,252.79	34.09
OUTSIDE ATTORNEYS EXPENDITURES						
11-13-10-52140	OUTSIDE ATTORNEYS FEES	625.00	3,775.00	25,000.00	21,225.00	15.10
Total OUTSIDE ATTORNEYS EXPENDITURES:		625.00	3,775.00	25,000.00	21,225.00	15.10
Total CITY ATTORNEY:		6,750.11	31,318.21	105,796.00	74,477.79	29.60
GENERAL ADMINISTRATION						
MAYOR						
11-14-10-51140	MAYOR SALARY	527.54	2,373.93	6,858.00	4,484.07	34.62
11-14-10-51520	MAYOR SOCIAL SECURITY	60.51	181.53	525.00	343.47	34.58
11-14-10-53100	MAYOR OFFICE SUPPLIES	.00	.00	300.00	300.00	.00
11-14-10-53310	MAYOR MEALS, LODGING, ETC	.00	.00	200.00	200.00	.00
11-14-10-53990	MAYOR MISC EXPENSE	.00	.00	700.00	700.00	.00
Total MAYOR:		588.05	2,555.46	8,583.00	6,027.54	29.77

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
CITY ADMINISTRATOR						
11-14-20-51100	CITY ADMINISTRATOR SALARY	9,360.55	42,122.45	122,100.00	79,977.55	34.50
11-14-20-51330	REIMB OF INSURANCE DEDUCTIBLE	.00	.00	.00	.00	.00
11-14-20-51340	CITY ADMIN LIFE INSURANCE	47.77	191.08	600.00	408.92	31.85
11-14-20-51345	CITY ADMIN HEALTH INSURANCE	907.13	3,628.52	11,010.00	7,381.48	32.96
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	631.84	2,843.28	8,245.00	5,401.72	34.48
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	713.28	3,199.96	9,345.00	6,145.04	34.24
11-14-20-53100	CITY ADMIN OFFICE SUPPLIES	.00	.00	300.00	300.00	.00
11-14-20-53240	DUES,BOOKS,PUBLICATIONS	973.52	1,161.53	1,100.00	61.53-	105.59
11-14-20-53300	CITY ADMIN TRAVEL-MILEAGE	.00	.00	600.00	600.00	.00
11-14-20-53310	CITY ADMIN MEALS/LODGING	.00	.00	500.00	500.00	.00
11-14-20-53320	CITY ADMIN CONFR/SCHOOLS	.00	.00	1,000.00	1,000.00	.00
11-14-20-53990	CITY ADMIN MISC EXPENSE	.00	.00	200.00	200.00	.00
Total CITY ADMINISTRATOR:		12,703.29	53,423.62	155,835.00	102,411.38	34.28
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	5,322.76	23,952.42	69,235.00	45,282.58	34.60
11-14-30-51110	ASSISTANT CLERK WAGES	15,621.73	15,621.73	53,705.00	38,083.27	29.09
11-14-30-51200	CITY CLERK STAFF WAGES	11,678.56-	.00	21,130.00	21,130.00	.00
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	11.12	38.17	230.00	191.83	16.60
11-14-30-51345	CITY CLERK HEALTH INSURANCE	3,483.85	11,418.42	56,805.00	45,386.58	20.10
11-14-30-51350	CITY CLERK DENTAL INSURANCE	156.00	521.00	1,740.00	1,219.00	29.94
11-14-30-51355	CITY CLERK VISION INSURANCE	12.41	41.33	200.00	158.67	20.67
11-14-30-51360	CITY CLERK RETIREMENT FUND	646.44	2,692.21	8,300.00	5,607.79	32.44
11-14-30-51370	CITY CLERK DISABILITY INS	37.23	116.46	440.00	323.54	26.47
11-14-30-51520	CITY CLERK SOCIAL SECURITY	860.26	3,202.82	11,560.00	8,357.18	27.71
11-14-30-51900	POLL WORKERS FEES	2,370.98	3,522.26	19,000.00	15,477.74	18.54
11-14-30-52180	MUNICIPAL CODIFICATION	554.86	1,749.86	5,000.00	3,250.14	35.00
11-14-30-53100	CITY CLERK OFFICE SUPPLIES	157.03	905.43	1,500.00	594.57	60.36
11-14-30-53110	BALLOTS/OTHER ELECTION EXPENS	1,196.74	2,246.06	5,000.00	2,753.94	44.92
11-14-30-53120	POSTAGE-CITY CLERK	1,280.85	1,441.70	5,000.00	3,558.30	28.83
11-14-30-53140	RECALL ELECTION EXPENDITURES	.00	.00	.00	.00	.00
11-14-30-53300	CITY CLERK TRAVEL-MILEAGE	.00	.00	800.00	800.00	.00
11-14-30-53310	CITY CLERK MEALS,LODGING	.00	.00	900.00	900.00	.00
11-14-30-53320	CITY CLERK CONFERENCES & DUES	.00	804.00	1,500.00	696.00	53.60
11-14-30-53820	LICENSE/SUPPORT EXPENSE	.00	1,233.00	1,500.00	267.00	82.20
11-14-30-53990	CITY CLERK MISCELLANEOUS EXP	61.50	205.49	600.00	394.51	34.25
11-14-30-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
Total CITY CLERK:		20,095.20	69,712.36	264,145.00	194,432.64	26.39
Total GENERAL ADMINISTRATION:		33,386.54	125,691.44	428,563.00	302,871.56	29.33

ACCOUNTING

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
ACCOUNTING						
11-15-10-51100	ACCOUNTING SALARY	5,897.78	26,540.02	76,705.00	50,164.98	34.60
11-15-10-51200	ACCOUNTING WAGES	10,839.79	45,044.38	151,010.00	105,965.62	29.83
11-15-10-51260	ACCTG PART TIME WAGES	295.92	1,188.30	4,165.00	2,976.70	28.53
11-15-10-51330	ACCTG INS DEDUCTIBLE REIMB	.00	.00	.00	.00	.00
11-15-10-51340	ACCTG LIFE INSURANCE	76.89	309.00	930.00	621.00	33.23
11-15-10-51345	ACCTG HEALTH INSURANCE	5,418.37	22,376.24	66,435.00	44,058.76	33.68
11-15-10-51350	ACCTG DENTAL INSURANCE	399.50	1,631.00	4,885.00	3,254.00	33.39
11-15-10-51355	ACCTG VISION INSURANCE	13.82	57.91	180.00	122.09	32.17
11-15-10-51360	ACCTG RETIREMENT EXP	1,129.79	4,841.39	15,375.00	10,533.61	31.49
11-15-10-51370	ACCTG DISABILITY INS	67.76	271.04	815.00	543.96	33.26
11-15-10-51520	ACCTG SOCIAL SECURITY	1,278.77	5,386.06	17,740.00	12,353.94	30.36
11-15-10-52120	ACCTG CONSULTANT FEES	.00	1,800.00	4,000.00	2,200.00	45.00
11-15-10-52130	INDEPENDENT AUDIT FEES	.00	10,275.00	26,780.00	16,505.00	38.37
11-15-10-53100	ACCTG OFFICE SUPPLIES	157.03	659.88	3,000.00	2,340.12	22.00
11-15-10-53200	ACCTG PROFESSIONAL DUES	.00	125.00	750.00	625.00	16.67
11-15-10-53320	ACCTG CONFERENCES/TRAINING	.00	.00	1,800.00	1,800.00	.00
11-15-10-53990	ACCTG MISC EXPENSE	43.96	220.39	1,500.00	1,279.61	14.69
11-15-10-54150	TUITION & BOOKS REIMB	.00	.00	.00	.00	.00
11-15-10-54500	COMPUTER IT SVC & EQUIPMENT	5,854.63	11,765.89	50,000.00	38,234.11	23.53
Total ACCOUNTING:		31,474.01	132,491.50	426,070.00	293,578.50	31.10
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	8,200.00	41,000.00	41,000.00	.00	100.00
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:		8,200.00	41,000.00	43,600.00	2,600.00	94.04
Total ACCOUNTING:		39,674.01	173,491.50	469,670.00	296,178.50	36.94
CITY HALL BUILDING						
CITY HALL BUILDING						
11-16-10-51200	CITY HALL MAINT WAGES	3,914.68	15,854.45	50,950.00	35,095.55	31.12
11-16-10-51250	CITY HALL MAINT OVERTIME	18.35	734.00	1,470.00	736.00	49.93
11-16-10-51340	CITY HALL MAINT LIFE INS	26.74	106.96	325.00	218.04	32.91

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-16-10-51345	CITY HALL MAINT HEALTH INSUR	1,742.18	6,968.72	21,130.00	14,161.28	32.98
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	265.48	1,119.71	3,540.00	2,420.29	31.63
11-16-10-51370	CITY HALL MAINT DISABILITY INS	15.47	61.88	190.00	128.12	32.57
11-16-10-51520	CITY HALL MAINT SOCIAL SEC	295.08	1,223.90	4,010.00	2,786.10	30.52
11-16-10-52210	CITY HALL TELEPHONE	965.97	3,694.88	11,000.00	7,305.12	33.59
11-16-10-52220	CITY HALL ELECTRICITY	2,986.93	8,208.07	45,000.00	36,791.93	18.24
11-16-10-52240	CITY HALL GAS HEAT	1,912.78	3,230.35	10,000.00	6,769.65	32.30
11-16-10-52260	CITY HALL WATER & SEWER EXP	445.16	445.16	2,650.00	2,204.84	16.80
11-16-10-52400	CITY HALL BUILDING REPAIRS	.00	1,116.00	22,000.00	20,884.00	5.07
11-16-10-53100	CITY HALL OFFICE SUPPLIES	571.32	2,584.16	3,300.00	715.84	78.31
11-16-10-53500	CITY HALL BLDG MAINT SUPPLIES	11.79	653.12	5,500.00	4,846.88	11.87
11-16-10-53600	CITY HALL MAINT SERVICE COSTS	248.56	1,706.59	17,000.00	15,293.41	10.04
11-16-10-53990	CITY HALL MISC EXP	.00	.00	.00	.00	.00
11-16-10-55310	CH OFFICE EQUIPMENT CONTRACTS	.00	362.88	3,000.00	2,637.12	12.10
11-16-10-55320	CH POSTAGE METER RENT & EXP	.00	1,804.56	5,000.00	3,195.44	36.09
Total CITY HALL BUILDING:		13,536.21	50,338.27	207,455.00	157,116.73	24.26
Total CITY HALL BUILDING:		13,536.21	50,338.27	207,455.00	157,116.73	24.26

POLICE DEPARTMENT**POLICE DEPARTMENT**

11-21-00-43520	LAW ENFORCEMENT TRAINING AIDS	.00	.00	5,440.00	5,440.00	.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	101.37	278.62	1,500.00	1,221.38	18.57
11-21-00-46220	WAGE REIMBURSEMENTS	772.44	772.44	74,253.00	73,480.56	1.04
11-21-00-46230	MISC TAXABLE REVENUES	.00	.00	250.00	250.00	.00
11-21-00-46240	FINGERPRINTING	28.44	369.70	500.00	130.30	73.94
11-21-00-46250	VEHICLE LOCKOUT FEE	355.50	1,445.70	5,200.00	3,754.30	27.80
11-21-00-46260	BLOOD DRAW REIMBURSEMENT	52.50	577.50	1,400.00	822.50	41.25
11-21-00-47300	DONATIONS	.00	.00	1,500.00	1,500.00	.00
11-21-00-47350	COMMUNICATIONS REIMB-FIRE DEPT	.00	47,471.00	47,471.00	.00	100.00
11-21-00-47370	SOFTVEST DONATIONS/GRANTS	.00	.00	2,000.00	2,000.00	.00
11-21-00-48190	DISCOUNTS EARNED-PD	.00	.00	.00	.00	.00
11-21-00-48300	SALE OF POLICE EQUIPMENT	.00	.00	.00	.00	.00
11-21-00-48310	SALE OF 1033 PROPERTY	.00	.00	.00	.00	.00
Total POLICE DEPARTMENT:		1,310.25	50,914.96	151,014.00	100,099.04	33.72

POLICE DEPARTMENT

11-21-00-51100	POLICE FT SALARIES	168,932.59	748,973.55	2,219,295.00	1,470,321.45	33.75
11-21-00-51200	POLICE PT WAGES	8,584.92	28,235.10	86,650.00	58,414.90	32.59
11-21-00-51250	POLICE OVERTIME WAGES	1,287.31	3,389.04	35,175.00	31,785.96	9.63
11-21-00-51270	PD COMPENSATION PER CONTRACT	7,134.37	23,130.49	122,350.00	99,219.51	18.91
11-21-00-51340	PD LIFE INSURANCE	246.41	979.59	3,600.00	2,620.41	27.21
11-21-00-51345	PD HEALTH INSURANCE	49,445.79	196,545.81	667,745.00	471,199.19	29.43
11-21-00-51347	PD HEALTH INS OPT OUT	1,300.00	10,400.00	31,200.00	20,800.00	33.33
11-21-00-51350	PD DENTAL INSURANCE	2,239.37	8,899.37	32,000.00	23,100.63	27.81
11-21-00-51355	PD VISION INSURANCE	116.61	461.85	2,000.00	1,538.15	23.09
11-21-00-51360	PD RETIREMENT FUND	22,730.97	102,947.56	315,332.00	212,384.44	32.65
11-21-00-51370	PD DISABILITY INS	609.70	2,438.80	8,000.00	5,561.20	30.49
11-21-00-51380	PD UNIFORM ALLOWANCE	3,861.55	10,453.27	29,275.00	18,821.73	35.71

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-21-00-51390	PART TIME UNIFORM EXPENSE	558.40	676.38	5,900.00	5,223.62	11.46
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	14,439.47	61,803.53	190,845.00	129,041.47	32.38
11-21-00-51522	PD OPT OUT SOCIAL SECURITY	.00	.00	.00	.00	.00
11-21-00-51900	PFC COMMISSION EXPENSES	.00	120.00-	600.00	720.00	20.00-
11-21-00-52140	OUTSIDE LEGAL EXPENSES	.00	.00	1,200.00	1,200.00	.00
11-21-00-52210	PD TELEPHONE EXPENSE	2,252.61	8,840.43	27,440.00	18,599.57	32.22
11-21-00-52220	POLICE IMPOUND BLDG ELECTRIC	64.60	250.54	1,400.00	1,149.46	17.90
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	1,232.73	3,658.73	9,000.00	5,341.27	40.65
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	2,337.13	5,836.56	24,000.00	18,163.44	24.32
11-21-00-53100	PD OFFICE SUPPLIES	240.47	808.06	7,000.00	6,191.94	11.54
11-21-00-53120	PD POSTAGE	166.04	399.49	1,600.00	1,200.51	24.97
11-21-00-53160	CRIME PREVENTION PROGRAM	.00	.00	9,623.00	9,623.00	.00
11-21-00-53300	PD MILEAGE/TRAVEL	43.00	146.35	2,200.00	2,053.65	6.65
11-21-00-53310	PD MEALS & LODGING	425.00	862.23	6,500.00	5,637.77	13.27
11-21-00-53410	PD FUEL EXPENSE	.00	7,341.34	42,501.00	35,159.66	17.27
11-21-00-53420	PD SPECIAL EQUIPMENT	782.16	6,571.33	11,650.00	5,078.67	56.41
11-21-00-53610	PD EQUIP MAINT SERV COSTS	1,056.21	3,221.50	24,200.00	20,978.50	13.31
11-21-00-53800	PD SPECIAL INVESTIGATIONS	165.00	6,185.10	12,835.00	6,649.90	48.19
11-21-00-53990	PD MISCELLANEOUS EXP	101.91	1,116.61	4,000.00	2,883.39	27.92
11-21-00-54100	PD TRAINING EXPENSES	4,953.41	12,758.62	61,851.00	49,092.38	20.63
11-21-00-54110	PD APPLICATION PROCESS	772.16	1,220.64	8,000.00	6,779.36	15.26
11-21-00-54120	TRNG & TRAVEL-REIMBURSEABLE	11.20-	.00	.00	.00	.00
11-21-00-54150	TUITION & BOOKS PER CONTRACT	.00	2,323.68	16,000.00	13,676.32	14.52
11-21-00-54500	PRO-PHOENIX MAINT CONTRACT	.00	31,532.30	33,934.00	2,401.70	92.92
11-21-00-55000	COVID-19 EXPENDITURES	.00	546.96	.00	546.96-	.00
11-21-00-55310	COPY MACHINE & SHREDDING SVC	262.08	877.98	4,200.00	3,322.02	20.90
11-21-00-55330	TELETYPE EXPENSE	.00	9,384.00	11,353.00	1,969.00	82.66
11-21-00-57340	GRANT PURCHASES-FEDERAL	.00	.00	.00	.00	.00
11-21-00-57350	GRANT PURCHASES-STATE	.00	1,408.50	.00	1,408.50-	.00
11-21-00-57360	DONOR PURCHASES	.00	8,637.00	.00	8,637.00-	.00
11-21-00-57370	BODY ARMOR EXPENDITURES	.00	.00	4,000.00	4,000.00	.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	17,949.38	45,105.06	87,447.00	42,341.94	51.58
Total POLICE DEPARTMENT:		314,280.15	1,358,247.35	4,166,301.00	2,808,053.65	32.60
Total POLICE DEPARTMENT:		315,590.40	1,409,162.31	4,317,315.00	2,908,152.69	32.64
FIRE DEPARTMENT						
FIRE DEPARTMENT						
11-22-00-43400	EMS PROV SUPP-ACT 102 EQUIP	.00	.00	4,320.00	4,320.00	.00
11-22-00-43410	EMS PROV SUPP-ACT 102 TRAIN	.00	.00	1,307.00	1,307.00	.00
11-22-00-43420	FIRE DUES FROM STATE	.00	.00	54,449.00	54,449.00	.00
11-22-00-43440	FIRE DUES FROM TOWN OF GENEVA	.00	.00	.00	.00	.00
11-22-00-43540	STATE GRANTS & REIMBURSEMENTS	.00	1,225.00	.00	1,225.00-	.00
11-22-00-43542	FEDERAL GRANTS & REIMBURSE	.00	.00	.00	.00	.00
11-22-00-44710	FIRE DEPT BURNING PERMIT	200.00	465.00	1,000.00	535.00	46.50
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

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-22-00-46220	EMS WAGE INCOME	.00	.00	.00	.00	.00
11-22-00-46230	INSPECTION FEES	.00	500.00-	61,500.00	62,000.00	.81-
11-22-00-46240	FIRE/EMS BILLING REVENUE	45,382.63	212,513.81	535,000.00	322,486.19	39.72
11-22-00-46245	ALS INTERCEPT FEE	1,200.00	4,400.00	5,500.00	1,100.00	80.00
11-22-00-46250	PLAN REVIEW/SPRINKLER SYSTEMS	1,970.00	2,970.00	17,000.00	14,030.00	17.47
11-22-00-47300	TOWNSHIPS FIRE SERVICES	.00	6,403.00	60,000.00	53,597.00	10.67
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	72.09	79.72	1,000.00	920.28	7.97
11-22-00-48300	SALE OF FIRE DEPT EQUIPMENT	.00	.00	.00	.00	.00
11-22-00-48510	FIRE DEPT DONATIONS	.00	200.00	2,000.00	1,800.00	10.00
11-22-00-48550	DONATIONS-CPR CLASSES	130.00	1,040.00	2,200.00	1,160.00	47.27
11-22-00-49100	APPROP FROM ASSIGNED FB A/C	.00	.00	.00	.00	.00
Total FIRE DEPARTMENT:		48,954.72	228,796.53	750,276.00	521,479.47	30.49

FIRE DEPARTMENT

11-22-00-51130	FIRE OFFICER SALARIES	3,224.72	14,511.24	44,620.00	30,108.76	32.52
11-22-00-51140	FIRE/EMS STIPEND PAY	686.45	8,475.31	26,500.00	18,024.69	31.98
11-22-00-51150	FIRE SAFETY/PUBLIC ED WAGES	90.34	90.34	4,707.00	4,616.66	1.92
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	63.19	1,049.03	5,442.00	4,392.97	19.28
11-22-00-51220	PAID ON PREMISE WAGES	39,543.02	163,211.78	560,169.00	396,957.22	29.14
11-22-00-51290	EMS LINN CALL PAY	.00	.00	.00	.00	.00
11-22-00-51300	EMS CITY CALL PAY	1,032.10	6,362.11	20,910.00	14,547.89	30.43
11-22-00-51310	EMS GENEVA TWP CALL PAY	91.24	201.68	1,540.00	1,338.32	13.10
11-22-00-51330	FD LIFE INSURANCE EXP	97.86	397.92	1,020.00	622.08	39.01
11-22-00-51340	FD WORKMEN DISABILITY INS	.00	.00	26,700.00	26,700.00	.00
11-22-00-51345	FD HEALTH INSURANCE	.00	.00	.00	.00	.00
11-22-00-51355	FD VISION INSURANCE	.00	.00	.00	.00	.00
11-22-00-51360	FIRE/EMS RETIREMENT EXP	8,729.33	32,013.57	164,829.00	132,815.43	19.42
11-22-00-51380	FIRE DEPT UNIFORMS	867.00	2,401.15	12,095.00	9,693.85	19.85
11-22-00-51400	FIRE CITY CALL PAY	2,401.64	7,000.30	52,280.00	45,279.70	13.39
11-22-00-51410	FIRE GENEVA TWP CALL PAY	570.11	734.60	7,176.00	6,441.40	10.24
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	4,473.87	17,820.28	67,829.00	50,008.72	26.27
11-22-00-51900	FIRE COMMISSION MISC EXP	.00	.00	.00	.00	.00
11-22-00-52140	OUTSIDE BILLING SERVICES	7,112.70	13,143.85	41,348.00	28,204.15	31.79
11-22-00-52150	FIRE INSPECTORS WAGES	2,585.95	10,157.65	41,866.00	31,708.35	24.26
11-22-00-52160	FIRE/EMS DATA ENTRY WAGES	1,738.44	7,648.20	31,982.00	24,333.80	23.91
11-22-00-52170	FIRE INVESTIGATION PAY	.00	.00	.00	.00	.00
11-22-00-52180	CONTRACTUAL SERVICES-PARATEC	.00	.00	.00	.00	.00
11-22-00-52210	FIRE TELEPHONE EXPENSE	740.70	3,175.18	9,322.00	6,146.82	34.06
11-22-00-52220	FIREHOUSE ELECTRICITY	1,184.54	3,735.28	14,800.00	11,064.72	25.24
11-22-00-52240	FIREHOUSE GAS HEAT	702.32	2,414.07	7,426.00	5,011.93	32.51
11-22-00-52260	FIREHOUSE WATER/SEWER BILLS	411.88	411.88	1,379.00	967.12	29.87
11-22-00-52400	EQUIPMENT REPAIRS-FIRE DEPT	3,130.50	12,659.27	25,000.00	12,340.73	50.64
11-22-00-52410	FIREHOUSE REPAIRS	2,460.59	2,595.59	10,000.00	7,404.41	25.96
11-22-00-52620	FD-COMMUNICATION SYS MAINT FEE	.00	595.11	3,400.00	2,804.89	17.50
11-22-00-52650	PD COMMUNICATION SERVICES	.00	47,471.00	47,703.00	232.00	99.51
11-22-00-53100	OFFICE SUPPLIES	62.50	726.01	1,500.00	773.99	48.40
11-22-00-53120	POSTAGE EXPENSE	30.92	86.79	500.00	413.21	17.36
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

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-22-00-53400	OPERATING SUPPLIES	173.81	1,351.03	5,000.00	3,648.97	27.02
11-22-00-53410	FD FUEL EXPENSE	.00	3,319.75	11,000.00	7,680.25	30.18
11-22-00-53500	BLDG MAINT SUPPLIES-FIREHOUSE	943.92	1,563.48	5,000.00	3,436.52	31.27
11-22-00-53510	EQUIP MAINT SUPPLIES-FIRE DEPT	34.38	1,054.61	8,350.00	7,295.39	12.63
11-22-00-53600	FIREHOUSE MAINT SERVICE COSTS	180.00	180.00	4,714.00	4,534.00	3.82
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	.00	191.00	1,000.00	1,191.00	19.10
11-22-00-54100	FIRE TRAINING PAY	5,908.06	22,872.70	63,335.00	40,462.30	36.11
11-22-00-54120	TUITION REIMB PER CONTRACT	.00	3,096.72	8,000.00	4,903.28	38.71
11-22-00-54150	EXPENSE REIMB PER CONTRACT	134.20	134.20	3,000.00	2,865.80	4.47
11-22-00-54500	FIRE IT SERVICES	1,387.50	8,387.38	21,930.00	13,542.62	38.25
11-22-00-54550	LEXIPOL	.00	5,416.00	5,416.00	.00	100.00
11-22-00-54600	PRO PHOENIX SUPPORT CONTRACT	.00	7,526.30	7,527.00	.70	99.99
11-22-00-55000	COVID-19 EXPENDITURES	532.32	2,715.01	.00	2,715.01	.00
11-22-00-55100	EMS TRAINING PAY	1,314.51	5,293.53	33,265.00	27,971.47	15.91
11-22-00-55320	FD VOICE MAIL LEASE	.00	.00	.00	.00	.00
11-22-00-56100	CPR CLASS PAY	130.00	418.73	2,500.00	2,081.27	16.75
11-22-00-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
11-22-00-57360	DONATION PURCHASES	.00	.00	2,000.00	2,000.00	.00
11-22-00-57500	SPRINKLER SYSTEMS EXPENSES	620.00	1,135.00	5,200.00	4,065.00	21.83
11-22-00-58000	FIRE EQUIPMENT/SUPPLIES	697.57	3,405.16	6,627.00	3,221.84	51.38
11-22-00-58100	EMS EQUIPMENT/SUPPLIES	2,031.80	5,898.59	19,500.00	13,601.41	30.25
11-22-00-58200	STATE MANDATED EQUIP TESTING	6,575.07	10,013.57	30,907.00	20,893.43	32.40
11-22-00-58300	ACT 102 EXPENSES	.00	.00	5,300.00	5,300.00	.00
11-22-00-58400	PRE-EMPLOYMENT TESTING	.00	410.00	2,500.00	2,090.00	16.40
11-22-00-58410	EMPLOYEE HEALTH & WELLNESS	.00	.00	2,095.00	2,095.00	.00
11-22-00-58500	EQUIPMENT OUTLAY	.00	.00	28,731.00	28,731.00	.00
Total FIRE DEPARTMENT:		102,695.05	443,089.95	1,520,140.00	1,077,050.05	29.15
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:		151,649.77	671,886.48	2,270,416.00	1,598,529.52	29.59
BUILDING AND ZONING						
BUILDING AND ZONING						
11-24-00-44300	BUILDING PERMITS	28,169.40	86,913.40	221,000.00	134,086.60	39.33
11-24-00-44310	ELECTRICAL PERMITS	10,871.16	30,717.42	79,000.00	48,282.58	38.88
11-24-00-44320	PLUMBING PERMITS	6,508.00	20,400.00	51,000.00	30,600.00	40.00
11-24-00-44330	OTHER PERMITS	4,810.32	17,916.21	45,000.00	27,083.79	39.81
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	6,040.00	15,620.00	45,000.00	29,380.00	34.71
11-24-00-46300	TRASH PICK-UP REVENUE	.00	.00	.00	.00	.00
Total BUILDING AND ZONING:		56,398.88	171,567.03	441,000.00	269,432.97	38.90
BUILDING AND ZONING						
11-24-00-51100	BUILDING INSPECTOR SALARIES	5,916.63	26,624.82	77,070.00	50,445.18	34.55
11-24-00-51200	BUILDING INSPECTION WAGES	6,935.09	28,133.03	91,860.00	63,726.97	30.63
11-24-00-51330	INSURANCE DEDUCTIBLE REIMB	.00	.00	.00	.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-24-00-51340	BLDG INSPECTOR LIFE INSURANCE	49.29	185.07	590.00	404.93	31.37
11-24-00-51345	BLDG INSPECTOR HEALTH INSUR	3,314.58	13,258.32	68,545.00	55,286.68	19.34
11-24-00-51350	BLDG INSPECTOR DENTAL INSUR	244.28	942.12	3,830.00	2,887.88	24.60
11-24-00-51355	BLDG INSPECTOR VISION INS	10.98	43.92	240.00	196.08	18.30
11-24-00-51360	BLDG INSPECTOR RETIREMENT FUN	878.75	3,786.19	11,405.00	7,618.81	33.20
11-24-00-51370	BLDG INSPECTOR DISABILITY INS	51.36	190.73	610.00	419.27	31.27
11-24-00-51520	BLDG INSPECTOR SOCIAL SECURITY	967.25	4,123.33	12,925.00	8,801.67	31.90
11-24-00-52170	CONTRACT-ELEVATOR INSPECTION	.00	.00	100.00	100.00	.00
11-24-00-52180	CONTRACTS-WEIGHTS & MEASURES	.00	.00	4,800.00	4,800.00	.00
11-24-00-52190	CONTRACT BUILDING INSPECTOR	2,280.50	3,449.50	11,000.00	7,550.50	31.36
11-24-00-52620	TELEPHONE EXPENSE	151.78	362.63	1,200.00	837.37	30.22
11-24-00-53100	BLDG INSPECTOR OFFICE SUPPLIES	706.46	3,559.64	5,000.00	1,440.36	71.19
11-24-00-53200	MEMBERSHIP DUES & FEES	.00	.00	600.00	600.00	.00
11-24-00-53300	BLDG INSPECTOR TRAVEL-MILEAGE	166.67	1,753.30	6,000.00	4,246.70	29.22
11-24-00-53310	BLDG INSP-MEALS & LODGING	.00	531.16	2,000.00	1,468.84	26.56
11-24-00-53320	CONFERENCES & SCHOOL	.00	815.00	2,300.00	1,485.00	35.43
11-24-00-53350	OTHER PROFESSIONAL FEES	.00	.00	12,400.00	12,400.00	.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	4,000.00	4,000.00	.00	100.00
11-24-00-58100	EQUIPMENT OUTLAY	.00	.00	.00	.00	.00
Total BUILDING AND ZONING:		21,673.62	91,758.76	316,575.00	224,816.24	28.98
Total BUILDING AND ZONING:		78,072.50	263,325.79	757,575.00	494,249.21	34.76
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	.00	3,600.00	3,600.00	.00
11-29-00-52210	EMER MGMT TELEPHONE EXP	38.01	114.03	600.00	485.97	19.01
11-29-00-52220	SIRENS ELECTRICTY	53.88	151.28	650.00	498.72	23.27
11-29-00-52500	FIRE SIREN REPAIRS	.00	.00	.00	.00	.00
11-29-00-53100	EMER MGMT OFFICE SUPPLIES	.00	.00	500.00	500.00	.00
11-29-00-53310	EMER MGMT MEALS,LODGING,ETC	.00	.00	500.00	500.00	.00
11-29-00-53400	EMER MGMT SUPPLIES	.00	.00	3,000.00	3,000.00	.00
11-29-00-53600	ONE CALL NOW PROGRAM	.00	570.54	600.00	29.46	95.09
11-29-00-53610	EMER MGMT VEHICLE MAINT/SVC	.00	.00	2,000.00	2,000.00	.00
11-29-00-53990	EMER MGMT MISC EXP	.00	.00	500.00	500.00	.00
11-29-00-54100	EMER MGMT TRAINING EXP	.00	.00	500.00	500.00	.00
11-29-00-54130	PUBLIC EDUCATION	.00	.00	800.00	800.00	.00
11-29-00-54140	MEDICAL RESERVE CORPS	.00	.00	700.00	700.00	.00
11-29-00-55310	EMER MGMT COPYING COSTS	.00	.00	250.00	250.00	.00
11-29-00-57350	GRANT PURCHASES	.00	.00	.00	.00	.00
11-29-00-58000	FIRE SIRENS	2,293.04	2,293.04	.00	2,293.04-	.00
11-29-00-58100	EQUIPMENT OUTLAY	.00	.00	7,941.00	7,941.00	.00
Total EMERGENCY MANAGEMENT:		2,384.93	3,128.89	24,639.00	21,510.11	12.70

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total EMERGENCY MANAGEMENT:		2,384.93	3,128.89	24,639.00	21,510.11	12.70
DPW AND ENGINEERING						
DPW AND ENGINEERING						
11-30-00-52160	CITY ENGINEERING FEES	.00	.00	10,000.00	10,000.00	.00
11-30-00-52170	SURVEYING	.00	.00	800.00	800.00	.00
Total DPW AND ENGINEERING:		.00	.00	10,800.00	10,800.00	.00
Total DPW AND ENGINEERING:		.00	.00	10,800.00	10,800.00	.00
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	200.00	1,000.00	2,000.00	1,000.00	50.00
11-32-10-45220	RESTITUTION-STREET DEPT PROP	.00	.00	.00	.00	.00
11-32-10-46300	MISC STREET DEPT REVENUE	123.22	1,269.15	1,500.00	230.85	84.61
11-32-10-46440	GRASS/WEED CUTTING	.00	.00	2,000.00	2,000.00	.00
11-32-10-47300	STREET DEPT DONATIONS	.00	140.93-	.00	140.93	.00
Total STREET DEPARTMENT:		323.22	2,128.22	5,500.00	3,371.78	38.69
STREET DEPARTMENT						
11-32-10-51000	DIRECTOR OF PUBLIC WORKS	6,927.54	31,173.94	90,117.00	58,943.06	34.59
11-32-10-51100	ASST PW DIRECTOR SALARY	.00	.00	.00	.00	.00
11-32-10-51110	REDISTRIBUTABLE ST DEPT LABOR	.00	.00	.00	.00	.00
11-32-10-51200	ST DEPT WAGES	24,209.96	104,628.61	311,100.00	206,471.39	33.63
11-32-10-51250	ST DEPT OVERTIME WAGES	320.39	1,941.11	16,080.00	14,138.89	12.07
11-32-10-51260	ST DEPT SEASONAL LABOR	226.95	226.95	45,000.00	44,773.05	.50
11-32-10-51330	INS DEDUCTIBLE REIMBURSEMENT	.00	.00	.00	.00	.00
11-32-10-51340	ST DEPT LIFE INSURANCE	117.57	473.36	1,186.00	712.64	39.91
11-32-10-51345	ST DEPT HEALTH INSURANCE	11,997.26	44,802.85	139,115.00	94,312.15	32.21
11-32-10-51350	ST DEPT DENTAL INSURANCE	838.47	3,118.10	8,160.00	5,041.90	38.21
11-32-10-51355	ST DEPT VISION INSURANCE	28.01	110.04	356.00	245.96	30.91
11-32-10-51360	ST DEPT RETIREMENT FUND	2,123.39	9,864.63	28,170.00	18,305.37	35.02
11-32-10-51370	ST DEPT DISABILITY INS	176.52	706.08	1,975.00	1,268.92	35.75
11-32-10-51380	ST DEPT UNIFORM ALLOW	.00	8,400.00	8,400.00	.00	100.00
11-32-10-51520	ST DEPT SOCIAL SECURITY	2,367.83	10,800.59	35,370.00	24,569.41	30.54
11-32-10-52050	DRUG AND MEDICAL TESTING	.00	270.00	1,000.00	730.00	27.00
11-32-10-52210	ST DEPT TELEPHONE EXPENSE	277.79	1,652.39	4,500.00	2,847.61	36.72
11-32-10-52220	ST DEPT BLDG ELECTRICITY	860.16	2,631.69	11,000.00	8,368.31	23.92
11-32-10-52240	ST DEPT BLDG GAS HEAT	744.96	4,012.20	11,000.00	6,987.80	36.47
11-32-10-52260	ST DEPT BLDG-WATER & SEWER	299.16	299.16	1,500.00	1,200.84	19.94
11-32-10-52400	ST DEPT BUILDING REPAIRS	.00	.00	2,500.00	2,500.00	.00
11-32-10-52500	ST DEPT EQUIPMENT REPAIRS	1,010.00	2,954.00	55,800.00	52,846.00	5.29
11-32-10-52620	ST DEPT COMM SYSTEM MAINT FEES	.00	693.90	2,500.00	1,806.10	27.76
11-32-10-52700	SIDEWALK REPAIRS	.00	.00	2,500.00	2,500.00	.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	.00	.00	1,500.00	1,500.00	.00
11-32-10-53400	OPERATING SUPPLIES-STREET DEPT	1,029.42	2,242.32	14,800.00	12,557.68	15.15
11-32-10-53410	VEHICLE-FUEL & OIL	9,236.64	20,172.82	55,000.00	34,827.18	36.68
11-32-10-53420	MOSQUITO CONTROL	4,339.64	4,339.64	5,500.00	1,160.36	78.90
11-32-10-53440	WEED CUTTING	.00	.00	2,000.00	2,000.00	.00
11-32-10-53450	SAFETY GRANT EXPENDITURES	.00	.00	.00	.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-32-10-53500	BLDG MAINT SUPPLIES-STR DEPT	.00	818.76	2,300.00	1,481.24	35.60
11-32-10-53510	VEHICLE/EQUIPMENT MAINTENANCE	9,614.26	18,440.82	28,000.00	9,559.18	65.86
11-32-10-53600	ST DEPT BLDG MAINT SERV COSTS	871.86	1,195.02	4,500.00	3,304.98	26.56
11-32-10-53700	ROAD MAINTENANCE SUPPLIES	1,969.40	5,129.40	39,500.00	34,370.60	12.99
11-32-10-53750	STREET CRACK FILLING	.00	.00	.00	.00	.00
11-32-10-53900	FIRST AID AND SAFETY SUPPLIES	328.41	1,152.76	2,500.00	1,347.24	46.11
11-32-10-53990	ST DEPT MISCELLANEOUS EXP	35.79	518.05	3,000.00	2,481.95	17.27
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:		79,951.38	282,769.19	937,179.00	654,409.81	30.17
SNOW AND ICE						
11-32-12-46310	SNOW & ICE CONTROL	.00	21,333.34	5,000.00	16,333.34-	426.67
Total SNOW AND ICE:		.00	21,333.34	5,000.00	16,333.34-	426.67
SNOW AND ICE						
11-32-12-51200	SNOW & ICE CONTROL WAGES	.00	33,743.75	38,330.00	4,586.25	88.03
11-32-12-51250	SNOW & ICE CONTROL OVERTIME	.00	21,075.69	27,771.00	6,695.31	75.89
11-32-12-51340	SNOW & ICE LIFE INSURANCE	.00	114.42	113.00	1.42-	101.26
11-32-12-51345	SNOW & ICE HEALTH INSURANCE	.00	11,494.01	12,885.00	1,390.99	89.20
11-32-12-51350	SNOW & ICE DENTAL INSURANCE	.00	898.00	864.00	34.00-	103.94
11-32-12-51355	SNOW & ICE VISION INSURANCE	.00	27.47	33.00	5.53	83.24
11-32-12-51360	SNOW & ICE RETIREMENT FUND	.00	3,700.28	4,465.00	764.72	82.87
11-32-12-51370	SNOW & ICE DISABILITY INS	.00	.00	127.00	127.00	.00
11-32-12-51520	SNOW & ICE SOCIAL SECURITY	.00	4,057.81	5,060.00	1,002.19	80.19
11-32-12-52200	CONTRACT HAULING SERVICES	.00	5,175.00	27,000.00	21,825.00	19.17
11-32-12-52500	SNOW & ICE CONTROL-REPAIRS	195.67	6,596.69	4,500.00	2,096.69-	146.59
11-32-12-53100	SNOW & ICE OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-32-12-53400	OPERATING SUPPLIES-SNOW & ICE	.00	47,878.69	85,500.00	37,621.31	56.00
11-32-12-53440	SNOW REMOVAL EXPENSES	.00	21,625.00	5,000.00	16,625.00-	432.50
11-32-12-53510	EQUIP MAINT SUPPL-SNOW & ICE	.00	317.60	7,000.00	6,682.40	4.54
Total SNOW AND ICE:		195.67	156,704.41	218,648.00	61,943.59	71.67
TREE AND BRUSH						
11-32-13-46440	BRUSH PICKUP CHARGES	.00	.00	500.00	500.00	.00
11-32-13-46810	SALE OF TREES	.00	.00	.00	.00	.00
11-32-13-48510	DONATIONS TO TREE PROGRAM	250.00	525.00	1,000.00	475.00	52.50
Total TREE AND BRUSH:		250.00	525.00	1,500.00	975.00	35.00
TREE AND BRUSH						
11-32-13-51200	TREE & BRUSH WAGES	13,160.81	28,999.87	92,800.00	63,800.13	31.25
11-32-13-51250	TREE & BRUSH OVERTIME	81.80	163.60	1,000.00	836.40	16.36
11-32-13-51340	TREE & BRUSH LIFE INSURANCE	20.47	78.57	327.00	248.43	24.03
11-32-13-51345	TREE & BRUSH HEALTH INSURANCE	3,720.20	13,622.28	42,430.00	28,807.72	32.11
11-32-13-51350	TREE & BRUSH DENTAL INSURANCE	210.84	768.14	1,635.00	866.86	46.98
11-32-13-51355	TREE & BRUSH VISION INSURANCE	9.71	35.14	95.00	59.86	36.99
11-32-13-51360	TREE & BRUSH RETIREMENT FUND	893.88	1,968.54	6,335.00	4,366.46	31.07
11-32-13-51370	TREE & BRUSH DISABILITY INS	17.24	68.96	329.00	260.04	20.96
11-32-13-51520	TREE & BRUSH SOC SEC	999.74	2,167.62	7,180.00	5,012.38	30.19
11-32-13-52200	FORESTRY SERVICES	.00	.00	3,000.00	3,000.00	.00
11-32-13-53440	BRUSH PICKUP EXPENSES	.00	.00	300.00	300.00	.00
11-32-13-53460	PURCHASE OF TREES	210.00	210.00	10,000.00	9,790.00	2.10

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-32-13-54100	TRAINING & SEMINARS	.00	212.72	1,750.00	1,537.28	12.16
11-32-13-54200	TREE & BRUSH-REPAIR	1,882.41	4,901.00	2,000.00	2,901.00-	245.05
11-32-13-54300	TREE & BRUSH OPER SUPPLIES	2,057.12	2,426.26	8,000.00	5,573.74	30.33
11-32-13-56810	MEMORIAL TREE PURCHASES	.00	.00	.00	.00	.00
Total TREE AND BRUSH:		23,264.22	55,622.70	177,181.00	121,558.30	31.39
COMPOST OPERATIONS						
11-32-14-51200	COMPOSTING ST DEPT WAGES	970.95	1,166.57	40,382.00	39,215.43	2.89
11-32-14-51250	COMPOSTING OVERTIME	.00	.00	440.00	440.00	.00
11-32-14-51340	COMPOSTING LIFE INS	.40	.78	150.00	149.22	.52
11-32-14-51345	COMPOSTING HEALTH INSURANCE	195.99	383.21	13,495.00	13,111.79	2.84
11-32-14-51350	COMPOSTING DENTAL INSURANCE	12.37	24.19	1,149.00	1,124.81	2.11
11-32-14-51355	COMPOSTING VISION INSURANCE	.00	.00	44.00	44.00	.00
11-32-14-51360	COMPOSTING RETIREMENT FUND	65.54	78.74	2,755.00	2,676.26	2.86
11-32-14-51370	COMPOSTING DISABILITY INS	.00	.00	169.00	169.00	.00
11-32-14-51520	COMPOSTING SOCIAL SECURITY	72.89	87.25	3,125.00	3,037.75	2.79
11-32-14-52200	COMPOSTING SERVICES	.00	.00	14,000.00	14,000.00	.00
11-32-14-54300	COMPOSTING OPERATING SUPPLIES	.00	8.32	2,300.00	2,291.68	.36
Total COMPOST OPERATIONS:		1,318.14	1,749.06	78,009.00	76,259.94	2.24
STORM SEWER						
11-32-15-51200	STORM SEWER WAGES	.00	64.13	2,941.00	2,876.87	2.18
11-32-15-51230	STORM SEWER WAGES DIG HOT	673.34	1,202.40	5,000.00	3,797.60	24.05
11-32-15-51250	STORM SEWER OVERTIME	.00	.00	10.00	10.00	.00
11-32-15-51340	STORM SEWER LIFE INS	.47	1.45	11.00	9.55	13.18
11-32-15-51345	STORM SEWER HEALTH INSURANCE	.00	.00	990.00	990.00	.00
11-32-15-51350	STORM SEWER DENTAL INSURANCE	6.66	20.55	84.00	63.45	24.46
11-32-15-51355	STORM SEWER VISION INSURANCE	.00	.00	3.00	3.00	.00
11-32-15-51360	STORM SEWER RETIREMENT	45.45	85.49	540.00	454.51	15.83
11-32-15-51370	STORM SEWER DISABILITY INS	.00	.00	12.00	12.00	.00
11-32-15-51520	STORM SEWER SOC SEC	51.51	96.88	610.00	513.12	15.88
11-32-15-54500	STORM SEWER MAINTENANCE	.00	239.98	11,200.00	10,960.02	2.14
11-32-15-54600	STORM SEWER DIGGERS HOTLINE	.00	542.40	2,250.00	1,707.60	24.11
11-32-15-54700	REPAVING MAINTENANCE COSTS	.00	.00	.00	.00	.00
Total STORM SEWER:		777.43	2,253.28	23,651.00	21,397.72	9.53
Total STREET DEPARTMENT:		106,080.06	523,085.20	1,446,668.00	923,582.80	36.16
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	64.13	144.29	2,050.00	1,905.71	7.04
11-34-10-51250	TRAFFIC CONTROL OVERTIME	.00	.00	380.00	380.00	.00
11-34-10-51340	TRAFFIC CONTROL LIFE INS	.19	.19	12.00	11.81	1.58
11-34-10-51345	TRAFFIC CONTROL HEALTH INSUR	.00	.00	685.00	685.00	.00
11-34-10-51350	TRAFFIC CONTROL DENTAL INSUR	2.66	2.66	58.00	55.34	4.59
11-34-10-51355	TRAFFIC CONTROL VISION INS	.00	.00	2.00	2.00	.00
11-34-10-51360	TRAFFIC CONTROL RETIREMENT	4.33	9.74	165.00	155.26	5.90
11-34-10-51370	TRAFFIC CONTROL DISABILITY INS	.00	.00	9.00	9.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-34-10-51520	TRAFFIC CONTROL SOCIAL SEC	4.91	11.04	190.00	178.96	5.81
11-34-10-52220	ELECTRICITY-FLASHERS	400.49	1,177.94	5,000.00	3,822.06	23.56
11-34-10-52230	STREET LIGHTS ELECTRICITY	8,573.20	25,968.59	105,000.00	79,031.41	24.73
11-34-10-52600	REPAIRS-TRAFFIC SIGNALS,ETC	.00	.00	5,500.00	5,500.00	.00
11-34-10-52610	STREET LIGHTS REPAIRS	1,248.12	1,491.43	5,000.00	3,508.57	29.83
11-34-10-52900	CAR TOWING	.00	365.00	3,000.00	2,635.00	12.17
11-34-10-53700	MARKING PAINT	5,165.43	5,754.99	13,000.00	7,245.01	44.27
11-34-10-53740	STREET IDENTIFICATION SIGNS	.00	.00	2,000.00	2,000.00	.00
11-34-10-53750	TRAFFIC CONTROL STREET SIGNS	.00	95.13	5,000.00	4,904.87	1.90
11-34-10-53940	STREET DECORATIONS	.00	.00	2,500.00	2,500.00	.00
Total TRAFFIC CONTROL:		15,463.46	35,021.00	149,551.00	114,530.00	23.42
Total TRAFFIC CONTROL:		15,463.46	35,021.00	151,551.00	116,530.00	23.11
SANITATION AND RECYCLING						
SANITATION AND RECYCLING						
11-36-00-52940	SOLID WASTE-RESIDENTIAL	30,667.19	122,969.88	375,459.00	252,489.12	32.75
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	16,816.44	67,430.88	205,884.00	138,453.12	32.75
Total SANITATION AND RECYCLING:		47,483.63	190,400.76	593,843.00	403,442.24	32.06
Total SANITATION AND RECYCLING:		47,483.63	190,400.76	593,843.00	403,442.24	32.06
MUSEUM						
MUSEUM						
11-51-10-52220	MUSEUM-ELECTRICITY	560.56	1,860.06	11,000.00	9,139.94	16.91
11-51-10-52240	MUSEUM-GAS HEAT	1,270.42	1,975.16	4,000.00	2,024.84	49.38
11-51-10-52260	MUSEUM-WATER & SEWER EXP	361.75	361.75	2,000.00	1,638.25	18.09
11-51-10-52400	MUSEUM-MAINTENANCE & REPAIRS	3.99	254.68	5,000.00	4,745.32	5.09
11-51-10-57350	MUSEUM-OPERATIONS SUBSIDY	.00	6,500.00	13,000.00	6,500.00	50.00
Total MUSEUM:		2,196.72	10,951.65	35,000.00	24,048.35	31.29
Total MUSEUM:		2,196.72	10,951.65	35,000.00	24,048.35	31.29
PARKS						
PARKS						
11-52-00-46740	PARK APPLICATION FEE	.00	.00	650.00	650.00	.00
11-52-00-46750	PARK USE FEES	430.00	3,065.00	7,000.00	3,935.00	43.79
11-52-00-48500	PARK DONATIONS	.00	141.00	.00	141.00-	.00
11-52-00-48910	PARK FUND COLLECTIONS	.00	.00	.00	.00	.00
Total PARKS:		430.00	3,206.00	7,650.00	4,444.00	41.91
PARKS						
11-52-00-51100	PARKS/REC DIRECTOR	.00	.00	.00	.00	.00
11-52-00-51200	PARKS WAGES	4,272.60	11,449.42	74,523.00	63,073.58	15.36
11-52-00-51250	PARKS OVERTIME WAGES	153.17	476.78	6,850.00	6,373.22	6.96
11-52-00-51340	PARKS LIFE INSURANCE	22.72	37.66	276.00	238.34	13.64
11-52-00-51345	PARKS HEALTH INSURANCE	849.82	2,898.86	24,910.00	22,011.14	11.64
11-52-00-51350	PARKS DENTAL INSURANCE	95.17	327.73	1,825.00	1,497.27	17.96
11-52-00-51355	PARKS VISION INSURANCE	2.69	3.30	75.00	71.70	4.40
11-52-00-51360	PARKS RETIREMENT FUND	298.72	805.02	5,495.00	4,689.98	14.65

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
11-52-00-51370	PARKS DISABILITY INS	.00	.00	255.00	255.00	.00
11-52-00-51520	PARKS SOCIAL SECURITY	332.76	888.88	6,225.00	5,336.12	14.28
11-52-00-52220	PARKS ELECTRICITY	712.28	2,296.98	10,000.00	7,703.02	22.97
11-52-00-52260	PARKS WATER & SEWER EXP	846.27	846.27	8,000.00	7,153.73	10.58
11-52-00-52270	FOUNTAINS/STATUES-WATER/SEWER	315.50	315.50	1,000.00	684.50	31.55
11-52-00-52410	BLDG MAINT&REPAIR-PARKS	.00	1,598.06	2,000.00	401.94	79.90
11-52-00-52500	EQUIPMENT REPAIR SERVICES	276.55	2,248.62	6,000.00	3,751.38	37.48
11-52-00-53400	PARKS OPERATING SUPPLIES	8.98	8.98	2,200.00	2,191.02	.41
11-52-00-53500	BLDG MAINT SUPPLIES-PARKS	3,869.96	9,130.93	23,000.00	13,869.07	39.70
11-52-00-53520	GROUNDS MAINT SUPPLIES	5,760.63	6,653.45	12,500.00	5,846.55	53.23
11-52-00-53620	GROUNDS FERTILIZER/WEED CONTR	804.10	804.10	7,000.00	6,195.90	11.49
11-52-00-53990	PARKS MISCELLANEOUS EXPENSES	324.67	329.46	3,000.00	2,670.54	10.98
11-52-00-57360	PARK DONATION PURCHASES	.00	140.81	.00	140.81-	.00
11-52-00-58400	4 SEASON NATURE PRESERVE	.00	.00	500.00	500.00	.00
11-52-00-59220	DUNN FIELD ELECTRIC	200.97	685.82	2,000.00	1,314.18	34.29
11-52-00-59500	BLDG MAINT SUPPLIES-RECREATION	286.07	286.07	.00	286.07-	.00
11-52-00-59510	EQUIP MAINT SUPPL-RECREATION	.00	45.00	4,000.00	3,955.00	1.13
Total PARKS:		19,433.63	42,277.70	201,634.00	159,356.30	20.97
VETERANS PARK						
11-52-01-51200	VETS PARKS WAGES	3,903.11	7,464.70	37,416.00	29,951.30	19.95
11-52-01-51250	VETS PARKS OVERTIME	73.18	73.18	2,080.00	2,006.82	3.52
11-52-01-51340	VETS PARK LIFE INSURANCE	22.39	38.48	139.00	100.52	27.68
11-52-01-51345	VETS PARK HEALTH INSURANCE	875.49	1,504.57	12,510.00	11,005.43	12.03
11-52-01-51350	VETS PARK DENTAL INSURANCE	106.16	182.46	920.00	737.54	19.83
11-52-01-51355	VETS PARK VISION INSURANCE	5.52	9.49	50.00	40.51	18.98
11-52-01-51360	VETS PARKS RETIREMENT FUND	268.40	508.79	2,670.00	2,161.21	19.06
11-52-01-51370	VETS PARKS DISABILITY INS	15.45	61.80	155.00	93.20	39.87
11-52-01-51520	VETS PARKS SOCIAL SECURITY	299.96	563.82	3,025.00	2,461.18	18.64
11-52-01-52220	VETS PARKS ELECTRICITY	471.17	1,418.46	8,500.00	7,081.54	16.69
11-52-01-52240	VETS PARK GAS HEAT	8.71	434.89	1,000.00	565.11	43.49
11-52-01-52260	VETS PARK WATER & SEWER	451.72	451.72	2,000.00	1,548.28	22.59
11-52-01-53400	VETS PARK OPERATING SUPPLIES	.00	.00	6,500.00	6,500.00	.00
11-52-01-53500	BLDG MAINT & REPAIR	26.51	26.51	1,500.00	1,473.49	1.77
11-52-01-59520	GROUNDS MAINTENANCE SUPPLIES	.00	.00	6,000.00	6,000.00	.00
Total VETERANS PARK:		6,527.77	12,738.87	84,465.00	71,726.13	15.08
Total PARKS:		26,391.40	58,222.57	293,749.00	235,526.43	19.82
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	913.00	7,788.00	15,000.00	7,212.00	51.92
11-69-30-52150	SMART GROWTH SERVICES	.00	.00	.00	.00	.00
11-69-30-52160	COMPREHENSIVE PLAN	.00	.00	.00	.00	.00
11-69-30-52165	PARK PLAN	.00	.00	25,000.00	25,000.00	.00
11-69-30-52170	ECONOMIC DEVELOPMENT	.00	.00	.00	.00	.00
11-69-30-52180	ZONING CODES	535.50	4,084.50	12,000.00	7,915.50	34.04
11-69-30-53100	PLAN COMMISSION OFFICE SUPPL	.00	.00	.00	.00	.00
11-69-30-53140	OFFICAL PUBLICATION & NOTICES	.00	.00	.00	.00	.00
11-69-30-53320	PLAN COMMISSION CONF & SCHOOL	1,379.00	7,677.00	9,800.00	2,123.00	78.34
11-69-30-53990	PLAN COMMISSION MISC EXP	.00	.00	.00	.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total PLAN COMMISSION:		2,827.50	19,549.50	61,800.00	42,250.50	31.63
Total PLAN COMMISSION:		2,827.50	19,549.50	61,800.00	42,250.50	31.63
CONSERVATION AND DEVELOPMENT						
CONSERVATION AND DEVELOPMENT						
11-70-00-47210	HISTORIC PRESERVATION DONATION	.00	.00	.00	.00	.00
11-70-00-47230	HISTORIC PLAQUE REIMBURSEMENT	.00	.00	.00	.00	.00
11-70-00-47300	AVIAN DONATIONS	4.00	7.00	1,330.00	1,323.00	.53
Total CONSERVATION AND DEVELOPMENT:		4.00	7.00	1,330.00	1,323.00	.53
CONSERVATION AND DEVELOPMENT						
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	40.00	4,500.00	4,460.00	.89
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	575.78	1,112.15	3,025.00	1,912.85	36.77
11-70-00-57810	AVIAN COMMITTEE DONATION EXP	.00	.00	.00	.00	.00
Total CONSERVATION AND DEVELOPMENT:		9,755.78	28,692.15	64,605.00	35,912.85	44.41
Total CONSERVATION AND DEVELOPMENT:		9,759.78	28,699.15	65,935.00	37,235.85	43.53
GENERAL FUND Revenue Total:		516,033.46	4,066,158.14	10,828,767.00	6,762,608.86	37.55
GENERAL FUND Expenditure Total:		871,524.76	3,538,565.58	10,828,767.00	7,290,201.42	32.68
Net Total GENERAL FUND:		355,491.30-	527,592.56	.00	527,592.56-	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
DEBT SERVICE						
DEBT SERVICE						
DEBT SERVICE						
20-81-00-41110	PROPERTY TAX LEVY	.00	1,063,693.00	1,063,693.00	.00	100.00
20-81-00-48110	INTEREST INCOME	12.04	42.74	.00	42.74-	.00
20-81-00-49000	PROCEEDS FROM BONDS	.00	.00	.00	.00	.00
20-81-00-49050	PREMIUM ON DEBT ISSUANCE	.00	313,271.25	.00	313,271.25-	.00
20-81-00-49100	APPLIED PRIOR YR APPROPRIATION	.00	.00	.00	.00	.00
20-81-00-49400	TRANSFER IN FROM GENERAL FUND	.00	.00	.00	.00	.00
Total DEBT SERVICE:		12.04	1,377,006.99	1,063,693.00	313,313.99-	129.46
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	585,000.00	585,000.00	.00	100.00
20-81-00-56250	2011 SHARED SAVINGS-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56260	2014 PROM NOTE-PRINCIPAL	.00	370,000.00	370,000.00	.00	100.00
20-81-00-56270	2017 GO LOAN-PRINCIPAL	.00	.00	.00	.00	.00
20-81-00-56530	2003 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56550	2006 REF GO BONDS-INTEREST	.00	.00	.00	.00	.00
20-81-00-56560	2011 PROM NOTE-INTEREST	.00	7,897.50	7,898.00	.50	99.99
20-81-00-56570	2014 PROM NOTE-INTEREST	.00	11,350.00	19,000.00	7,650.00	59.74
20-81-00-56580	2017 GO LOAN-INTEREST	20,448.75	20,448.75	81,795.00	61,346.25	25.00
20-81-00-56640	2011 SHARED SAVINGS-INTEREST	.00	.00	.00	.00	.00
20-81-00-59500	TRANSFER TO GENERAL FUND	.00	.00	.00	.00	.00
Total DEBT SERVICE:		20,448.75	994,696.25	1,063,693.00	68,996.75	93.51
Total DEBT SERVICE:		20,460.79	2,371,703.24	2,127,386.00	244,317.24-	111.48
DEBT SERVICE Revenue Total:		12.04	1,377,006.99	1,063,693.00	313,313.99-	129.46
DEBT SERVICE Expenditure Total:		20,448.75	994,696.25	1,063,693.00	68,996.75	93.51
Net Total DEBT SERVICE:		20,436.71-	382,310.74	.00	382,310.74-	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
LAKEFRONT OPERATIONS						
LAKEFRONT OPERATIONS						
LAKEFRONT OPERATIONS						
40-00-00-48110	INTEREST INCOME	40.38	223.94	2,000.00	1,776.06	11.20
40-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total LAKEFRONT OPERATIONS:		40.38	223.94	2,000.00	1,776.06	11.20
Total LAKEFRONT OPERATIONS:		40.38	223.94	2,000.00	1,776.06	11.20
BUOYS AND BOAT STALLS						
BUOYS AND BOAT STALLS						
40-52-10-46750	BUOY/BOAT STALL WAITING LIST	250.00	850.00	1,200.00	350.00	70.83
40-52-10-46755	KAYAK WAITING LIST	10.00	45.00	200.00	155.00	22.50
40-52-10-46760	BUOY/STALL LATE FEES	350.00	450.00	600.00	150.00	75.00
40-52-10-46770	BUOY & SLIP LEASES-CITY	13,608.91	189,243.71	200,743.00	11,499.29	94.27
40-52-10-46780	KAYAK RENTAL	1,459.70	6,752.54	7,378.00	625.46	91.52
40-52-10-47250	DONATIONS - LAKEFRONT	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		15,678.61	197,341.25	210,121.00	12,779.75	93.92
BUOYS AND BOAT STALLS						
40-52-10-51100	HARBORMASTER SALARY	1,878.87	4,845.49	25,000.00	20,154.51	19.38
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	160.00	160.00	.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	1,690.00	1,690.00	.00
40-52-10-51520	HARBOR SOCIAL SECURITY	143.73	370.69	1,915.00	1,544.31	19.36
40-52-10-52110	PIER MAINTENANCE CONTRACT	.00	.00	44,664.00	44,664.00	.00
40-52-10-52640	BUOYS & BOAT STALLS-REPAIRS	21,638.04	21,638.04	40,000.00	18,361.96	54.10
40-52-10-53140	LIABILITY & PROPERTY INSURANCE	459.16	459.16	1,840.00	1,380.84	24.95
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	.00	25,000.00	25,000.00	.00
40-52-10-53990	BUOY/STALL MISC. EXPENSES	.00	33.90	500.00	466.10	6.78
40-52-10-58000	PIER/SLIPS OUTLAY	.00	.00	.00	.00	.00
Total BUOYS AND BOAT STALLS:		24,119.80	27,347.28	142,769.00	115,421.72	19.15
BOAT LAUNCH						
40-52-11-46000	LAUNCH RAMP OVERAGE/SHORTAGE	.00	.00	.00	.00	.00
40-52-11-46750	LAUNCH PASS FEES	1,933.69	3,402.92	7,500.00	4,097.08	45.37
40-52-11-46760	BOAT LAUNCH RAMP INCOME	89.10	226.54	32,000.00	31,773.46	.71
Total BOAT LAUNCH:		2,022.79	3,629.46	39,500.00	35,870.54	9.19
BOAT LAUNCH						
40-52-11-51200	LAUNCH RAMP WAGES	.00	.00	15,000.00	15,000.00	.00
40-52-11-51520	LAUNCH RAMP SOC SEC	.00	.00	1,150.00	1,150.00	.00
40-52-11-52520	LAUNCH RAMP REPAIRS	733.14	733.14	750.00	16.86	97.75
40-52-11-53520	LAUNCH RAMP MAINT SUPPLIES	.00	1,359.00	1,100.00	259.00	123.55
40-52-11-53620	LAUNCH RAMP MAINT SERVICE COS	.00	.00	.00	.00	.00
40-52-11-53990	LAUNCH RAMP MISCELLANEOUS	.00	.00	500.00	500.00	.00
40-52-11-58100	LAUNCH RAMP OUTLAY	.00	.00	.00	.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total BOAT LAUNCH:		733.14	2,092.14	18,500.00	16,407.86	11.31
Total BUOYS AND BOAT STALLS:		42,554.34	230,410.13	410,890.00	180,479.87	56.08
BEACH						
BEACH						
40-54-10-43660	DNR LAKE PATROL GRANT	.00	31,533.73	25,000.00	6,533.73-	126.13
40-54-10-46100	MISC BEACH REVENUE	.00	.00	400.00	400.00	.00
40-54-10-46730	BEACH REVENUE	.00	.00	385,000.00	385,000.00	.00
40-54-10-46740	BEACH PASS RESIDENTS	1,650.08	4,237.50	21,000.00	16,762.50	20.18
40-54-10-46750	BEACH PASS - SEASONAL	.00	151.66	500.00	348.34	30.33
Total BEACH:		1,650.08	35,922.89	431,900.00	395,977.11	8.32
BEACH						
40-54-10-51200	BEACH MTCE WAGES	20.61	20.61	4,614.00	4,593.39	.45
40-54-10-51250	BEACH MTCE OVERTIME WAGES	.00	.00	2,480.00	2,480.00	.00
40-54-10-51260	BEACH SEASONAL WAGES	.00	.00	55,000.00	55,000.00	.00
40-54-10-51340	BEACH MTCE LIFE INS	.04	.04	17.00	16.96	.24
40-54-10-51345	BEACH MTCE HEALTH INSURANCE	10.55	10.55	1,540.00	1,529.45	.69
40-54-10-51350	BEACH MTCE DENTAL INSURANCE	.42	.42	131.00	130.58	.32
40-54-10-51355	BEACH MTCE VISION INSURANCE	.03	.03	5.00	4.97	.60
40-54-10-51360	BEACH MTCE RETIREMENT FUND	1.38	1.38	480.00	478.62	.29
40-54-10-51370	BEACH MTCE DISABILITY INS	.00	.00	19.00	19.00	.00
40-54-10-51520	BEACH SOCIAL SECURITY	1.55	1.55	4,750.00	4,748.45	.03
40-54-10-52210	BEACH TELEPHONE	92.88	381.68	700.00	318.32	54.53
40-54-10-52220	BEACH ELECTRIC	270.38	842.37	5,000.00	4,157.63	16.85
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	313.60	407.16	4,500.00	4,092.84	9.05
40-54-10-53130	WORKER'S COMPENSATION INS	880.91	880.91	3,525.00	2,644.09	24.99
40-54-10-53140	LIABILITY & PROPERTY INSURANCE	2,277.53	2,277.53	9,060.00	6,782.47	25.14
40-54-10-53400	LUKE/CALE OPERATING AND CC EXP	.00	.00	22,000.00	22,000.00	.00
40-54-10-53520	BEACH MAINTENANCE SUPPLIES	.00	8,977.31	5,000.00	3,977.31-	179.55
40-54-10-53620	BEACH MAINTENANCE SERVICE COS	4,891.01	4,891.01	1,500.00	3,391.01-	326.07
40-54-10-53720	BEACH DREDGING	.00	.00	.00	.00	.00
40-54-10-53990	BEACH MISCELLANEOUS	145.79	361.79	2,500.00	2,138.21	14.47
40-54-10-57200	WATER SAFETY PATROL	.00	.00	36,750.00	36,750.00	.00
40-54-10-57210	GLAKE LAW ENFORCEMENT AGENCY	.00	45,000.00	45,000.00	.00	100.00
40-54-10-57250	LAKE PRESERVATION	.00	.00	.00	.00	.00
40-54-10-57300	GLAKE ENVIRONMENTAL AGENCY	6,250.00	12,500.00	25,000.00	12,500.00	50.00
40-54-10-57350	GENEVA LAKE LEVEL CORP	4,320.00	4,320.00	4,320.00	.00	100.00
40-54-10-57400	LAKE USE COMMISSION	.00	.00	.00	.00	.00
40-54-10-57800	VENETIAN FESTIVAL FIREWORKS	.00	.00	10,000.00	10,000.00	.00
40-54-10-58000	OUTLAY - BEACH EQUIPMENT	.00	.00	.00	.00	.00
40-54-10-58100	OUTLAY-BLDG & GROUNDS	.00	.00	.00	.00	.00
Total BEACH:		21,776.68	83,174.34	248,891.00	165,716.66	33.42
Total BEACH:		23,426.76	119,097.23	680,791.00	561,693.77	17.49
UPPER RIVIERA						
UPPER RIVIERA						
40-55-10-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
40-55-10-46740	UPPER RIVIERA REVENUE	19,442.38	32,665.15	129,600.00	96,934.85	25.20
40-55-10-46750	UPPER RIVIERA CATERING REV	.00	544.20	20,000.00	19,455.80	2.72

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
40-55-10-46760	UPPER RIVIERA MISC REVENUE	.00	.00	500.00	500.00	.00
Total UPPER RIVIERA:		19,442.38	33,209.35	150,100.00	116,890.65	22.12
UPPER RIVIERA						
40-55-10-51200	RIVIERA MTCE WAGES	3,836.20	15,874.23	49,690.00	33,815.77	31.95
40-55-10-51250	RIVIERA MTCE OVERTIME	106.83	939.25	8,900.00	7,960.75	10.55
40-55-10-51260	RIVIERA SECURITY WAGES	.00	.00	15,000.00	15,000.00	.00
40-55-10-51340	RIVIERA MTCE LIFE INSURANCE	5.49	22.75	59.00	36.25	38.56
40-55-10-51345	RIVIERA MTCE HEALTH INSURANCE	1,742.18	6,941.39	21,130.00	14,188.61	32.85
40-55-10-51350	RIVIERA MTCE DENTAL INSURANCE	118.00	479.10	1,320.00	840.90	36.30
40-55-10-51355	RIVIERA MTCE VISION INSURANCE	.00	.25	.00	.25-	.00
40-55-10-51360	RIVIERA MTCE RETIREMENT FUND	266.16	1,134.94	3,955.00	2,820.06	28.70
40-55-10-51370	RIVIERA MTCE DISABILITY INS	14.15	56.60	170.00	113.40	33.29
40-55-10-51520	RIVIERA SOCIAL SECURITY	266.66	1,115.10	5,630.00	4,514.90	19.81
40-55-10-52160	PROF SERVICES - SOFTWARE	.00	.00	.00	.00	.00
40-55-10-52210	TELEPHONE EXPENSE	107.48	437.91	1,425.00	987.09	30.73
40-55-10-52240	UPPER RIVIERA GAS HEAT	1,729.64	3,704.37	5,500.00	1,795.63	67.35
40-55-10-52260	UPPER RIV WATER & SEWER BILLS	228.63	228.63	3,100.00	2,871.37	7.38
40-55-10-52400	UPPER RIVIERA REPAIRS	.00	369.98	3,100.00	2,730.02	11.93
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	200.00	200.00	.00
40-55-10-53160	PUBLICATIONS & PROMOTIONS	.00	1,700.00	5,000.00	3,300.00	34.00
40-55-10-53500	BLDG MAINT SUPPLIES-UPPER RIV	432.00	432.00	4,000.00	3,568.00	10.80
40-55-10-53600	UPPER RIVIERA MAINTENANCE	.00	.00	6,000.00	6,000.00	.00
Total UPPER RIVIERA:		8,853.42	33,436.50	134,179.00	100,742.50	24.92
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	108,522.00	108,522.00	.00
40-55-20-48250	DONATIONS-FOUNTAIN	.00	.00	1,350.00	1,350.00	.00
Total LOWER RIVIERA CONCOURSE:		.00	.00	120,172.00	120,172.00	.00
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	31.89	127.57	375.00	247.43	34.02
40-55-20-52260	LOWER RIV WATER & SEWER BILLS	222.14	222.14	5,500.00	5,277.86	4.04
40-55-20-52400	LOWER RIVIERA REPAIRS	125.28	125.28	5,000.00	4,874.72	2.51
40-55-20-52410	DAMAGES-LOWER RIVIERA RENTALS	.00	.00	.00	.00	.00
40-55-20-53140	LIABILITY & PROPERTY INSURANCE	982.56	982.56	3,925.00	2,942.44	25.03
40-55-20-53500	BLDG MAINT SUPPLIES-LOWER RIV	1,524.92	1,524.92	8,000.00	6,475.08	19.06
40-55-20-53550	FOUNTAIN MAINT EXP	.00	.00	2,000.00	2,000.00	.00
40-55-20-53600	RIV MAINTENANCE SERVICE COSTS	378.74	416.83	8,000.00	7,583.17	5.21
40-55-20-53990	MISCELLANEOUS EXPENSES	.00	.00	1,000.00	1,000.00	.00
40-55-20-58000	OUTLAY - RIVIERA EQUIPMENT	.00	.00	.00	.00	.00
40-55-20-58250	LG BEAUTIFICATION EXPENSES	.00	.00	.00	.00	.00
40-55-20-59300	TRANSFER TO GENERAL FUND	.00	.00	472,373.00	472,373.00	.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

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total LOWER RIVIERA CONCOURSE:		3,265.53	3,399.30	525,868.00	522,468.70	.65
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	150,517.00	150,517.00	.00
40-55-30-48220	BUOY & SLIP LEASES-RIVIERA	16,071.00	63,394.00	86,582.00	23,188.00	73.22
40-55-30-49000	TRANSFER FROM TOURISM-GRANT	.00	68,000.00	.00	68,000.00-	.00
Total RIVIERA PIERS AND DOCKS:		16,071.00	131,394.00	237,099.00	105,705.00	55.42
RIVIERA PIERS AND DOCKS						
40-55-30-52220	PIER ELECTRIC	1,110.86	4,513.17	40,685.00	36,171.83	11.09
40-55-30-52640	PIER REPAIRS	.00	.00	5,000.00	5,000.00	.00
40-55-30-53000	TOURISM GRANT FUNDS EXP	737.00	3,462.83	.00	3,462.83-	.00
Total RIVIERA PIERS AND DOCKS:		1,847.86	7,976.00	45,685.00	37,709.00	17.46
Total UPPER RIVIERA:		49,480.19	209,415.15	1,213,103.00	1,003,687.85	17.26
LAKEFRONT OPERATIONS Revenue Total:		54,905.24	401,720.89	1,190,892.00	789,171.11	33.73
LAKEFRONT OPERATIONS Expenditure Total:		60,596.43	157,425.56	1,115,892.00	958,466.44	14.11
Net Total LAKEFRONT OPERATIONS:		5,691.19-	244,295.33	75,000.00	169,295.33-	325.73

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
PARKING						
PARKING						
42-34-50-46100	PARKING MISC REVENUE	53.00	1,755.00	1,500.00	255.00-	117.00
42-34-50-46320	PARKING TICKET PENALTIES	4,905.00	13,000.00	50,000.00	37,000.00	26.00
42-34-50-46330	PARKING STALL COLLECTIONS	97,859.63	282,581.88	1,375,000.00	1,092,418.12	20.55
42-34-50-46340	PARKING STALL TICKETS	21,232.00	61,220.50	160,000.00	98,779.50	38.26
42-34-50-46350	PARKING TICKETS-COLL AGENCY	2,814.00	19,609.75	30,000.00	10,390.25	65.37
42-34-50-46360	PARKING STICKERS-WALCO,OVER 4	454.98	1,769.22	2,000.00	230.78	88.46
42-34-50-46370	PARKING LOT PERMITS	.00	7,583.00	7,800.00	217.00	97.22
42-34-50-46380	BUSINESS PARKING PASSES	142.19	545.07	1,000.00	454.93	54.51
42-34-50-46390	ONLINE CONVENIENCE FEES	.00	.00	.00	.00	.00
42-34-50-46400	RESERVED PARKING PERMITS/BAGS	417.10	606.63	2,000.00	1,393.37	30.33
42-34-50-46410	PARKING APP NET COLLECTIONS	22,372.63	39,748.81	110,000.00	70,251.19	36.14
42-34-50-46900	MISC SALES	.00	.00	500.00	500.00	.00
42-34-50-48110	INTEREST INCOME	42.56	265.31	2,000.00	1,734.69	13.27
42-34-50-49100	APPL OF PRIOR YR APPROPRIATION	.00	.00	80,000.00	80,000.00	.00
Total PARKING:		150,293.09	428,685.17	1,821,800.00	1,393,114.83	23.53
PARKING						
42-34-50-51100	PARKING MANAGER SALARY	4,658.48	20,812.38	61,200.00	40,387.62	34.01
42-34-50-51160	PARKING WAGES-CLERK/DISPATCH	4,889.28	22,471.86	76,600.00	54,128.14	29.34
42-34-50-51200	PARKING PT WAGES	7,689.51	22,542.29	100,000.00	77,457.71	22.54
42-34-50-51340	PARKING & OTH LIFE INSURANCE	34.15	120.66	425.00	304.34	28.39
42-34-50-51345	PARKING & OTH HEALTH INSURANCE	3,672.21	15,926.19	42,260.00	26,333.81	37.69
42-34-50-51350	PARKING & OTH DENTAL INSURANCE	232.13	986.63	2,120.00	1,133.37	46.54
42-34-50-51355	PARKING & OTH VISION INSURANCE	15.45	66.37	170.00	103.63	39.04
42-34-50-51360	PARKING & OTH RETIREMENT FUND	872.34	3,664.87	11,465.00	7,800.13	31.97
42-34-50-51370	PARKING & OTH DISABILITY INS	42.55	170.20	510.00	339.80	33.37
42-34-50-51380	PARKING UNIFORMS	100.00	1,385.59	1,250.00	135.59-	110.85
42-34-50-51520	PARKING & OTH SOCIAL SECURITY	1,310.82	4,934.30	18,195.00	13,260.70	27.12
42-34-50-52160	CALE CC AND COLLEC FEES	6,963.58	20,280.63	57,000.00	36,719.37	35.58
42-34-50-52200	PARKING LOT PLANTING/MAINT	.00	.00	20,000.00	20,000.00	.00
42-34-50-52210	TELEPHONE EXPENSE	159.88	670.77	8,000.00	7,329.23	8.38
42-34-50-52500	KIOSK REPAIRS/SUPPLIES	6.99	7,861.95	15,000.00	7,138.05	52.41
42-34-50-52650	POLICE DEPT SERVICES	.00	.00	.00	.00	.00
42-34-50-53100	OFFICE SUPPLIES	115.30	338.55	1,500.00	1,161.45	22.57
42-34-50-53120	POSTAGE EXPENSE	256.90	256.90	3,000.00	2,743.10	8.56
42-34-50-53130	WORKERS COMPENSATION INSURAN	625.53	625.53	2,505.00	1,879.47	24.97
42-34-50-53140	LIABILITY & PROPERTY INSURANCE	1,005.01	1,005.01	4,000.00	2,994.99	25.13
42-34-50-53320	CONFERENCES/TRAINING	.00	.00	1,200.00	1,200.00	.00
42-34-50-53400	OPERATING SUPPLIES-ENFORCEME	414.30	6,567.76	10,000.00	3,432.24	65.68
42-34-50-53410	VEHICLE SUPPLIES-FUEL	.00	306.19	1,200.00	893.81	25.52
42-34-50-53510	VEHICLE/EQUIPMENT MAINT	40.95	1,571.37	2,000.00	428.63	78.57
42-34-50-53990	PARKING MISC EXPENSES	256.23	2,715.51	10,000.00	7,284.49	27.16
42-34-50-54500	SUPPORT CONTRACTS	3,622.50	17,115.00	110,000.00	92,885.00	15.56
42-34-50-58500	PARKING LOT REV SHARE	.00	.00	16,000.00	16,000.00	.00
42-34-50-58700	OUTLAY-PARKING	32,787.00	32,787.00	80,000.00	47,213.00	40.98
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	1,076,200.00	1,076,200.00	.00
42-34-50-59550	TRANSFER FROM RESERVE TO GF	.00	.00	.00	.00	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total PARKING:		69,771.09	185,183.51	1,746,800.00	1,561,616.49	10.60
Total PARKING:		220,064.18	613,868.68	3,568,600.00	2,954,731.32	17.20
PARKING Revenue Total:		150,293.09	428,685.17	1,821,800.00	1,393,114.83	23.53
PARKING Expenditure Total:		69,771.09	185,183.51	1,746,800.00	1,561,616.49	10.60
Net Total PARKING:		80,522.00	243,501.66	75,000.00	168,501.66-	324.67

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
CAPITAL PROJECTS						
CAPITAL PROJECTS						
CAPITAL PROJECTS						
43-00-00-43790	STATE AIDS-LRIP GRANTS	.00	.00	.00	.00	.00
43-00-00-48110	INTEREST EARNED	300.40	1,323.58	4,200.00	2,876.42	31.51
43-00-00-48320	SALE OF CITY REAL ESTATE	.00	.00	.00	.00	.00
43-00-00-49000	PROCEEDS FROM BORROWING	.00	9,370,000.00	9,420,000.00	50,000.00	99.47
43-00-00-49050	PREMIUM ON DEBT ISSUANCE	.00	39,499.40	.00	39,499.40	.00
43-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	553,954.00	553,954.00	.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:		300.40	9,410,822.98	9,993,154.00	582,331.02	94.17
CAPITAL PROJECTS						
43-00-00-52160	DEBT ISSUANCE COSTS	.00	159,543.40	216,982.00	57,438.60	73.53
Total CAPITAL PROJECTS:		.00	159,543.40	216,982.00	57,438.60	73.53
Total CAPITAL PROJECTS:		300.40	9,570,366.38	10,210,136.00	639,769.62	93.73
CITY HALL CAPITAL PROJECTS						
CITY HALL CAPITAL PROJECTS						
43-16-10-17010	CITY HALL CAPITAL PROJECTS	.00	.00	20,000.00	20,000.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	20,000.00	20,000.00	.00
Total CITY HALL CAPITAL PROJECTS:		.00	.00	20,000.00	20,000.00	.00
PD CAPITAL PROJECTS						
PD CAPITAL PROJECTS						
43-21-00-17010	PD CAPITAL PROJECTS	452.75	1,062.18	129,418.00	128,355.82	.82
Total PD CAPITAL PROJECTS:		452.75	1,062.18	129,418.00	128,355.82	.82
Total PD CAPITAL PROJECTS:		452.75	1,062.18	129,418.00	128,355.82	.82
FIRE DEPT CAPITAL PROJECTS						
FIRE DEPT CAPITAL PROJECTS						
43-22-00-17010	FD CAPITAL PROJECTS	464.97	6,029.39	923,918.00	917,888.61	.65
Total FIRE DEPT CAPITAL PROJECTS:		464.97	6,029.39	923,918.00	917,888.61	.65
Total FIRE DEPT CAPITAL PROJECTS:		464.97	6,029.39	923,918.00	917,888.61	.65
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	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
Total DEPARTMENT: 29:		.00	.00	.00	.00	.00
STREET IMPROVEMENT PROGRAM						
STREET IMPROVEMENT PROGRAM						
43-32-10-17010	2020/2021 STREET IMP PROGRAM	12,229.37	17,078.29	825,000.00	807,921.71	2.07
43-32-10-17020	DPW CAPITAL PROJECTS	.00	10,900.00	310,000.00	299,100.00	3.52
Total STREET IMPROVEMENT PROGRAM:		12,229.37	27,978.29	1,135,000.00	1,107,021.71	2.47
Total STREET IMPROVEMENT PROGRAM:		12,229.37	27,978.29	1,135,000.00	1,107,021.71	2.47
DEPARTMENT: 40						
PROGRAM: 00						
43-40-00-17010	RIVIERA RENOVATION PHASE 1	.00	890.00	254,711.00	253,821.00	.35
43-40-00-17012	RIVIERA RENOVATION 1ST FLOOR	673,612.34	1,288,508.14	2,465,394.00	1,176,885.86	52.26
43-40-00-17014	RIVIERA RENOVATION 2ND FLOOR	432,069.26	756,761.46	1,576,405.00	819,643.54	48.01
Total PROGRAM: 00:		1,105,681.60	2,046,159.60	4,296,510.00	2,250,350.40	47.62
Total DEPARTMENT: 40:		1,105,681.60	2,046,159.60	4,296,510.00	2,250,350.40	47.62
PARKS CAPITAL PROJECTS						
PARKS CAPITAL PROJECTS						
43-52-00-53000	PARKS AND REC CAPITAL PROJECTS	.00	.00	220,000.00	220,000.00	.00
43-52-00-53100	TAP GRANT CAPITAL PROJECTS	3,420.26	16,600.02	60,000.00	43,399.98	27.67
Total PARKS CAPITAL PROJECTS:		3,420.26	16,600.02	280,000.00	263,399.98	5.93
Total PARKS CAPITAL PROJECTS:		3,420.26	16,600.02	280,000.00	263,399.98	5.93
DEPARTMENT: 99						
PROGRAM: 00						
43-99-00-17010	LIBRARY CAPITAL PROJECTS	.00	.00	163,000.00	163,000.00	.00
Total PROGRAM: 00:		.00	.00	163,000.00	163,000.00	.00
Total DEPARTMENT: 99:		.00	.00	163,000.00	163,000.00	.00
CAPITAL PROJECTS Revenue Total:		300.40	9,410,822.98	9,993,154.00	582,331.02	94.17
CAPITAL PROJECTS Expenditure Total:		1,122,248.95	2,257,372.88	7,164,828.00	4,907,455.12	31.51
Net Total CAPITAL PROJECTS:		1,121,948.55-	7,153,450.10	2,828,326.00	4,325,124.10-	252.92

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
TOURISM						
TOURISM						
TOURISM						
47-00-00-41210	ROOM TAX	.00	.00	350,000.00	350,000.00	.00
47-00-00-48110	INTEREST INCOME	4.78	52.57	1,000.00	947.43	5.26
47-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	.00	.00	.00
Total TOURISM:		4.78	52.57	351,000.00	350,947.43	.01
TOURISM						
47-00-00-57100	HOTEL/MOTEL ASSN-CHAM OF COM	37,500.00	75,000.00	224,332.00	149,332.00	33.43
47-00-00-57210	EVENTS COORDINATOR	.00	13,330.00	32,000.00	18,670.00	41.66
47-00-00-57212	EVENTS COORDINATOR-RIVIERA	.00	13,330.00	32,000.00	18,670.00	41.66
Total TOURISM:		37,500.00	101,660.00	288,332.00	186,672.00	35.26
Total TOURISM:		37,504.78	101,712.57	639,332.00	537,619.43	15.91
DEPARTMENT: 70						
PROGRAM: 00						
47-70-00-57150	PROMOTIONAL GRANT	16,400.00	21,838.18	85,000.00	63,161.82	25.69
47-70-00-57155	TOURISM MUNICIPAL DEVELOPMENT	.00	1,200.00	48,906.00	47,706.00	2.45
47-70-00-59400	TRANSFER TO CAPITAL PROJECTS	.00	.00	.00	.00	.00
47-70-00-59500	TRANSFER TO LAKEFRONT FUND	.00	68,000.00	.00	68,000.00-	.00
Total PROGRAM: 00:		16,400.00	91,038.18	133,906.00	42,867.82	67.99
Total DEPARTMENT: 70:		16,400.00	91,038.18	133,906.00	42,867.82	67.99
TOURISM Revenue Total:		4.78	52.57	351,000.00	350,947.43	.01
TOURISM Expenditure Total:		53,900.00	192,698.18	422,238.00	229,539.82	45.64
Net Total TOURISM:		53,895.22-	192,645.61-	71,238.00-	121,407.61	270.43

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
CEMETERY OPERATIONS						
CEMETERY OPERATIONS						
CEMETERY OPERATIONS						
48-00-00-41110	PROPERTY TAX LEVY	.00	150,000.00	150,000.00	.00	100.00
48-00-00-46100	MISC REVENUE	.00	3,205.00	3,250.00	45.00	98.62
48-00-00-46540	SALE OF GRAVES/NICHES	1,000.00	4,800.00	12,000.00	7,200.00	40.00
48-00-00-46550	FOUNDATIONS/STAKE-OUTS	.00	.00	700.00	700.00	.00
48-00-00-46560	BURIAL INTERNMENTS	2,475.00	9,500.00	26,000.00	16,500.00	36.54
48-00-00-48110	INVESTMENT INCOME	11.58	46.85	600.00	553.15	7.81
48-00-00-49100	APPL OF PRIOR YEARS APPROP	.00	.00	6,000.00	6,000.00	.00
48-00-00-49200	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
48-00-00-49400	TRANSFER FROM PERPETUAL CARE	809.60	3,425.41	13,000.00	9,574.59	26.35
Total CEMETERY OPERATIONS:		4,296.18	170,977.26	211,550.00	40,572.74	80.82
CEMETERY OPERATIONS						
48-00-00-51200	CEM WAGES	8,222.25	30,476.92	91,800.00	61,323.08	33.20
48-00-00-51250	CEM OVERTIME	43.00	1,234.25	3,500.00	2,265.75	35.26
48-00-00-51260	CEM SEASONAL LABOR	763.65	763.65	12,300.00	11,536.35	6.21
48-00-00-51340	CEM LIFE INSURANCE EXP	27.93	98.11	275.00	176.89	35.68
48-00-00-51345	CEM HEALTH INSURANCE	3,825.28	9,467.18	39,415.00	29,947.82	24.02
48-00-00-51350	CEM DENTAL INSURANCE	219.25	508.65	840.00	331.35	60.55
48-00-00-51355	CEM VISION INSURANCE	8.67	26.98	66.00	39.02	40.88
48-00-00-51360	CEM RETIREMENT EXPENSE	557.91	2,221.50	6,435.00	4,213.50	34.52
48-00-00-51370	CEM DISABILITY EXP	28.39	100.97	340.00	239.03	29.70
48-00-00-51380	CEM UNIFORM ALLOWANCE	.00	1,200.00	1,200.00	.00	100.00
48-00-00-51520	CEM FICA EXPENSE	674.39	2,499.24	8,235.00	5,735.76	30.35
48-00-00-52160	CEM PROFESSIONAL SERVICES	.00	.00	.00	.00	.00
48-00-00-52210	CEM TELEPHONE EXP	85.98	553.86	1,350.00	796.14	41.03
48-00-00-52220	CEM ELECTRICITY EXP	216.95	1,094.47	2,000.00	905.53	54.72
48-00-00-52240	CEM GAS HEAT EXP	.00	289.13	1,200.00	910.87	24.09
48-00-00-52260	CEM WATER/SEWER EXP	269.08	929.08	3,000.00	2,070.92	30.97
48-00-00-52400	CEM BUILDING REPAIRS	.00	.00	2,000.00	2,000.00	.00
48-00-00-52500	CEM EQUIP MAINT/REPAIRS	.00	684.62	3,000.00	2,315.38	22.82
48-00-00-53100	CEM OFFICE SUPPLIES	.00	.00	100.00	100.00	.00
48-00-00-53120	CEM POSTAGE EXP	.00	.00	40.00	40.00	.00
48-00-00-53130	CEM WORKERS COMP INS	782.94	782.94	3,200.00	2,417.06	24.47
48-00-00-53140	CEM LIABILITY/PROPERTY INS	587.93	587.93	2,340.00	1,752.07	25.13
48-00-00-53400	CEM OPERATING SUPPLIES	37.58	88.05	1,000.00	911.95	8.81
48-00-00-53410	CEM FUEL EXPENSE	.00	798.55	5,000.00	4,201.45	15.97
48-00-00-53500	CEM BLDG MAINT SUPPLIES	.00	37.56	500.00	462.44	7.51
48-00-00-53510	CEM VEHICLE MAINT/REPAIR	50.36	512.66	3,000.00	2,487.34	17.09
48-00-00-53600	CEM MAINT SERVICE EXP	218.47	377.47	1,700.00	1,322.53	22.20
48-00-00-53620	CEM GROUNDS/LANDSCAPING	184.48	184.48	800.00	615.52	23.06
48-00-00-53990	CEM MISC EXP	.00	.00	350.00	350.00	.00
48-00-00-54200	CEM GRAVES/FOUNDATIONS	.00	.00	16,400.00	16,400.00	.00
48-00-00-54300	CEM COLUMBARIUM EXPENSES	.00	.00	164.00	164.00	.00
48-00-00-58100	CEM EQUIPMENT OUTLAY	.00	.00	.00	.00	.00
Total CEMETERY OPERATIONS:		16,804.49	55,518.25	211,550.00	156,031.75	26.24
Total CEMETERY OPERATIONS:		21,100.67	226,495.51	423,100.00	196,604.49	53.53
CEMETERY OPERATIONS Revenue Total:		4,296.18	170,977.26	211,550.00	40,572.74	80.82
CEMETERY OPERATIONS Expenditure Total:		16,804.49	55,518.25	211,550.00	156,031.75	26.24

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
	Net Total CEMETERY OPERATIONS:	12,508.31-	115,459.01	.00	115,459.01-	.00

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 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	97.85	522.86	3,000.00	2,477.14	17.43
50-00-00-48300	SALE OF MISC EQUIPMENT	.00	.00	.00	.00	.00
50-00-00-49100	APPL. PRIOR YR APPROPRIATIONS	.00	.00	179,614.00	179,614.00	.00
50-00-00-49400	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total EQUIPMENT REPLACEMENT FUND:		97.85	600,522.86	782,614.00	182,091.14	76.73
EQUIPMENT REPLACEMENT FUND						
50-00-00-58000	MISC/COMP EQUIP PURCHASES	495.00	495.00	65,000.00	64,505.00	.76
Total EQUIPMENT REPLACEMENT FUND:		495.00	495.00	65,000.00	64,505.00	.76
Total EQUIPMENT REPLACEMENT FUND:		592.85	601,017.86	847,614.00	246,596.14	70.91
POLICE DEPARTMENT						
POLICE DEPARTMENT						
50-21-00-48300	SALE OF POLICE EQUIPMENT	.00	.00	11,000.00	11,000.00	.00
Total POLICE DEPARTMENT:		.00	.00	11,000.00	11,000.00	.00
POLICE DEPARTMENT						
50-21-00-58000	POLICE EQUIPMENT PURCHASES	25,361.04	118,625.58	190,530.00	71,904.42	62.26
Total POLICE DEPARTMENT:		25,361.04	118,625.58	190,530.00	71,904.42	62.26
Total POLICE DEPARTMENT:		25,361.04	118,625.58	201,530.00	82,904.42	58.86
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	848.62	848.62	182,537.00	181,688.38	.46
Total FIRE DEPARTMENT:		848.62	848.62	182,537.00	181,688.38	.46
Total FIRE DEPARTMENT:		848.62	848.62	182,537.00	181,688.38	.46
EMERGENCY MANAGEMENT						
EMERGENCY MANAGEMENT						
50-29-00-58000	EMERG MGMT EQUIPMENT PURCHA	.00	.00	30,000.00	30,000.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	30,000.00	30,000.00	.00
Total EMERGENCY MANAGEMENT:		.00	.00	30,000.00	30,000.00	.00

DPW

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 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	217,465.00	300,000.00	82,535.00	72.49
Total DPW:		.00	217,465.00	300,000.00	82,535.00	72.49
Total DPW:		.00	217,465.00	300,000.00	82,535.00	72.49
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	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
Total CEMETERY:		.00	.00	.00	.00	.00
EQUIPMENT REPLACEMENT FUND Revenue Total:		97.85	600,522.86	793,614.00	193,091.14	75.67
EQUIPMENT REPLACEMENT FUND Expenditure Total:		26,704.66	337,434.20	768,067.00	430,632.80	43.93
Net Total EQUIPMENT REPLACEMENT FUND:		26,606.81-	263,088.66	25,547.00	237,541.66-	1,029.82

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
LIBRARY						
LIBRARY						
LIBRARY						
99-00-00-41110	PROPERTY TAX LEVY	.00	485,000.00	485,000.00	.00	100.00
99-00-00-43540	GRANTS	.00	.00	.00	.00	.00
99-00-00-45120	LIBRARY FINES AND FEES	818.84	994.26	3,500.00	2,505.74	28.41
99-00-00-45150	COPIES,PRINTS,FAXES	259.68	473.29	2,500.00	2,026.71	18.93
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	4,296.00	8,592.00	4,296.00	50.00
99-00-00-47320	RACINE COUNTY REVENUES	.00	2,520.00	5,040.00	2,520.00	50.00
99-00-00-47330	WALWORTH COUNTY REVENUES	.00	122,773.50	250,559.00	127,785.50	49.00
99-00-00-47340	WAUKESHA COUNTY REVENUES	.00	3.50	7.00	3.50	50.00
99-00-00-47350	ROCK COUNTY (ARROWHEAD) REV	.00	89.50	179.00	89.50	50.00
99-00-00-47360	JEFFERSON COUNTY REVENUES	.00	.00	.00	.00	.00
99-00-00-48110	INTEREST EARNED	2.24	14.15	.00	14.15-	.00
99-00-00-48120	DIVIDEND INCOME	.00	.00	.00	.00	.00
99-00-00-48140	PORTFOLIO GAINS/LOSSES	.00	.00	.00	.00	.00
99-00-00-48190	DISCOUNTS EARNED	.00	.00	.00	.00	.00
99-00-00-48400	INSURANCE REIMBURSEMENTS	.00	.00	.00	.00	.00
99-00-00-48920	DONATIONS	.00	.00	.00	.00	.00
99-00-00-49000	PROCEEDS FROM BORROWING	.00	.00	.00	.00	.00
99-00-00-49100	APPL OF PR YR APPROPRIATIONS	.00	.00	.00	.00	.00
99-00-00-49500	TRANSFER FROM GENERAL FUND	.00	.00	.00	.00	.00
Total LIBRARY:		1,080.76	616,164.20	755,377.00	139,212.80	81.57
LIBRARY						
99-00-00-51100	LIBRARY FT SALARIES	24,032.69	108,093.78	312,193.00	204,099.22	34.62
99-00-00-51200	LIBRARY PT WAGES	6,365.82	21,434.07	87,368.00	65,933.93	24.53
99-00-00-51340	LIFE INSURANCE	60.58	242.32	750.00	507.68	32.31
99-00-00-51345	LIBRARY HEALTH INSURANCE	5,442.78	21,771.12	82,480.00	60,708.88	26.40
99-00-00-51350	LIBRARY DENTAL INSURANCE	285.00	1,140.00	2,520.00	1,380.00	45.24
99-00-00-51355	LIBRARY VISION INSURANCE	17.22	68.88	.00	68.88-	.00
99-00-00-51360	RETIREMENT FUND	1,622.20	7,116.24	21,073.00	13,956.76	33.77
99-00-00-51370	LIBRARY DISABILITY PREMIUMS	94.04	376.16	1,175.00	798.84	32.01
99-00-00-51520	LIBRARY SOCIAL SECURITY	2,295.78	9,714.11	30,566.00	20,851.89	31.78
99-00-00-52110	GENERAL ADMIN EXPENSES	74.64	1,119.47	3,500.00	2,380.53	31.98
99-00-00-52160	PROFESSIONAL SERVICES	10,417.50	18,417.50	.00	18,417.50-	.00
99-00-00-52210	LIBRARY TELEPHONE EXP	201.18	786.92	2,000.00	1,213.08	39.35
99-00-00-52220	LIBRARY UTILITIES	1,144.01	3,603.09	17,000.00	13,396.91	21.19
99-00-00-52500	LIBRARY BLDG REPAIR	.00	.00	15,000.00	15,000.00	.00
99-00-00-53100	LIBRARY OFFICE SUPPLIES	.00	128.09	2,000.00	1,871.91	6.40
99-00-00-53120	LIBRARY POSTAGE	.00	65.05	622.00	556.95	10.46
99-00-00-53130	WORKERS COMP INSURANCE	155.76	155.76	1,400.00	1,244.24	11.13
99-00-00-53140	LIABILITY & PROPERTY INSURANCE	2,439.63	2,439.63	10,330.00	7,890.37	23.62
99-00-00-53320	STAFF CONTINUING EDUCATION	500.00	750.00	3,000.00	2,250.00	25.00
99-00-00-53500	LIBRARY MAINT SUPPLIES	259.85	541.76	2,500.00	1,958.24	21.67
99-00-00-53600	LIBRARY BLDG MAINT SERVICES	240.00	1,525.00	30,000.00	28,475.00	5.08
99-00-00-53990	LIBRARY MISCELLANEOUS	111.83-	.00	.00	.00	.00
99-00-00-54100	LIBRARY ADULT MATERIALS	404.91	8,806.49	30,000.00	21,193.51	29.35
99-00-00-54110	LIBRARY YOUTH MATERIALS	4,803.75	10,108.61	25,000.00	14,891.39	40.43
99-00-00-54120	LIBRARY MAGAZINES & NEWSPAPER	9.82-	1,037.88	4,000.00	2,962.12	25.95
99-00-00-54130	LIBRARY REFERENCE MATERIALS	.00	.00	.00	.00	.00
99-00-00-54140	LIBRARY NONPRINT MATERIALS	335.18	1,798.38	20,000.00	18,201.62	8.99

Account Number	Account Title	2021-21 Current Month Actual	2021-21 Current Year Actual	2021 Current Year Budget	2021 Current Year Variance	2021 Current Year % of Budget
99-00-00-54150	LIBRARY PROGRAMS	800.00-	1,275.00	7,500.00	6,225.00	17.00
99-00-00-54155	LIBRARY MARKETING	.00	316.00	1,500.00	1,184.00	21.07
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	200.00	1,491.92	.00	1,491.92-	.00
99-00-00-55100	LIBRARY SIRSI	304.30	17,726.56	22,000.00	4,273.44	80.58
99-00-00-55110	LIBRARY CIRCULATION SUPPLIES	174.00	349.12	3,000.00	2,650.88	11.64
99-00-00-55120	LIBRARY PROCESSING SUPPLIES	.00	487.47	4,000.00	3,512.53	12.19
99-00-00-55140	LIBRARY COMPUTER HARDWARE	272.99	550.18	3,000.00	2,449.82	18.34
99-00-00-55150	LIBRARY COMPUTER SOFTWARE	.00	.00	500.00	500.00	.00
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	395.26	1,624.89	8,400.00	6,775.11	19.34
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	6,091.04	10,262.94	.00	10,262.94-	.00
Total LIBRARY:		67,708.46	255,324.39	755,377.00	500,052.61	33.80
Total LIBRARY:		68,789.22	871,488.59	1,510,754.00	639,265.41	57.69
LIBRARY Revenue Total:		1,080.76	616,164.20	755,377.00	139,212.80	81.57
LIBRARY Expenditure Total:		67,708.46	255,324.39	755,377.00	500,052.61	33.80
Net Total LIBRARY:		66,627.70-	360,839.81	.00	360,839.81-	.00
Net Grand Totals:		1,582,683.79-	9,097,892.26	2,932,635.00	6,165,257.26-	310.23

**City of Lake Geneva
Finance, License, & Regulation Committee
May 18, 2021**

**Prepaid Checks
05/05/21-05/18/21**

**Total:
\$1,147,452.92**

Checks over \$5,000:

\$	5,219.14	<i>Chase Card Services</i>
\$	17,707.12	<i>Alliant Energy-Electric</i>
\$	55,070.50	<i>Diamondback Airboats-Final payment</i>
\$	1,050,671.50	<i>MSI General Corp.-Riviera Renovation</i>

Report Criteria:

Report type: Summary

[Report]. Check Issue Date = 04/29/2021,05/05/2021,05/12/2021

Check.Type = {<-} "Adjustment"

Bank.Bank account = "043230"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
04/29/2021	76215	5428	CITY OF LAKE GENEVA POLICE DEPT	86.24
04/29/2021	76216	3495	CITY OF LAKE GENEVA	100.00
05/05/2021	76217	3435	CHARLENE KLEIN	239.88
05/05/2021	76218	2273	CHASE CARD SERVICES	5,219.14
05/05/2021	76219	2277	CHICAGO TRIBUNE	119.50
05/05/2021	76220	2499	FINDAWAY WORLD LLC	20.93
05/05/2021	76221	2670	HOME DEPOT CREDIT	355.31
05/05/2021	76222	2800	KORNAK, EMILY	19.98
05/05/2021	76223	2977	MIDWEST TAPE	124.20
05/05/2021	76224	3024	MUTUAL OF OMAHA	2,925.78
05/05/2021	76225	3062	NORTHWIND PERENNIAL FARM	350.00
05/05/2021	76226	3232	RHYME BUSINESS PRODUCTS	381.20
05/05/2021	76227	3233	RHYME BUSINESS PRODUCTS	174.33
05/05/2021	76228	6105	THE SWEENEY GROUP	4,000.00
05/05/2021	76229	4918	TIME WARNER CABLE	144.98
05/12/2021	76319	2046	ALLIANT ENERGY	17,707.12
05/12/2021	76320	2056	AMAZON	200.73
05/12/2021	76321	6160	AMAZON CAPITAL SERVICES	1,803.52
05/12/2021	76322	5770	AT & T TELECONFERENCE SERVICES	110.45
05/12/2021	76323	2109	AT&T MOBILITY	4,019.57
05/12/2021	76324	5339	BOULAND, BROCK	120.00
05/12/2021	76325	2235	BURLINGTON GLASS INC	35.00
05/12/2021	76326	5877	DIAMONDBACK AIRBOATS	55,070.50
05/12/2021	76327	2424	DUNN LUMBER	7.69
05/12/2021	76328	3775	GENEVA LAKES CARPET CLEANING	200.00
05/12/2021	76329	2800	KORNAK, EMILY	65.00
05/12/2021	76330	5659	MSI GENERAL CORPORATION	1,050,671.50
05/12/2021	76331	5225	NETTESHEIM, GLEN	120.00
05/12/2021	76332	3001	SECURIAN FINANCIAL GROUP	2,395.75
05/12/2021	76333	4918	TIME WARNER CABLE	114.98
05/12/2021	76334	5001	VERIZON WIRELESS	38.01
05/12/2021	76335	5071	WE ENERGIES	511.63
Grand Totals:				1,147,452.92

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
11-00-00-21100	.00	31,168.94-	31,168.94-
11-00-00-21340	2,206.89	.00	2,206.89
11-00-00-21555	1,547.89	.00	1,547.89
11-00-00-21562	998.38	.00	998.38
11-00-00-21564	379.51	.00	379.51
11-10-00-51330	164.65	.00	164.65

GL Account	Debit	Credit	Proof
11-10-00-55000	125.22	.00	125.22
11-11-00-53320	158.15	.00	158.15
11-12-00-53610	31.95	.00	31.95
11-14-30-53110	47.70	.00	47.70
11-14-30-53120	63.00	.00	63.00
11-14-30-53320	489.00	.00	489.00
11-15-10-53100	109.99	.00	109.99
11-15-10-53200	20.00	.00	20.00
11-15-10-53990	179.00	.00	179.00
11-15-10-54500	900.00	.00	900.00
11-16-10-52220	3,234.63	.00	3,234.63
11-16-10-53100	375.48	.00	375.48
11-21-00-52210	3,889.74	.00	3,889.74
11-21-00-52220	128.79	.00	128.79
11-21-00-53120	67.50	.00	67.50
11-21-00-53310	240.00	.00	240.00
11-21-00-53610	4.21	.00	4.21
11-21-00-54100	14.53	.00	14.53
11-22-00-52210	389.79	.00	389.79
11-22-00-52220	1,175.89	.00	1,175.89
11-22-00-52240	23.21	.00	23.21
11-22-00-53100	311.62	.00	311.62
11-22-00-53400	31.08	.00	31.08
11-22-00-53410	31.67	.00	31.67
11-22-00-53500	9.00	.00	9.00
11-22-00-53510	219.55	.00	219.55
11-22-00-53990	107.05	.00	107.05
11-22-00-54100	60.95	.00	60.95
11-22-00-54500	88.62	.00	88.62
11-22-00-55000	268.72	.00	268.72
11-22-00-58000	406.18	.00	406.18
11-24-00-53100	174.33	.00	174.33
11-24-00-53320	40.00	.00	40.00
11-29-00-52210	38.01	.00	38.01
11-29-00-52220	55.20	.00	55.20
11-32-10-47300	140.93	.00	140.93
11-32-10-52220	745.69	.00	745.69
11-32-10-53510	1,086.43	.00	1,086.43
11-32-13-54100	102.72	.00	102.72
11-34-10-52220	373.69	.00	373.69
11-34-10-52230	8,183.78	.00	8,183.78
11-51-10-52220	474.30	.00	474.30
11-52-00-52220	567.30	.00	567.30
11-52-00-52410	125.98	.00	125.98
11-52-00-59220	148.51	.00	148.51
11-52-01-52220	412.53	.00	412.53
40-00-00-21100	.00	2,407.16-	2,407.16-
40-52-10-53990	33.90	.00	33.90
40-52-11-10100	100.00	.00	100.00
40-54-10-52220	354.61	.00	354.61
40-55-10-52400	369.98	.00	369.98
40-55-30-52220	1,273.79	.00	1,273.79
40-55-30-53000	274.88	.00	274.88

GL Account	Debit	Credit	Proof
42-00-00-21100	.00	274.04-	274.04-
42-34-50-53400	207.36	.00	207.36
42-34-50-53510	44.71	.00	44.71
42-34-50-53990	21.97	.00	21.97
43-00-00-21100	.00	1,050,697.39-	1,050,697.39-
43-22-00-17010	25.89	.00	25.89
43-40-00-17010	94,134.55	.00	94,134.55
43-40-00-17012	448,866.94	.00	448,866.94
43-40-00-17014	507,670.01	.00	507,670.01
50-00-00-21100	.00	55,070.50-	55,070.50-
50-22-00-58000	55,070.50	.00	55,070.50
61-00-00-21100	.00	6.01-	6.01-
61-00-00-92630	6.01	.00	6.01
62-00-00-21100	.00	18.20-	18.20-
62-00-00-92630	18.20	.00	18.20
99-00-00-21100	216.93	8,027.61-	7,810.68-
99-00-00-52110	84.98	.00	84.98
99-00-00-52160	4,000.00	.00	4,000.00
99-00-00-52220	1,066.83	.00	1,066.83
99-00-00-53100	51.30	.00	51.30
99-00-00-53120	15.68	.00	15.68
99-00-00-53320	250.00	.00	250.00
99-00-00-53500	46.85	.00	46.85
99-00-00-53600	350.00	.00	350.00
99-00-00-53990	111.83	.00	111.83
99-00-00-54100	564.40	194.53-	369.87
99-00-00-54110	98.74	.00	98.74
99-00-00-54120	119.50	.00	119.50
99-00-00-54140	415.36	22.40-	392.96
99-00-00-54150	178.74	.00	178.74
99-00-00-54155	167.00	.00	167.00
99-00-00-55000	360.70	.00	360.70
99-00-00-55140	21.50	.00	21.50
99-00-00-59000	124.20	.00	124.20
Grand Totals:	1,147,886.78	1,147,886.78-	.00

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: Summary

[Report].Check Issue Date = 04/29/2021,05/05/2021,05/12/2021

Check.Type = {<>} "Adjustment"

Bank.Bank account = "043230"

City of Lake Geneva
Finance, License, & Regulation Committee
May 18, 2021

Accounts Payable

	<u>Fund #</u>	
1. General Fund	11	<u>\$ 81,429.14</u>
2. Debt Service	20	<u>\$ -</u>
3. Lakefront	40	<u>\$ 3,723.83</u>
4. Capital Projects	43	<u>\$ 2,938.57</u>
5. Parking	42	<u>\$ 34,943.90</u>
6. Cemetery	48/49	<u>\$ 62.20</u>
7. Equipment Replacement	50	<u>\$ -</u>
8. Library Fund	99	<u>\$ -</u>
9. Impact Fees	45	<u>\$ 7,110.00</u>
10. Tourism Commission	47	<u>\$ 1,200.00</u>
11. Use of Building Funds-Library	98	<u>\$ -</u>
Total All Funds		<u><u>\$131,407.64</u></u>

CITY OF LAKE GENEVA

ACCOUNTS PAYABLE UNPAID ITEMS OVER \$5,000

FINANCE, LICENSE, & REGULATION COMMITTEE

5/18/2021

TOTAL UNPAID ACCOUNTS PAYABLE

\$ 131,407.64

ITEMS > \$5,000

Breezy Hill Nursery-Planting, pond maintenance-April and May

\$ 5,135.86

John's Disposal Service Inc.-May garbage/recycling pickup

\$ 47,687.61

Lake Geneva Utility-Water and Sewer Impact Fees

\$ 7,110.00

State of Wisconsin-April Court Fines

\$ 5,195.20

Total Parking Solution Inc.-Kiosk Annual Maintenance Contract

\$ 28,000.00

Vandewalle & Associates-Planning/zoning services/Tap Grant

\$ 6,856.28

Balance of Other Items

\$ 31,422.69

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "05192021","05192021A"

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
ALVAREZ,MICHAEL				
REFD 5/5/21	05/05/2021	REFD-OVPD CIT #PK20-36462	11-12-00-45100 COURT PENALTIES & FINES	.13
Total ALVAREZ,MICHAEL:				.13
AURORA HEALTH CARE				
1243303	05/02/2021	DOT DRUG SCREENS	11-32-10-52050 DRUG AND MEDICAL TESTING	50.00
Total AURORA HEALTH CARE:				50.00
AUTOMATIC ENTRANCES OF WI INC				
2001944	05/06/2021	FRONT DOOR REPAIR	11-16-10-52400 CITY HALL BUILDING REPAIRS	187.00
Total AUTOMATIC ENTRANCES OF WI INC:				187.00
BREEZY HILL NURSERY				
I-244149	04/29/2021	PLANTING MAINT-APR/MAY	42-34-50-52200 PARKING LOT PLANTING/MAINT	4,905.86
I-244150	04/09/2021	POND MAINT-APR	42-34-50-52200 PARKING LOT PLANTING/MAINT	230.00
Total BREEZY HILL NURSERY:				5,135.86
BROWNS LAKE AQUADUCKS				
REIMB 11/13/2	05/07/2021	REFUND/CANCELLATION-11/13/	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total BROWNS LAKE AQUADUCKS:				1,000.00
BUMPER TO BUMPER AUTO PARTS				
662-440168	04/29/2021	WELDING HOSE-SHOP	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	38.59
662-440434	05/06/2021	DOOR HANDLE-#55	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	20.39
Total BUMPER TO BUMPER AUTO PARTS:				58.98
BUREAU OF CORRECTIONAL ENTERPRISES				
306-185510	03/31/2021	PAPER TOWEL	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	772.50
Total BUREAU OF CORRECTIONAL ENTERPRISES:				772.50
CAMPBELL, KAITLYN				
REIMB 5/1/21	05/07/2021	CAMPBELL-5/1/21 SEC DEP	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
REIMB 5/1/21	05/07/2021	CAMPBELL-SEC GRDS,SETUP	40-55-10-46740 UPPER RIVIERA REVENUE	369.50-
Total CAMPBELL, KAITLYN:				630.50
CDW GOVERNMENT INC				
C601647	05/03/2021	MAIL SERVER SOFTWARE UPG	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	627.68
C624428	05/03/2021	MAIL SERVER UPGRADE	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	998.20
Total CDW GOVERNMENT INC:				1,625.88

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
CES				
LKG/069673	04/07/2021	STANCHION ROPES	43-40-00-17014 RIVIERA RENOVATION 2ND FLOOR	391.00
Total CES:				391.00
CINTAS CORP				
5060998682	05/04/2021	FIRST AID SUPPLIES	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	155.29
Total CINTAS CORP:				155.29
DUNN LUMBER				
726531	04/27/2021	PIPE,ST ELBOW-H2O REPAIR	48-00-00-53620 CEM GROUNDS/LANDSCAPING	30.97
726534	04/27/2021	LANDSCAPING-5/1 WEDDING	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	18.58
728001	04/29/2021	CLEANING MATL-5/1 WEDDING	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	11.27
729467	04/30/2021	ST ELBOW-WATER REPAIR	48-00-00-53620 CEM GROUNDS/LANDSCAPING	5.98
729609	04/30/2021	HEX BUSHING-H2O SYSTEM RE	48-00-00-53620 CEM GROUNDS/LANDSCAPING	8.78
731503	05/01/2021	SOAP,CORD-5/1 WEDDING	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	31.84
733634	05/04/2021	PLYWOOD-5/1 WEDDING	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	82.86
734798	05/05/2021	MARKERS-SHOP	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	7.47
734798	05/05/2021	WIRE-STAKING TREES	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	12.49
734992	05/05/2021	SCREWS,BRACKET-SHELVES	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	24.05
735392	05/05/2021	(3) FURNACE FILTERS	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	14.87
735471	05/05/2021	NUTS,BOLTS-SHELVES	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	26.47
736483	05/06/2021	SAW BLADES	48-00-00-53500 CEM BLDG MAINT SUPPLIES	16.47
737126	05/07/2021	(2) DOG BAG KEYS	11-52-00-53520 GROUNDS MAINT SUPPLIES	3.98
739543	05/10/2021	(12) BRACKETS	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	45.48
740960	05/11/2021	PIPE/COMP CAPS-H2O SERVIC	11-52-00-52410 BLDG MAINT&REPAIR-PARKS	8.98
Total DUNN LUMBER:				350.54
ELKHORN CHEMICAL CO INC				
632712	04/30/2021	TOWELS	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	383.28
Total ELKHORN CHEMICAL CO INC:				383.28
ELKHORN NAPA AUTO PARTS				
227753	04/27/2021	BALL JOINT REPAIR-#55	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	226.61
228011	04/29/2021	BALL JOINT REPAIR-#55	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	36.99
228054	04/29/2021	BALL JOINT REPAIR-#55	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	9.36
229313	05/11/2021	PLUG,SOCKET-#38	11-52-00-52500 EQUIPMENT REPAIR SERVICES	25.69
Total ELKHORN NAPA AUTO PARTS:				298.65
EQUIPARTS				
166131	04/29/2021	FLUSH VALVES-SEMINARY	11-52-00-52410 BLDG MAINT&REPAIR-PARKS	1,994.79
Total EQUIPARTS:				1,994.79
EVERBRIDGE				
M61009	03/23/2021	NIXLE SERVICE 3/21-3/22	11-32-10-53990 ST DEPT MISCELLANEOUS EXP	800.00
M61009	03/23/2021	NIXLE SERVICE 3/21-3/22	11-22-00-54500 FIRE IT SERVICES	800.00
M61009	03/23/2021	NIXLE SERVICE 3/21-3/22	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	800.00
M61009	03/23/2021	NIXLE SERVICE 3/21-3/22	11-21-00-52620 PD COMMUNICATION SYS MAINT FEE	800.00
Total EVERBRIDGE:				3,200.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
FASTENAL COMPANY				
WIELK164385	04/20/2021	AIR FILTERS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	28.69
Total FASTENAL COMPANY:				28.69
FIRST SUPPLY LLC				
3072991-00	12/15/2020	SLOAN KITS	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	30.85
3124645-00	04/06/2021	SLOAN KITS,FLANGE KIT	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	19.22
3124645-01	04/09/2021	FLANGE KIT	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	34.91
3125046-00	04/07/2021	SPRING OPENING	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	65.93
3125046-01	04/08/2021	SPRING OPENING	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	37.08
3125046-02	04/14/2021	SPRING OPENING	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	7.68
Total FIRST SUPPLY LLC:				195.67
GALLANIS, JESSICA				
REFD 5/6/21	05/06/2021	PARKING REFD-APP ERROR	42-34-50-46410 PARKING APP NET COLLECTIONS	8.50
Total GALLANIS, JESSICA:				8.50
GAPPA SECURITY SOLUTIONS LLC				
23141	05/05/2021	LOCKS-LOWER RIV	43-40-00-17012 RIVIERA RENOVATION 1ST FLOOR	993.00
Total GAPPA SECURITY SOLUTIONS LLC:				993.00
GENEVA ONLINE INC				
1114078	05/03/2021	EMAIL SVC-MAY	11-12-00-52210 MUNICIPAL CT TELEPHONE	2.00
Total GENEVA ONLINE INC:				2.00
HE STARK AGENCY INC				
6089 PARK 4/3	04/30/2021	COLLECTION FEES-APR	42-34-50-52160 CALE CC AND COLLEC FEES	578.00
Total HE STARK AGENCY INC:				578.00
ITU ABSORB TECH INC				
7677765	04/19/2021	MAT SERVICE	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	95.31
7686439	04/30/2021	MATS,RAGS,COVERALLS	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	109.34
7686440	04/30/2021	MATS	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	125.97
M000054958	04/19/2021	CREDIT-MATS	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	95.31-
Total ITU ABSORB TECH INC:				235.31
JERRY WILLKOMM INC				
276641	04/21/2021	50.0 GALS KEROSENE	11-32-10-53410 VEHICLE-FUEL & OIL	153.50
276642	04/21/2021	1675.0 GALS GAS	11-32-10-53410 VEHICLE-FUEL & OIL	4,453.83
Total JERRY WILLKOMM INC:				4,607.33
JIMENEZ, MARIA				
REFD-5/30/21	05/12/2021	MARIA JIMENEZ 5/30/21-CANCE	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total JIMENEZ, MARIA:				1,000.00
JOHNS DISPOSAL SERVICE INC				
640225	05/06/2021	MAY SVC	11-36-00-52940 SOLID WASTE-RESIDENTIAL	30,798.93
640225	05/06/2021	MAY SVC	11-36-00-52970 SOLID WASTE-RECYCLING	16,888.68

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total JOHNS DISPOSAL SERVICE INC:				47,687.61
KWIK TRIP				
RESTIT 2/6/21	04/30/2021	RESTIT PYMT-CIT #CN80990C3	11-12-00-45100 COURT PENALTIES & FINES	20.00
Total KWIK TRIP:				20.00
LAKE GENEVA UTILITY				
312 CADENCE	04/14/2021	312 CADENCE CIR	45-00-00-24520 WATER IMPACT FEES	1,690.00
312 CADENCE	04/14/2021	312 CADENCE CIR	45-00-00-24530 SEWER IMPACT FEES	1,865.00
406 CADENCE	04/20/2021	406 CADENCE CIR	45-00-00-24520 WATER IMPACT FEES	1,690.00
406 CADENCE	04/20/2021	406 CADENCE CIR	45-00-00-24530 SEWER IMPACT FEES	1,865.00
Total LAKE GENEVA UTILITY:				7,110.00
MARED MECHANICAL				
123229	04/29/2021	HVAC CONTROL CHECK	11-16-10-52400 CITY HALL BUILDING REPAIRS	685.00
Total MARED MECHANICAL:				685.00
PFI FASHIONS INC				
7699	05/05/2021	UNIFORMS	42-34-50-51380 PARKING UNIFORMS	866.54
Total PFI FASHIONS INC:				866.54
QUADIENT LEASING USA, INC.				
N8841009	04/23/2021	POSTAGE METER MAR/APR/MA	11-16-10-55320 CH POSTAGE METER RENT & EXP	891.60
Total QUADIENT LEASING USA, INC.:				891.60
ROBERS, ROBERTA				
REFD 5/10/21	05/10/2021	REFD-OPS LIC OVERPAYMENT	11-00-00-44110 OPERATOR LICENSES	25.00
Total ROBERS, ROBERTA:				25.00
ROTE OIL COMPANY				
2112300208	05/05/2021	260.12 GALS CLEAR DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	678.66
2112600012	05/06/2021	210.7 GALS DYED DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	484.39
Total ROTE OIL COMPANY:				1,163.05
SECURITY EQUIPMENT SUPPLY				
N06160	04/27/2021	CAMERAS-DUNN FIELD	43-32-10-17020 DPW CAPITAL PROJECTS	93.71
N06198	04/27/2021	CAMERAS-DUNN FIELD	43-32-10-17020 DPW CAPITAL PROJECTS	417.08
Total SECURITY EQUIPMENT SUPPLY:				510.79
SHERRILL INC				
INV-595926	01/06/2021	SCABBARD REPLACE-BUCKET	11-32-13-54200 TREE & BRUSH-REPAIR	104.95
Total SHERRILL INC:				104.95
SHRED-IT				
8181892844	04/22/2021	SHREDDING SVC-APR	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	40.27

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total SHRED-IT:				40.27
STAFFORD ROSENBAUM LLP				
1252008	04/29/2021	OUTSIDE ATTY FEES	11-13-10-52140 OUTSIDE ATTORNEYS FEES	650.00
Total STAFFORD ROSENBAUM LLP:				650.00
STATE OF WISCONSIN				
INV.64-246 04/	04/30/2021	COURT FINES-APR 2021	11-12-00-24240 COURT FINES-STATE	5,195.20
Total STATE OF WISCONSIN:				5,195.20
T2 SYSTEMS CANADA INC				
IRIS000007260	06/28/2020	BEACH IRIS FEES-JUL	40-54-10-53400 LUKE/CALE OPERATING AND CC EXP	234.75
IRIS000007731	09/30/2020	BEACH IRIS FEES-OCT	40-54-10-53400 LUKE/CALE OPERATING AND CC EXP	234.75
Total T2 SYSTEMS CANADA INC:				469.50
TOTAL PARKING SOLUTIONS INC				
105236	03/22/2021	KIOSK ANNUAL MAINT CNTRCT	42-34-50-54500 SUPPORT CONTRACTS	28,000.00
TOTAL PARKING SOLUTIONS INC:				28,000.00
UNITED PUBLIC SAFETY INC				
UPS00046924	04/30/2021	AUTO OWNER LOOKUPS-APR 2	42-34-50-54500 SUPPORT CONTRACTS	355.00
Total UNITED PUBLIC SAFETY INC:				355.00
UTILITY SALES & SERVICE				
0071928-IN	04/07/2021	INSP-BUCKET TRUCK #31	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	1,094.61
0071929-IN	04/07/2021	INSP-BUCKET TRUCK #24	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	1,045.18
Total UTILITY SALES & SERVICE:				2,139.79
VANDEWALLE & ASSOCIATES INC				
202104023	04/20/2021	CITY PLANNING SERVICES	11-69-30-52120 OUTSIDE PROFESSIONAL PLANNING	126.00
202104023	04/20/2021	CITY ZONING	11-69-30-52180 ZONING CODES	2,428.50
202104023	04/20/2021	TAP GRANT	43-52-00-53100 TAP GRANT CAPITAL PROJECTS	1,043.78
202104023	04/20/2021	COST RECOVERY	11-00-00-13910 A/R BILL OUTS	3,258.00
Total VANDEWALLE & ASSOCIATES INC:				6,856.28
WALWORTH COUNTY CLERK				
ELECTION 202	05/04/2021	APR 2021 ELECT BALLOTS/CO	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	789.51
Total WALWORTH COUNTY CLERK:				789.51
WALWORTH COUNTY TREASURER				
INV.64-246 04/	04/30/2021	COURT FINES-APR 2021	11-12-00-24200 COURT FINES-COUNTY	1,439.81
Total WALWORTH COUNTY TREASURER:				1,439.81
WISCONN VALLEY MEDIA GROUP				
65525-2	04/30/2021	OFF PEAK PROMO CAMPAIGN	47-70-00-57155 TOURISM MUNICIPAL DEVELOPMENT	1,200.00
68314	05/06/2021	LN-252 CENTER ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.54
68315	05/06/2021	LN-600CAMPBELL ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	48.76

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
68317	05/06/2021	LN-725 W MAIN ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.76
68321	05/06/2021	LN-743 W MAIN ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	48.76
68323	05/06/2021	LN-816 WISCONSIN ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	50.21
68324	05/06/2021	LN-978 N KNOLL LN CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	48.76
68328	05/06/2021	LN-1334 W MAIN ST CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.54
68329	05/06/2021	LN-1886 GENEVA BAY DR CUP	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	48.76
68331	05/06/2021	LN-ER-1 ZONING CHANGE NOT	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	43.85
Total WISCONN VALLEY MEDIA GROUP:				1,631.94
WITTE SUPPLY COMPANY				
106461	04/28/2021	4 YDS TOPSOIL,STRAW BLANK	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	137.00
106561	04/29/2021	3 YDS TOP SOIL-STUMPS	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	76.50
Total WITTE SUPPLY COMPANY:				213.50
ZIMMERMANN, CAROL				
020365	04/20/2021	(10) STORYBOOK TRAIL SIGNS	11-70-00-57800 AVIAN COMMITTEE EXPENSES	578.00
328799	05/06/2021	MIGRATORY BIRD DAY PROGR	11-70-00-57800 AVIAN COMMITTEE EXPENSES	101.40
Total ZIMMERMANN, CAROL:				679.40
Grand Totals:				131,407.64

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "05192021","05192021A"

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

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