



City of Lake Geneva, 626 Geneva St, Lake Geneva, WI 53147- 262.248.3673- www.cityoflakegeneva.gov

CITY OF LAKE GENEVA FINANCE, LICENSING, AND REGULATION COMMITTEE

TUESDAY, JUNE 4, 2024 - 4:30 PM

LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)

Members:

Committee Members: Chairperson Ken Howell, Alderpersons: Sherri Ames, Mary Jo Fesenmaier, Cindy Yager, and Joel Hoiland

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AGENDA

1. Call to Order by Chairperson Howell
2. Roll Call
3. Comments from the public limited to 5 minutes, limited to items on this agenda
4. Approval of the May 21, 2024 Finance, Licensing, and Regulation Committee minutes as prepared and distributed
5. **Licenses & Permits**
 - a. Discussion/Recommendation regarding **Resolution 24-R47** a resolution authorizing and directing the proper city official(s) to issue the Liquor License renewals for the period of July 1, 2024, to June 30, 2025
 - b. Discussion/Recommendation regarding Sidewalk Cafe Permit Renewals for the period of July 1, 2024, to June 30, 2024, filed by: Harborside Pub & Grill, Harry's Cafe, O2 Lounge, and Popeye's
 - c. Discussion/Recommendation regarding Massage Establishment renewal applications for the term of July 1, 2024, to June 30, 2025, filed by: Healing Muscle Therapies and Lakeview Spa
 - d. Discussion/Recommendation regarding a Tier-2 Event Permit filed by VISIT Lake Geneva for the event of Concerts in the Park to take place Thursdays from June 27 to August 8, 2024, from 6:00 pm to 8:00 pm, located in Brunk Pavilion and Flat Iron Park

6. Discussion/Recommendation regarding **Resolution 24-R46** a resolution authorizing carryover of Equipment Replacement Funds budgets from 2023 to 2024
7. Discussion/Recommendation regarding proposals for Audio/Visual upgrades to Council Chambers
8. Discussion/Recommendation regarding the issuance of six (6) parking passes for the UCC Church Food Bank Volunteers (*Referred by Public Works Committee with no recommendation*)
9. Discussion/Recommendation regarding the issuance of parking placards for official city business, to City Council members
10. Discussion/Recommendation regarding the replacement of a Skid Loader from Equipment Replacement Fund (*Public Works Committee approved May 28, 2024*)
11. Discussion/Recommendation regarding the replacement of a Wide Area Mower from Equipment Replacement Fund (*Public Works Committee approved May 28, 2024*)
12. Discussion/Recommendation regarding the format for all job descriptions (*Personnel Committee to consider at June 3, 2024*)
13. Discussion/Recommendation regarding the revised job description for City Administrator (*Personnel Committee to consider at June 3, 2024*)

14. Presentation of Accounts

- a. Pre-paid Bills: \$94,320.20
- b. Regular Bills: \$447,487.13

15. Adjournment

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

CITY OF LAKE GENEVA FINANCE, LICENSING, AND REGULATION COMMITTEE MINUTES

TUESDAY, MAY 21, 2024 - 4:30 PM

LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)

Members: Committee Members: Chairperson Ken Howell, Alderpersons: Sherri Ames, Mary Jo Fesenmaier, Cindy Yager, and Joel Hoiland

Call to Order by Chairperson Howell

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

Roll Call

Present: Howell, Fesenmaier, Hoiland, and Yager

Absent: Ames (excused)

Comments from the public limited to 5 minutes, limited to items on this agenda

None

Approval of the May 7, 2024 Finance, Licensing, and Regulation Committee minutes as prepared and distributed
Motion by Hoiland to approve, second by Yager. No discussion. Motion carried 4-0.

Licenses & Permits

NONE

Discussion/Recommendation regarding a request from the YMCA for 80 (eighty) Beach Passes for the Summer Youth Swimming Program

Motion by Hoiland to approve, second by Yager. This is a same amount that has been requested in the past. Motion carried 4-0.

Discussion/Recommendation regarding a request for admission fee waiver or discount for 20 students and 2 adults on either May 30th or June 3rd from about 11:00am-2:00pm in order to reward the Eastview School's 4th & 5th grade student council members with a beach day for their end of the year celebration

Motion by Hoiland to approve, second by Yager. No discussion. Motion carried 4-0.

Discussion/Recommendation regarding Resolution 24-R40 a resolution approving to open custodial account(s) with Pershing Advisor Solutions LLC and engage Ehlers Investment Partners as investment advisor

Motion by Hoiland to approve, second by Yager. Tammy Olszeksi, from Ehlers Financial Planners addressed the committee concerning the resolution. Motion carried 4-0.

Discussion/Recommendation regarding a budget amendment request by the Downtown Business Improvement District (BID) for an increase to the Murals line item offset the expenses for marketing before the reimbursable grants and sponsorship revenues are collected

Motion by Yager to approve, second by Hoiland. Alex Binanti addressed the requested budget amount. She added that they would have a net increase once the grants and sponsorship are received. Motion carried 4-0.

Discussion regarding the January through March 2024 Treasurer's Budget versus Actual Report

Finance Director Pisarcik reviewed the January through March 2024 Treasurers' Report and the Budget versus Actual Report. No action taken.

Presentation of Accounts

Pre-paid Bills: \$46,095.50

Motion by Hoiland to approve, second by Yager. No discussion. Motion carried 4-0.

Regular Bills: \$149,829.60

Motion by Hoiland to approve, second by Yager. No discussion. Motion carried 4-0.

Adjournment

Motion by Hoiland to adjourn, second by Yager. Motion carried 5-.0 The meeting adjourned at 4:41 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, 2024, to June 30, 2025	
Committee Action:	Finance, Licensing, and Regulation Committee to consider June 4, 2024
Fiscal Impact:	Class A Beer=\$100; Class A Liquor=\$500; Class B Beer & Liquor=\$600; Class C Wine=\$100; Publication fee=\$25
File Number:	24-R47
Date Introduced:	June 10, 2024

WHEREAS the City Clerk’s office has received applications for Liquor License renewals for the period of July 1, 2024, to June 30, 2025, for the following businesses:

Combination “Class A” Intoxicating Liquor & Class “A” Fermented Malt Beverage:

- Aldi Inc (Wisconsin) d/b/a Aldi #56, 200 N Edwards Blvd, Briel Holmes, 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
- Queso LLC d/b/a The Cheese Box Too, 812 Wrigley Dr, Zbiniew Boroweic, Agent
- Cove Condominium Association Inc d/b/a The Cove of Lake Geneva (Gift Shop), 111 Center St, Patrick McCarthy, Agent
- Simple Spirits Inc d/b/a Geneva Liquors, 797 S Wells St, Rajesh Sachdeva, Agent
- Going Bananas LLC d/b/a Going Bananas, 812 Wrigley Dr Unit G&H, Elena Stecko, Agent
- Kwik Trip Inc d/b/a Kwik Trip #219, 710 Williams St, Laura Meinen, Agent
- Kwik Trip Inc d/b/a Kwik Trip #1520, 850 S Wells St, Ashley Richmond, Agent
- Kelley Williamson Company d/b/a Lake Geneva Mobil, 350 N Edwards Blvd, Suzanne Dorsey-Sterling, Agent
- Maya Geneva Inc d/b/a Maya Geneva Inc, 605 Williams St, Alma Delia, Agent
- New World Wine Shop INC d/b/a New World Wine Shop, 830 W Main St Suite G, Terence Conell, Agent
- Simple Bakery & Market LLC d/b/a Simple Bakery & Market, 521 Broad St, Thomas Hartz, Agent
- Stinebrinks Lake Geneva Foods LLC d/b/a Stinebrink’s Piggly Wiggly, 100 East Geneva Sq, David Stinebrink, Agent
- Target Corp d/b/a Target Store T2348, 660 N Edwards Blvd, Katherine Fiedler, Agent
- Walgreen Co. d/b/a Walgreens #05600, 351 Edwards Blvd, Suzanne Tiedke, Agent
- Wal-Mart Stores East, LP d/b/a Walmart #910, 201 S Edwards Blvd, Brianna Nichols, Agent

“Class A” Intoxicating Liquor:

- Lake Geneva School of Cooking LLC d/b/a Lake Geneva School of Cooking, 727 Geneva St, John Bogan, Agent
- Edie, Inc d/b/a Marigold, 725 W Main St, Angela Carlson, 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, Janine Osborne, 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 Schlehein, Agent
- Stone Soup LLC d/b/a The Baker House, 327 Wrigley Dr, Roland Wolff, Agent
- Mercedes or Bust LLC d/b/a The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
- 422 S. Wells, LTD d/b/a Celebration on Wells, 422 S Wells St, Henri Lorenzi, Agent
- L&B Main Street Inc d/b/a Champs Sports Bar & Grill, 747 W Main St, Jes Christenson, Agent
- Chubby Kitty LLC d/b/a/ Fat Cats, 104 Broad St, Tai Serna, Agent
- D&D Restaurant Group, Inc d/b/a Flat Iron Tap, 150 Center St, Robert Lopez, Agent
- Harry’s Café & Place, INC d/b/a Harry’s Café, 808 Main St, Harry Chironis, Agent
- Hogs & Kisses Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- Capitol Geneva LLC d/b/a Lake City Social, 111 Center St, Stephen Schroeder, Agent
- Sandal Inc d/b/a Lake Geneva Lanes, 192 E Main St, Franklin Guske, Jr, Agent
- Samson Enterprises LLC d/b/a Magpie’s Pen & Den, 642 W Main St, Tai Serna, Agent
- Maxwell Pub LLC d/b/a Maxwell Mansion, 304 S Wells St, Monica Pfeifer, Agent
- DCR Restaurant Group LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange North, Chad Bittner, Agent
- Oakfire LLC d/b/a Oakfire, 831 Wrigley Dr, Paul Meckler, Agent
- Popeyes Galley & Grog LTD d/b/a Popeye’s, 811 Wrigley Dr, Dimitrius Anagnos, Agent
- Gleneagles LLC d/b/a Sopra, 724 W Main St, Alastair Cumming, Agent
- Ovalle- Perez, LLC d/b/a Taqueria El Gallo de Oro, 820 Williams St, Cynthia Ovalle, 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 Hotel Condominium Association, INC d/b/a Bella Vista Suites, 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
- Zaab Corner Bistro Corp d/b/a Zaab Corner Bistro, 501 Broad St, Sumalee Brewer, Agent

Class “B” Fermented Malt Beverage & Class “C” Wine:

- Cheese & Crafters LLC d/b/a Board & Brush Lake Geneva, 262 Center St., Chelsea Rudig, Agent
- The Candle Mercantile LLC d/b/a The Candle Mercantile, 870 W Main St, Elizabeth Doyle, Agent
- Decorum Lake Geneva LLC d/b/a Comfort Suites Lake Geneva East, 300 E Main St, Stephanie Zuniga, Agent
- Lake Geneva Egg Harbor LLC d/b/a Egg Harbor Café, 827 Main St, Madison Reyes, Agent
- Plaza Media LLC d/b/a Geneva Stage, 244 Broad St, Shad Branen, Agent
- Geneva Tap House LLC d/b/a Geneva Tap House, 252 Broad St, Heidi McGraw, Agent
- Breakfast Bungalow LLC d/b/a Great Eggs, 220 Cook St #101, Catherine Griffith, Agent
- Guac Star LLC d/b/a Guac Star, 120/122 Broad St, Elena Stecko, Agent

- Hill Valley Dairy LLC d/b/a Hill Valley Cheese Shop and Cheese Bar, 510/512 Broad St, Josie Henningfeld, Agent
- LG Axe Throwing LLC d/b/a LG Axe Throwing 253 Center St #900, Madelyna Kelly, Agent
- Lake Geneva Billiard Club, INC d/b/a Lake Geneva Billiard Club, 772 W Main St Ste 01, Kurt Jennison, Agent
- Martins Olympic Restaurant LLC d/b/a Olympic Restaurant, 748 W Main St, Yolanda Zavaleta, Agent
- Medusa Grill & Bistro, LLC d/b/a Medusa, 272 Broad St Unit A, Gregory Anagnos, Agent
- MC Property Management INC d/b/a Mill Creek Hotel, 123 Center St, Paul Kositzky, Agent
- O2 Lounge LLC d/b/a O2 Lounge, 234 Broad St, Lindsey Guerro, Agent
- Sabai Sabai Thai Cuisine Inc d/b/a Sabai Sabai Thai Cuisine, 306 Center St, Sumalee Brewer, Agent
- Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
- RL KL Company Inc d/b/a SuWing's Chinese Restaurant, 743 North St, Ransi Lei, Agent
- Tristan Crist Magic Theatre LLC d/b/a Tristan Crist Magic Theatre, 100 N Edwards Blvd, Tristan Crist, Agent
- El Zacatecano LLC d/b/a El Zacatecano, 627/629 Williams St, Christian Ovalle, Agent

WHEREAS, your Finance, Licensing, and Regulation Committee met on June 4, 2024, 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 10th day of June, 2024.

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

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

Todd Krause, Mayor Date

Attest:

Lana Kropf, City Clerk Date

OAX# 56

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

OPD
4/24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) ALDI, INC. (WISCONSIN)		
2. Business Trade Name or DBA ALDI #56		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 12/02/1986	8. Wisconsin DFI Registration Number A025780
9. Premises Address 200 NORTH EDWARDS BLVD		
10. City LAKE GENEVA	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	
15. Aldermanic District		
16. Premises Phone (262) 581-4107	17. Premises Email [REDACTED]	18. Website N/A
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. SINGLE STORY BRICK BUILDING. ALCOHOL WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE.		
20. Mailing Address (if different from premises address) 9342 S 13th Street		
21. City Oak Creek	22. State WI	23. Zip Code 53154

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated N/A	Location	Trial Date
Penalty Imposed N/A		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated N/A	Location	Trial Date
Penalty Imposed N/A		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

N/A

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

N/A

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

ALDI INC. (BATAVIA, IL)

4b. Business Entity FEIN

42-1051659

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

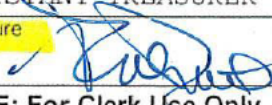
Last Name	First Name	Title	Phone
BEHM	DAVID K.	PRESIDENT	
BEATTIE	PHILIP J.	ASST. TREASURER	
HOLMES	BRIEL J	MANAGER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BEATTIE		First Name PHILIP		M.I. J
Title ASSISTANT TREASURER		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date APR 10 2024		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/24/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

BRUTAP LLC

2. Business Trade Name or DBA

BRUNO'S LIQUORS

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

12-10-2010

8. Wisconsin DFI Registration Number

B068444

9. Premises Address

524 Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

16. Premises Phone

262-248-6407

17. Premises Email

brunosliquors@hotmail.com

18. Website

www.brunosliquor.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol is stored UPSTAIRS & IN BASEMENT
ENTIRE PROPERTY BASEMENT Storage Office Space

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B. Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
SHARKUS	JAMES	Owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
SHARKUS		JAMES	E.
Title		Email	Phone
Owner		[REDACTED]	[REDACTED]
Signature		Date	
James E. Sharkus		4-16-2024	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/2/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25.00</u>
Total Fees	\$ <u>(625)</u> <i>pd ulba</i>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Queso Corp</u>			
2. Business Trade Name or DBA <u>The Cheese Box TOO</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization _____	
8. Wisconsin DFI Registration Number <u>Q002429</u>			
9. Premises Address <u>801 S Wells St 812 Wrigley Dr</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____	
15. Aldermanic District _____		16. Premises Phone <u>262-206-5826</u>	
17. Premises Email <u>info@cheesebox.com</u>		18. Website <u>www.cheesebox.com</u>	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>4 RACKS</u> <u>COOLERS ON RETAIL FLOOR</u>			
20. Mailing Address (if different from premises address) _____			
21. City _____		22. State _____	23. Zip Code _____

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☐ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Borowiec	First Name Zbigniew	M.I. J
Title Owner/President	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/29/24	License Number 	Date License Granted 	Date License Issued
Signature of Clerk/Deputy Clerk 		Date Provisional License Issued (if applicable) 	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	1/1/24-12/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600.00</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25.00</u>
Total Fees	\$ <u>625.00</u>

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>Queso Coop</u>			
2. Business Trade Name or DBA <u>The Cheese Box</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		8. Wisconsin DFI Registration Number <u>Q002429</u>	
9. Premises Address <u>801 S Wells St</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>		15. Aldermanic District
16. Premises Phone <u>262-248-3440</u>	17. Premises Email <u>info@cheesebox.com</u>		18. Website <u>Cheesebox.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Retail floor and upstairs storage room</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Borowiec	Zbigniew John	President	
Borowiec	Cheryl A	Vice President	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Borowiec	Zbigniew	J
Title	Email	Phone
President		
Signature	Date	
	4/29/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/3/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.-
Background Check Fee	\$
Publication Fee	\$ 25.-
Total Fees	\$ 625.-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

THE COVE OF LAKE GENEVA

2. Business Trade Name or DBA

Cove Condominium Association Inc

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

Wis.

7. Date of Organization

1996

8. Wisconsin DFI Registration Number

C041208

9. Premises Address

111 CENTER ST.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

262.249.9460

17. Premises Email

btopoulos@coveoflakegeneva.com / Coveoflakegeneva.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

20. Mailing Address (if different from premises address)

same

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MCCARTHY	PATRICK	BOARD SECRETARY	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name MCCARTHY	First Name PATRICK	M.I.
Title BOARD MEMBER	Email [REDACTED]	Phone [REDACTED]
Signature Patrick McCarthy	Date 4-16-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/22/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Premises Descriptions

Vanessa Jahns

From: Barb Fotopoulos <bfotopoulos@coveoflakegeneva.com>
Sent: Thursday, May 23, 2024 10:09 AM
To: Vanessa Jahns
Subject: Re: Renewal Forms for The Cove

Hello Vanessa. *Class A:*

One should be "Gift Shop and Storage" and the other should be "Indoor pool, outdoor pool, meeting rooms, and storage".

Class B:

Thanks.

Barb Fotopoulos
Office Manager/Owner Relations

THE COVE OF LAKE GENEVA

GETAWAY WHILE FEELING RIGHT AT HOME

111 CENTER STREET | LAKE GENEVA, WI 53147

o: 262-249-9460 EXT. 180 bfotopoulos@coveoflakegeneva.com

coveoflakegeneva.com

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) SIMPLE SPIRITS INC			
2. Business Trade Name or DBA GENEVA LIQUORS.			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization NOV - 06 - 2018	
8. Wisconsin DFI Registration Number 5120677			
9. Premises Address 797 S. WELLS STREET			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County WATKINSON	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: _____		15. Aldermanic District LAKE GENEVA
16. Premises Phone 262-248 5000	17. Premises Email info@genevaliquors.com		18. Website www.genevaliquors.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 2500 SQ FT BUILDING. PLUS 300 SQ FT BEER CAFE			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
SACHDEV	RAJESH	PRESIDENT.	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
SACHDEV	RAJESH	MR.	
Title	Email	Phone	
PRESIDENT	[REDACTED]	[REDACTED]	
Signature	Date		
R. Sachdev	May - 13 - 2024.		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/13/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

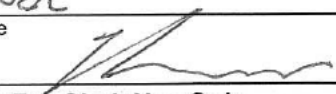
License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Per
512

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) GOING BANANAS LLC			
2. Business Trade Name or DBA GOING BANANAS			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 7/24/2020	
8. Wisconsin DFI Registration Number G061798			
9. Premises Address 812 WICKLEY DR UNIT G+H			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County WALWORTH		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	
15. Aldermanic District 1		16. Premises Phone 847-322-9008	
17. Premises Email GOINGBANANASLLC@GMAIL.COM		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ALCOHOL WILL BE SOLD WITHIN SUITES G+H OF RIVIERA CONCOURSE SHOP. ALCOHOL WILL BE STORED IN A LOCKED CABINET CONTAINED WITHIN THE SINGLE LEVEL OF THE RIVIERA SHOP. RECORDS KEPT ON SITE			
20. Mailing Address (if different from premises address) 47 S. TREEHOUSE LN			
21. City ROUND LAKE		22. State IL	23. Zip Code 60073
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
HATTEN	JOSEPH	OWNER	
SINGH	KEVIN	OWNER	
STECKO	ELENA	MARKETING MANAGER	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
SINGH		KEVIN	
Title		Email	Phone
OWNER			
Signature		Date	
		4/30/24	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/12/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Lake Geneva City of
License Period July 1, 2024 to June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 219		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization October 7, 1964	8. Wisconsin DFI Registration Number -----
9. Premises Address 710 Williams St		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva City of	15. Aldermanic District -----
16. Premises Phone 262-249-0523	17. Premises Email LicensingDept@kwiktrip.com	18. Website www.KwikTrip.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story frame construction with storage in lockable walk-in cooler & cabinetry.		
20. Mailing Address (if different from premises address) Kwik Trip, Inc. - Legal Dept., P.O. Box 2107		
21. City La Crosse	22. State WI	23. Zip Code 54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated Please see enclosed list of retail store violations.	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	
Wagner	David	CFO & Treasurer	
Meinen	Laura	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Zietlow		First Name Scott	M.I. P
Title CEO & President		Email [REDACTED]	Phone [REDACTED]
Signature <i>Scott P. Zietlow</i>		Date April 1, 2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/15/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Lake Geneva City of
License Period July 1, 2024 to June 30, 2025

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees

License Fees	\$ <u>6000</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>6025</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Kwik Trip, Inc.		
2. Business Trade Name or DBA Kwik Trip 1520		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization October 7, 1964	8. Wisconsin DFI Registration Number -----
9. Premises Address 850 S Wells St		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva City of	15. Aldermanic District -----
16. Premises Phone 262-248-4582	17. Premises Email LicensingDept@kwiktrip.com	18. Website www.KwikTrip.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. One-story building with storage in lockable walk-in cooler, on sales floor, behind sales counter.		
20. Mailing Address (if different from premises address) Kwik Trip, Inc. - Legal Dept., P.O. Box 2107		
21. City La Crosse	22. State WI	23. Zip Code 54602-2107

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Zietlow	Scott	CEO & President	
Wagner	David	CFO & Treasurer	
Richmond	Ashley	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President	Email [REDACTED]	Phone [REDACTED]
Signature <i>Scott P. Zietlow</i>		Date April 1, 2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/1/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25.00</u>
Total Fees	\$ <u>(625)</u> 4/22

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) KELLEY WILLIAMSON COMPANY			
2. Business Trade Name or DBA LAKE GENEVA MOBIL			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization IL		7. Date of Organization 02/09/1924	
8. Wisconsin DFI Registration Number			
9. Premises Address 350 N EDWARDS BLVD			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County Walworth		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	
15. Aldermanic District			
16. Premises Phone (262) 248-2305		17. Premises Email DEBBIEV@KW-OIL.COM	
18. Website WWW.KELLEYSMARKET.COM			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. CONVENIENCE STORE/WALK-IN/REACH-IN COOLER			
20. Mailing Address (if different from premises address) 1132 HARRISON AVE			
21. City ROCKFORD		22. State IL	23. Zip Code 61104

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
SEE ATTACHED			
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Morris		First Name Clifton	M.I. R
Title PRESIDENT		Email [REDACTED]	Phone [REDACTED]
Signature <u><i>Clifton Morris</i></u> Clifton Morris (Apr 17, 2024 12:46 CDT)		Date 04/17/2024	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk 4/18/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	<u>Lake Geneva</u>
License Period	<u>7/1/24-6/30/25</u>

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

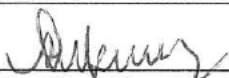
pd 5/3

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) MAYA GENEVA INC			
2. Business Trade Name or DBA Maya Geneva			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 12/15/2016	
8. Wisconsin DFI Registration Number M097645			
9. Premises Address 605 WILLIAMS ST			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA		15. Aldermanic District LAKE GENEVA
16. Premises Phone (262) 203-5244	17. Premises Email MAYA.INCS@GMAIL.COM		18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Behind the counter. Also Alcohol is stored in storage area next to office. Records are in office.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
DADHWAL	SHIKHA	DIRECTOR	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
DADHWAL		SHIKHA	
Title	Email		Phone
DIRECTOR			
Signature		Date	
		05/03/24	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/3/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 625.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
NEW WORLD WINE SHOP INC.			
2. Business Trade Name or DBA			
NEW WORLD WINE SHOP			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		[REDACTED]	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WISCONSIN		March 2015	
8. Wisconsin DFI Registration Number			
NO44173			
9. Premises Address			
830 West Main Street			
10. City		11. State	12. Zip Code
LAKE GENEVA		WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
VAL WORTH	of: Lake Geneva		
16. Premises Phone	17. Premises Email		18. Website
262-812-4080	JHSibbings@gmail.com		NewWorldWineShop.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Retail Space + Storage Sales Floor - Cooler Partition behind Cashout Records kept on premise in office			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

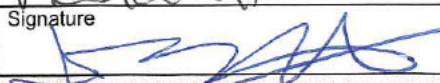
Last Name	First Name	Title	Phone
Sibbing	Jerry	President	
Conell	Terence	AGENT	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Sibbing	Jerry	J
Title	Email	Phone
President		
Signature	Date	
	5-11-21	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/13/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

pd
511

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Simple Bakery & Market LLC			
2. Business Trade Name or DBA Simple Bakery & Market			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 1/28/2011	
8. Wisconsin DFI Registration Number 5090427			
9. Premises Address 521 N. Broad St.			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: WI	
15. Aldermanic District 1		16. Premises Phone (262) 248-2190	
17. Premises Email tom@simplefoodgroup.com		18. Website simplelakegeneva.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. see attached Alcohol Sales & Storage diagram			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

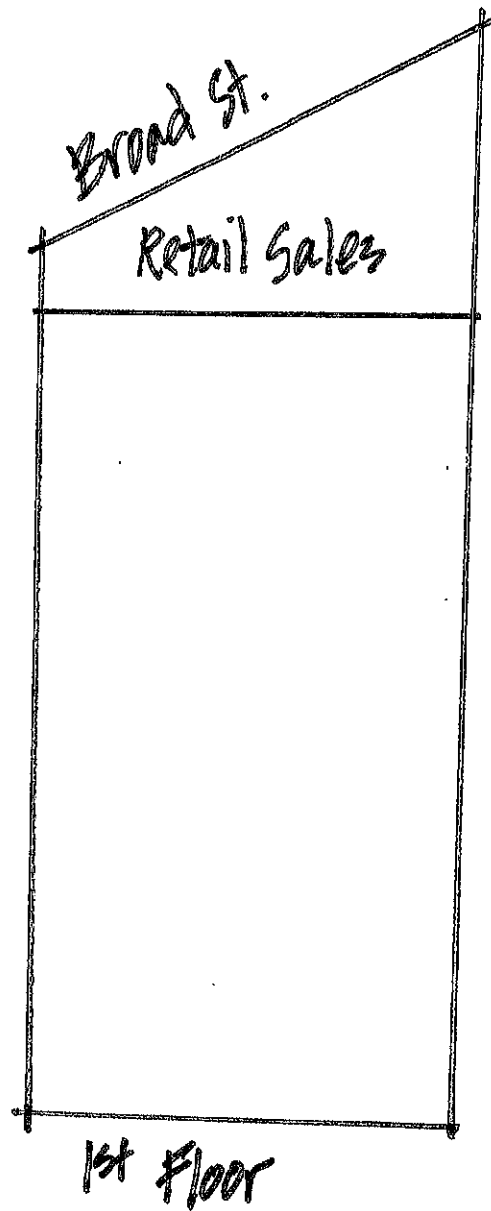
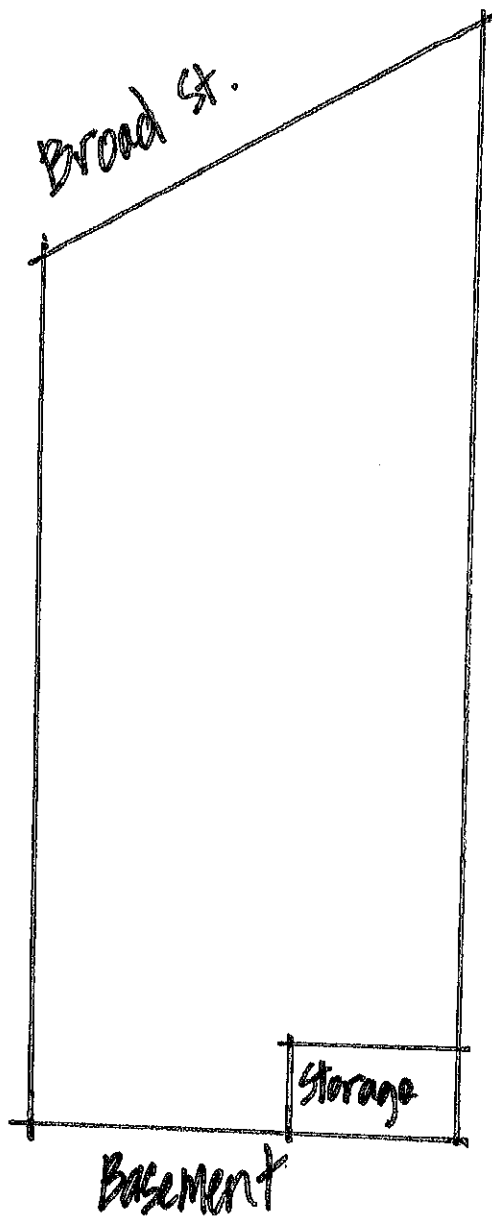
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Hartz	Thomas	A
Title	Email	Phone
member		
Signature	Date	
Thomas A Hartz	April 25, 2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/1/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

521 N. Broad Street
Alcohol Sales and Storage



Simple Bakery & Market

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

ed
4130

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Stinebrink's Lake Geneva Foods LLC</u>		
2. Business Trade Name or DBA <u>Stinebrink's Piggy Wiggly</u>		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>Wisconsin</u>	7. Date of Organization <u>11/08/08</u>	8. Wisconsin DFI Registration Number <u>5082665</u>
9. Premises Address <u>100 E Geneva St</u>		
10. City <u>Lake Geneva</u>	11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>	15. Aldermanic District
16. Premises Phone <u>262-248-8728</u>	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Liquor & beer will be sold in grocery store & available to buy in liquor Department. Beer & liquor will be stored in back room in designated area. Records kept in office upstairs</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

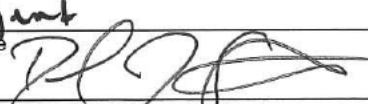
Last Name	First Name	Title	Phone
Stinebrink	Matthew	President	
Stinebrink	David	Agent	
Stinebrink	Benjamin	member	
Stinebrink	Timothy	Member	
Stinebrink	Todd	Member	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Stinebrink	First Name David	M.I. J
Title Agent		
Signature 		Date 4-26-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

pg
5/115

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Target Corporation

2. Business Trade Name or DBA

Target Store T-2348

3. FFIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

Minnesota

7. Date of Organization

2/11/1902

8. Wisconsin DFI Registration Number

9. Premises Address

660 N Edwards Blvd

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

15. Aldermanic District

16. Premises Phone

920-731-8605

17. Premises Email

liquor.licensing@target.com

18. Website

www.target.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

One story building; stored in grocery department aisles and coolers; sold at front checklanes; receipts kept in executive team offices

20. Mailing Address (if different from premises address)

PO Box 9471

21. City

Minneapolis

22. State

MN

23. Zip Code

55440-9471

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

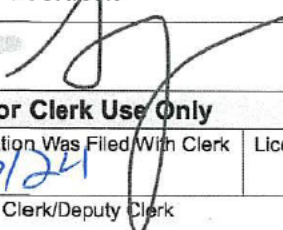
Last Name	First Name	Title	Phone
Guiney	Aileen	Vice President	

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Guiney	First Name Aileen	M.I.
Title Vice President	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 5/13/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/15/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 600.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 600.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 925.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			WALGREEN CO		
2. Business Trade Name or DBA			WALGREENS #05600		
3. FEIN			4. Wisconsin Seller's Permit Number		
5. Entity Type (check one)					
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization					
6. State of Organization		7. Date of Organization		8. Wisconsin DFI Registration Number	
ILLINOIS		02/15/1909		W066585	
9. Premises Address					
351 N EDWARDS BLVD					
10. City				11. State	12. Zip Code
Lake Geneva				WI	53147-4563
13. County		14. Governing Municipality:		15. Aldermanic District	
Walworth		☒ City ☐ Town ☐ Village of: Lake Geneva			
16. Premises Phone		17. Premises Email		18. Website	
(262) 248-7885		mgr.05600@store.walgreens.com		WWW.WALGREENS.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.					
Retail drug store with sundries in a one-story building of 15,746 sq ft					
20. Mailing Address (if different from premises address)					
PO BOX 901					
21. City				22. State	23. Zip Code
DEERFIELD				IL	60015

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity WALGREENS BOOTS ALLIANCE INC	4b. Business Entity FEIN 47-1758322
---	--

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

One of the following must sign and attest to this application:

• sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BROWN	First Name BRIAN	M.I. R
--------------------	---------------------	-----------

Title VICE PRESIDENT AND TREASURER	[Redacted]
---------------------------------------	------------

Signature <i>B. R. Brown</i>	Date 4-30-24
---------------------------------	-----------------

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/10/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Wal-Mart #910

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	C. Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>6000</u>
Background Check Fee	\$ <u>0</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>6025</u>

pd 4/17/24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

WAL-MART STORES EAST, LP

2. Business Trade Name or DBA

WALMART #910

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☒ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

DE

7. Date of Organization

11/09/2001

8. Wisconsin DFI Registration Number

W042856

9. Premises Address

201 S. EDWARDS BOULEVARD

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53741

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 248-2266

17. Premises Email

scott.stegall@walmart.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

1 room, 1 story, approximately 188,249 sq. ft., including stalls and/or canopy locations in parking lot specifically designated for online grocery pickup. Product is located in coolers and on shelves and end caps in grocery department and displayed in seasonal aisles and main aisle in grocery. Overstock of beer is located on pallets in receiving area; overstock of alcohol is located in locked room in receiving area (managers and receiving clerk are only employees with access). Records/receipts are located in invoice office in back room.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>500</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>525</u>

pd
5/3

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
Lake Geneva School of Cooking LLC		
2. Business Trade Name or DBA		
Lake Geneva School of Cooking LLC		
3. [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
Wisconsin	06/23/08	L037868
9. Premises Address		
727 Geneva St. Lake Geneva, WI 53147		
10. City	11. State	12. Zip Code
Lake Geneva	WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	15. Aldermanic District
Walworth	of: Lake Geneva	1st
16. Premises Phone	17. Premises Email	18. Website
262 248-3933	Info@lakegeneschoolofcooking.com	lakegeneschoolofcooking.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
Retail area within the Lake Geneva School of Cooking Kitchen and Dining area for Cooking Office and Basement for Storage		
20. Mailing Address (if different from premises address)		
[REDACTED]		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
BOGAN	JOHN	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name BOGAN	First Name JOHN	M.I. B
Title Owner / Chef / Author	Email [REDACTED]	Phone [REDACTED]
Signature John Bogan	Date 5/1/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/3/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 500
Background Check Fee	\$
Publication Fee	\$ 25 pd 4/2
Total Fees	\$ 525

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Eddie, INC			
2. Business Trade Name or DBA MARIGOLD			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 4/13/2015	
8. Wisconsin DFI Registration Number			
9. Premises Address 725 W MAIN ST			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County WAUWATOSH	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA		15. Aldermanic District District 1
16. Premises Phone (262) 729-4027	17. Premises Email shopediebootique@gmail.com		18. Website Shopedie.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Retail Store with 2500 sq ft. Liquor to be sold + stored in entire area.			
20. Mailing Address (if different from premises address) 1856 NORMAN Blvd			
21. City PACIFIC RIDGE		22. State IL	23. Zip Code 60068

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

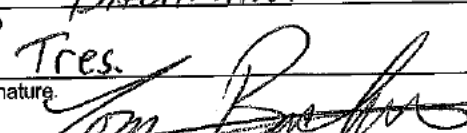
Last Name	First Name	Title	Phone
DeBNAZIO	Amy	Pres.	
BACHMANN	Thomas	Tres.	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
BACHMANN	THOMAS	W
Title	Email	Phone
Tres.		
Signature	Date	
	4/15/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/26/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only
Municipality <u>Lake Geneva</u>
License Period <u>7/1/24-6/30/25</u>

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☐ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☒ "Class A" Liquor (cider only) \$ 0 ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ <u>125</u> per 4/19

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

EVERGREEN BP OPERATING CORP.

2. Business Trade Name or DBA

EVERGREEN BP

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

01/01/2004

8. Wisconsin DFI Registration Number

2035068

9. Premises Address

300 PELLER RD

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 203-5375

17. Premises Email

judy.schwartz@roteoilltd.com

18. Website

N/A

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

300 Peller Rd, in Lake Geneva, WI on the sales floor on display and in the coolers. Some may be store upstairs in storage conference room.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

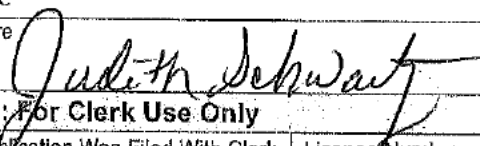
Last Name	First Name	Title	Phone
Schwartz	David	President	
Schwartz	Kelly	Vice President	
Schwartz	Judith	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Schwartz	Judith	A
Title	Email	Phone
Agent		
Signature	Date	
	04/05/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/19/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.-
Background Check Fee	\$
Publication Fee	\$ 25.-
Total Fees	\$ 625.-

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) THE COVE OF LAKE GENEVA		
2. Business Trade Name or DBA		
3. Federal Tax ID Number	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number C041208
9. Premises Address 111 CENTER ST.		
10. City LAKE GENEVA	11. State WI	12. Zip Code 53147
13. County WALWORTH	14. Governing Municipality: ☒ City ☐ Town ☐ Village of LAKE GENEVA	15. Aldermanic District
16. Premises Phone 262.249.9460	17. Premises Email btopoulos@coveoflakegeneva.com	18. Website Coveoflakegeneva.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
20. Mailing Address (if different from premises address) same		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No

If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No

If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
MCCARTHY	PATRICK	BOARD SECRETARY	[REDACTED]

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name MCCARTHY	First Name PATRICK	M.I.
Title BOARD MEMBER	Email [REDACTED]	Phone [REDACTED]
Signature <i>Patrick McCarthy</i>		Date 4-16-24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/22/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Premises Descriptions

Vanessa Jahns

From: Barb Fotopoulos <bfotopoulos@coveoflakegeneva.com>
Sent: Thursday, May 23, 2024 10:09 AM
To: Vanessa Jahns
Subject: Re: Renewal Forms for The Cove

Hello Vanessa. *Class A:*

One should be "Gift Shop and Storage" and the other should be "Indoor pool, outdoor pool, meeting rooms, and storage".

Class B:

Thanks.

Barb Fotopoulos
Office Manager/Owner Relations

THE COVE OF LAKE GENEVA

GETAWAY WHILE FEELING RIGHT AT HOME

111 CENTER STREET | LAKE GENEVA, WI 53147

o: 262-249-9460 EXT. 180 bfotopoulos@coveoflakegeneva.com

coveoflakegeneva.com

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 600.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>(625)</u>

pd
4/26

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Harbor Shores Hotel Mngmt, Inc

2. Business Trade Name or DBA

Harbor Shores on Lake Geneva

3. FEIN

[REDACTED]

4. Wisconsin Seller's Permit Number

[REDACTED]

5. Entity type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

1996

8. Wisconsin DFI Registration Number

HD31901

9. Premises Address

300 Wrigley Dr

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

15. Aldermanic District

16. Premises Phone

262.248.9181

17. Premises Email

info@harborshoreslg.com

18. Website

www.harborshoreslg.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Meeting rooms, restaurant (ground floor), lake rooms, pools

Stored in lower level storage, office & restaurant

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Heaver	Tammie	President	
Elhoff	Kevin	V-P	
Wash	George	Secretary	
Osborne	Tamara	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Carstensen	Tammie	
Title	Email	Phone
CEO		
Signature	Date	
Tammie Carstensen	4/21/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/21/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
- ☒ Class "B" Beer \$ 600
- ☐ "Class A" Liquor \$ _____
- ☒ "Class B" Liquor \$ 600
- ☐ "Class A" Liquor (cider only) \$ _____
- ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 625.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
AMERICAN LEGION POST 24		
2. Business Trade Name or DBA		
AMERICAN LEGION POST 24		
3. FEIN	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
WISCONSIN	AUG. 24, 1919	K009342
9. Premises Address		
735 HENRY ST		
10. City	11. State	12. Zip Code
LAKE GENEVA	WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	15. Aldermanic District
WALWORTH	of: LAKE GENEVA	
16. Premises Phone	17. Premises Email	18. Website
262 248 9767	POST24ADJ@GMAIL.COM	POST24LGWI.ORG
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
ALCOHOL STORED IN BARROOM & LOWER LEVEL ALCOHOL SERVED IN BARROOM, HALL & OUTDOOR RESTRICTED AREAS RECORDS STORED ON LOWER LEVEL		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
HIBBARD	TROY	COMMANDER	
TEBERSKI	LEN	1ST VICE COMDN	
MILLER	ROBERT	ADJUTANT	
SCHLEHLEIN	CHARLES	FINANCE OFFICER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SCHLEHLEIN	First Name CHARLES	M.I. J
Title FINANCE OFFICER	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date 5/3/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/16/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ (625)

pd
5/8

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Stone Soup LLC Roland Wolff Sole proprietor

2. Business Trade Name or DBA

The Baker House

3.

5. Entity Type (check one)

- ☒ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

Jan 2019

8. Wisconsin DFI Registration Number

S087113

9. Premises Address

327 Wrigley drive

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

15. Aldermanic District

8

16. Premises Phone

262 248 4700

17. Premises Email

roland@bakerhouse1885.com

18. Website

Bakerhouse1885.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Historic Mansion
Alcohol served on 1st, second floors, basement, and Lakefront Garden.
Alcohol is stored in locked bars and locked walk in cooler.
3rd Floor is Owner Private apartment

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol .. ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? .. ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? .. ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☒ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Part D: Attestation			
One of the following must sign and attest to this application: ☒ sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name <u>Woolf</u>		First Name <u>Roland</u>	M.I. <u>C</u>
Title <u>Owner Sole Proprietor</u>		Phone <u>[REDACTED]</u>	
Signature <u>[Signature]</u>		Date <u>4-6-24</u>	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk <u>5/8/24</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

pd
5/7

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
Mercedes or Bust, LLC.			
2. Business Trade Name or DBA			
The Bottle Shop			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WI		11-1-07	
8. Wisconsin DFI Registration Number			
M071075			
9. Premises Address			
1142 Cypress Pt.			
10. City		11. State	12. Zip Code
Twin Lakes		WI	53181
13. County		14. Governing Municipality: ☐ City ☐ Town ☒ Village	
Kenosha		of: _____	
15. Aldermanic District		16. Premises Phone	
		262-348-9463	
17. Premises Email		18. Website	
beth@thebottleshop		www.thebottleshoplakegeneva.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Retail store, lounge, patio, theater, store rooms + event room			
20. Mailing Address (if different from premises address)			
617 W. Main St.			
21. City		22. State	23. Zip Code
Lake Geneva.		WI	53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Tumas	First Name Elizabeth	M.I. A
Title owner	[Redacted]	
Signature Elizabeth Tumas	Date 5-4-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/7/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ _____
 ☐ "Class A" Liquor \$ _____
 ☒ "Class B" Liquor \$ 600

☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
 ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>2000</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>626</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) 422 S Wells			
2. Business Trade Name or DBA Celebration on Wells			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 1989	
8. Wisconsin DFI Registration Number F023336			
9. Premises Address 422 S Wells St			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva		15. Aldermanic District 2
16. Premises Phone (262) 248-2555		17. Premises Email celebrationonwells@gmail.com	
18. Website www.celebrationonwells.c			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Entire main floor, alcohol sold in bar area Alcohol stored in liquor storage room on main floor & basement			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Lorenzi	Henri	Director of Ops	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Charles	First Name Lorenzi	M.I. B
Title Owner	Phone [REDACTED]	
Signature 		Date 04/23/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/3/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

pd
512

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

CHUBBY KITTLY LLC

2. Business Trade Name or DBA

FAT CATS

3. FEIN

[REDACTED]

4. Wisconsin Seller's Permit Number

[REDACTED]

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

C081564

9. Premises Address

104 BROAD ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

1ST

16. Premises Phone

N/A

17. Premises Email

FATCATSLAKEGENEVA@gmail.com FATCATSLG.COM

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

ALCOHOLS STORED ON UPPER LEVEL BEHIND BAR, LOWER LEVEL DOOR 1 REAR STORAGE W/ COOLER UNDER STAIRS - DOOR 2 UNDER STAIRS 22 GALLON STORAGE

20. Mailing Address (if different from premises address)

642 W. MAIN ST

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
TEEBBIE	BRANSON	PRESIDENT	
SILVESTRI	ANTHONY	MANAGING PARTNER	
SERNA	TAI	MANAGING PARTNER	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
SILVESTRI		ANTHONY	R
Title	Email	Phone	
MANAGING PARTNER			
Signature	Date		
<i>[Signature]</i>	5/2/23		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/2/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

pd
5/3

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
D+D Restaurant Group, Inc			
2. Business Trade Name or DBA			
Flat Iron Tap			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		[REDACTED]	
5. Entity type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
IL		2021	
8. Wisconsin DEL Registration Number			
D057475			
9. Premises Address			
150 Center St			
10. City		11. State	12. Zip Code
Lake Geneva		WI	53147
13. County		14. Governing Municipality: ☐ City ☐ Town ☐ Village	
Walworth		of: _____	
15. Aldermanic District		16. Premises Phone	
		262-812-4064	
17. Premises Email		18. Website	
Flatirontap@gmail.com		Flatirontaplg.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
First Floor, Dining areas, Bar, Cools stored in Basement, Records in basement			
Patio			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☐ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Wingate	BO DAVID	President	[REDACTED]
Lopez	Robert	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Wingate	DAVID	J
Title	[REDACTED]	
Signature	[REDACTED]	
Date	5-2-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/3/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625.00

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) HARRYS CAFE & PLACE INC		
2. Business Trade Name or DBA HARRYS CAFE		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 12/05/1984	8. Wisconsin DFI Registration Number H022041
9. Premises Address 808-806 MAIN STREET		
10. City LAKE GENEVA	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	
15. Aldermanic District		
16. Premises Phone (262) 248-3494	17. Premises Email harryscafe@genevaonline.com	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. one story brick..records stored in office..storage in basement, under bar itself, office and basement.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☐ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☐ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
CHIRONIS	HARRY	VICE PRESIDENT	
CHIRONIS	LOUIE	PRESIDENT	
CHIRONIS	JAMES	TRESURER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
CHIRONIS	HARRY	S
Title	Email	Phone
VICE PRESIDENT		
Signature	Date	
	4-17-2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/18/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

HOGS & KISSES, INC

2. Business Trade Name or DBA

HOGS & KISSES

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

H028444

9. Premises Address

149 BROAD STREET

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 248-7447

17. Premises Email

HOGS@ATT.NET

18. Website

www.hogsandkisses.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

BRICK BUILDING AT 149 BROAD STREET IN LAKE GENEVA, WI.

BAR, RESTAURANT, KITCHEN BASEMENT STORAGE ROOM, COOLERS, FREEZER AND OFFICE.

20. Mailing Address (if different from premises address)

PO BOX 536

21. City

LAKE GENEVA,

22. State

WI

23. Zip Code

53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

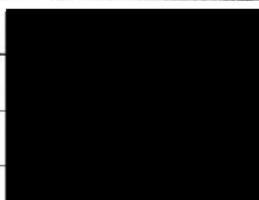
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

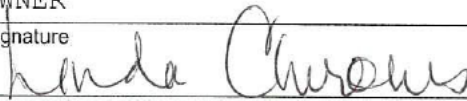
Last Name	First Name	Title	Phone
CHIRONIS	LINDA	PRESIDENT	
CHIRONIS	LINDA	SECRETARY	
CHIRONIS	LINDA	TREASURER	
CHIRONIS	LINDA	DIRECTOR/MANAGER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name CHIRONIS	First Name LINDA	M.I.
Title OWNER	Email 	Phone 
Signature 		Date 4/18/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/18/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Capitol Geneva LLC		
2. Business Trade Name or DBA Lake City Social		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 06/01/2020	8. Wisconsin DFI Registration Number C076737
9. Premises Address 111 Center Street		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	15. Aldermanic District 1
16. Premises Phone (262) 248-7047	17. Premises Email stephen@lakecitysociallg.com	18. Website www.lakecitysociallg.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Lower Level: Office, liquor room, coolers, maintenance room & banquet room. Upper Level: Bar, dining room & outside 3 tier patio		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☒ Yes ☐ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated Labor Law Infraction	Location Lake City Social Lake Geneva	Trial Date
Penalty Imposed Fine	Was sentence completed? ☒ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

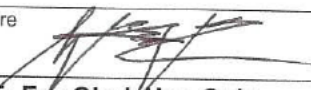
Last Name	First Name	Title	Phone
Schroeder	Stephen	Owner	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Schroederr		First Name Stephen		M.I. J
Title Owner		Email [REDACTED]		Phone [REDACTED]
Signature 		4123/24		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/11/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Sandal, Inc.		
2. Business Trade Name or DBA Lake Geneva Lanes		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 05/13/1975	8. Wisconsin DFI Registration Number 1S18488
9. Premises Address 192 E. Main Street		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	15. Aldermanic District
16. Premises Phone (262) 248-4805	17. Premises Email jaurbahn@wellsautoservice.com	18. Website www.lakegenevalanes.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Please see attached diagram. Building has 16 bowling lanes with a bar, kitchen, arcade area, and rental (resale shop). Storage of alcohol is in bar area, dry storage on main level and walk-in cooler (bsmt). Basement also stores soda for soda system and liquor for liquor system		
20. Mailing Address (if different from premises address) PO Box 366		
21. City Lake Geneva	22. State WI	23. Zip Code 53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Guske	Anna	CEO	
Urbahn	Jacquelyn	VP	
Guske	Franklin	VP	
Guske	Michael	VP	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Urbahn		First Name Jacquelyn		M.I. A
Title VP		Email [REDACTED]	Phone [REDACTED]	
Signature <i>Jacquelyn Urbahn</i>			Date 04/24/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
SAMSON ENTERPRISES LLC			
2. Business Trade Name or DBA			
MAGPIES DEN & PEN			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WZ			
8. Wisconsin DFI Registration Number			
5067633			
9. Premises Address			
642 W. MAW ST			
10. City		11. State	
LAKE GENEVA		WZ	
12. Zip Code		53147	
13. County		14. Governing Municipality: ☒ City ☐ Town ☐ Village	
WALWORTH		of: LAKE GENEVA	
15. Aldermanic District		1ST	
16. Premises Phone		17. Premises Email	
262 248 2302		MAGPIESLAKEGENVA@GMAIL.COM	
18. Website		MAGPIESLG.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
INSIDE BAR 1ST FLOOR - BEHIND BAR LL - LIQUOR CAGE - BEER COOLER - COLD STAFF COOLER OUTSIDE BAR - BEHIND BAR			
20. Mailing Address (if different from premises address)			
21. City		22. State	
		23. Zip Code	

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☐ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name ANTHONY		First Name SILVESTRI		M.I. R
Title MANAGING PARTNER		Email [REDACTED]		Phone [REDACTED]
Signature [Signature]			Date 5/2/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/2/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	<u>Lake Geneva</u>
License Period	<u>7/1/24 - 6/30/25</u>

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$ 0
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Maxwell Pub, LLC		
2. Business Trade Name or DBA Maxwell Mansion		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 09/23/2020	8. Wisconsin DFI Registration Number M112453
9. Premises Address 304 S Wells St		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	15. Aldermanic District 2nd
16. Premises Phone (262) 248-9711	17. Premises Email info@staymaxwell.com	18. Website staymaxwell.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol will be sold from the bars and event space within the mansion building, seasonal & temporary outdoor bar located in the garage & gazebo, and portable bars on the grounds for special events. Alcohol will be stored in the bar locations, kitchen, and locked storerooms in the basement. Records are stored in the above locations, digitally, at guests services, and in the office on the 2nd floor.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ... ☒ Yes ☐ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

Maxwell Mansion, LLC

4b. Business Entity FEIN

85-3181666

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Pfeifer	Luke	Member	
Pfeifer	Monica	Member	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Pfeifer		First Name Luke		M.I. W
Title Authorized Agent		Email [REDACTED]		Phone [REDACTED]
Signature 		Date 04/17/24		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/17/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600-
Background Check Fee	\$
Publication Fee	\$ 25-
Total Fees	\$ 625-

pd
4/1/24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

DCR Restaurant Group, LLC

2. Business Trade Name or DBA

Next Door Pub & Pizzeria

3. FEIN

[REDACTED]

4. Wisconsin Seller's Permit Number

[REDACTED]

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

JULY 2005

8. Wisconsin DFI Registration Number

9. Premises Address

411 Interchange N.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

4

16. Premises Phone

262-248-9551

17. Premises Email

info@nextdoorpub.com

18. Website

www.nextdoorpub.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Restaurant, Bar, Storage Room, Patio, Office, outdoor waiting Area, Basement, Fall Anniversary Party

20. Mailing Address (if different from premises address)

Same as above

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Bittner	Chad	President	
Bittner	Rick	VP	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Bittner		Chad	
Title	Email		Phone
President			
Signature			04/18/24
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/12/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	11/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$ 25
Publication Fee	\$ 25
Total Fees	\$ 650

pd
5/3

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Oakfire LLC			
2. Business Trade Name or DBA			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Wisconsin		7. Date of Organization 7/11/2014	
8. Wisconsin DFI Registration Number 0030124			
9. Premises Address 831 Wrigley Dr.			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	
15. Aldermanic District			
16. Premises Phone (262)812-8007		17. Premises Email DavidOakfire@gmail.com	
18. Website Oakfire.pizza			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. 1st Floor bar, 2nd Floor bar, outdoor keg cooler, basement walk-in cooler, liquor room, 1st floor Dining Room, 2nd Floor Dining Room, outdoor patio, & sidewalk cafe.			
20. Mailing Address (if different from premises address) PO Box 967			
21. City Lake Geneva		22. State WI	23. Zip Code 53147
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name <i>Scotney</i>		First Name <i>David</i>	M.I.
Title <i>Owner</i>		Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>		Date <i>5/4/24</i>	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk <i>5/3/24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	C. Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625 pd 4/1/7

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

POPEYES GALLEY & GROC, LTD.

2. Business Trade Name or DBA

POPEYES

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

2/10/2012

8. Wisconsin DFI Registration Number

P058737

9. Premises Address

811 WRIGLEY DR.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

DIST. #1

16. Premises Phone

262-248-4381

17. Premises Email

popeyes@popeyesllc.com

18. Website

www.popeyesllc.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

PLEASE SEE ATTACHED

20. Mailing Address (if different from premises address)

P.O. Box 1117

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

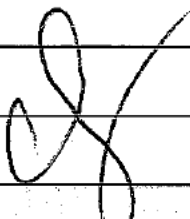
Last Name	First Name	Title	Phone
Awarques	Dimitrios	OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Awarques	First Name Dimitrios	M.I. —
Title OWNER		
Signature 		Date 4/16/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/17/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



811 Wrigley Dr.
P.O. Box 1117
Lake Geneva, WI 53147

In accordance with the city of Lake Geneva Alcoholic Beverage License Renewal requirements, we hereby submit for your approval the following information:

The applicant, Popeye's Galley & Grog, Ltd., is a dining facility located on the lakefront at 811 Wrigley Drive in a 18,900 square foot building at 811 Wrigley Dr. The business operates between the hours of:

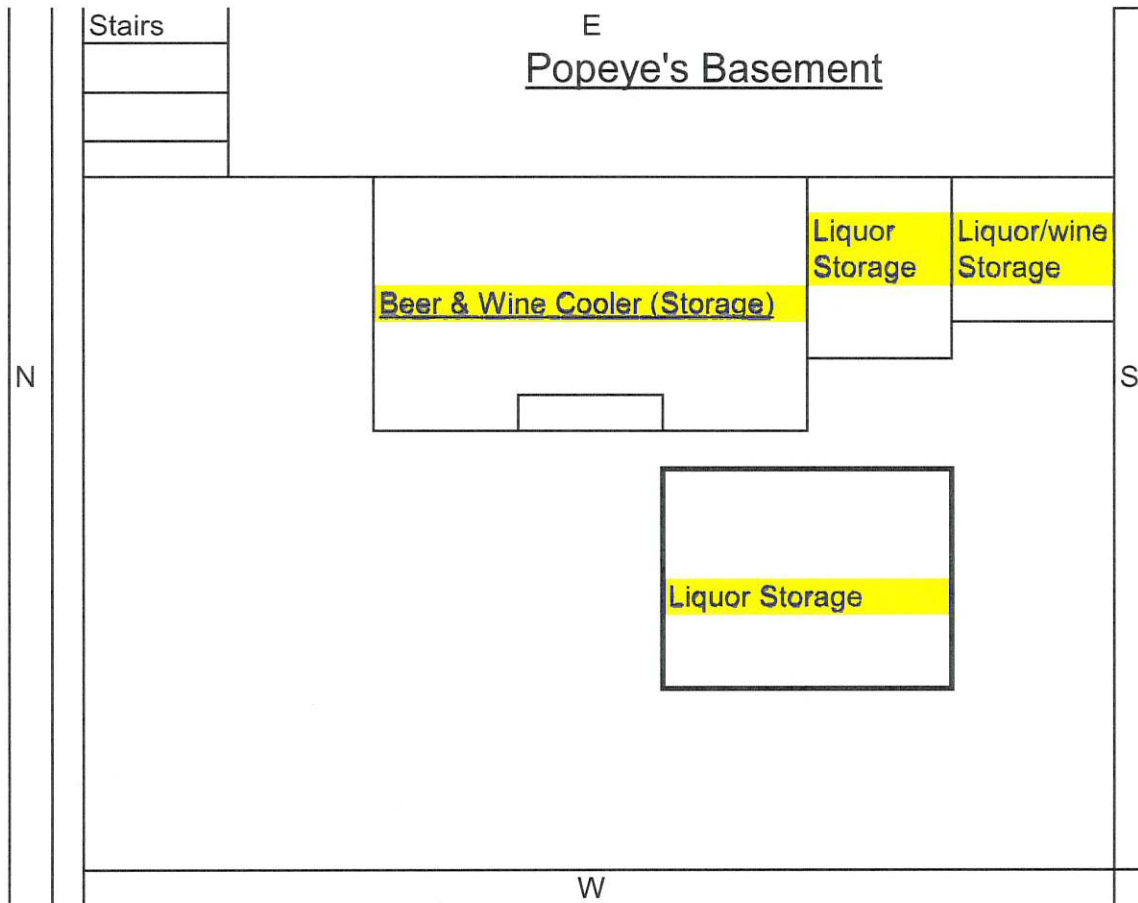
7 Days a Week 11:00 AM to 11:30 PM

Specific areas pertaining to the sale, service and storage of alcoholic beverages on the premises are included as follows:

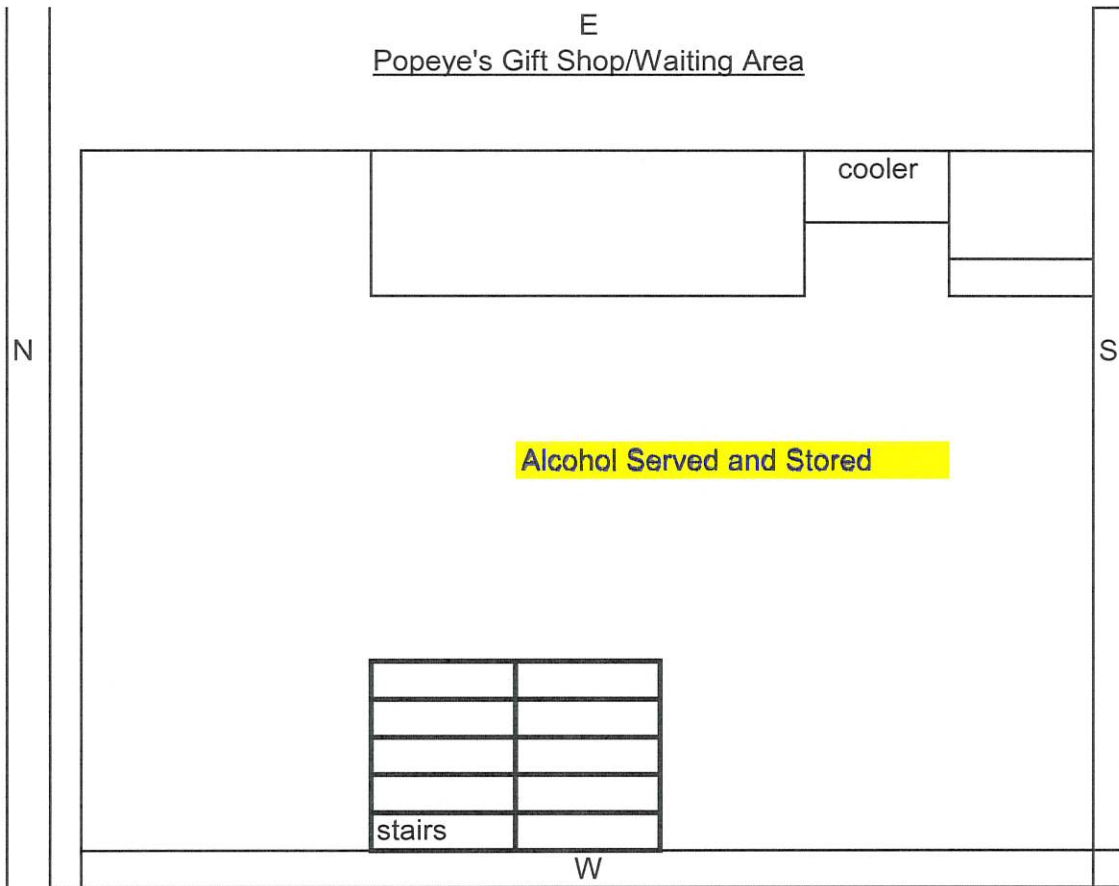
Vestibule	65 Square Feet
Entry	252 Square Feet
Lounge	271 Square Feet
Nick's Market Dining	1631 Square Feet
Hall	929 Square Feet
Washroom	887 Square Feet
Main Dining Room	2,467 Square Feet
Olive Oyl's Dining	2,770 Square Feet
Kitchen	3,927 Square Feet
Basement & Stairs	2,703 Square Feet
Outside Patio	1,900 Square Feet
Office	3,000 Square Feet
Gift Shop/Waiting Area	1,500 Square Feet

Phone: 262-248-4381
Fax: 262-248-4401
popeyes@popeyeslkg.com





updated 3/22/2024



updated 3/22/2024

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 100
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 125

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

GLENEAGLES LLC

2. Business Trade Name or DBA

SOPRA

3. FEIN

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

10/16/2007

8. Wisconsin DFI Registration Number

G040592

9. Premises Address

724 MAIN ST.

10. City

LAKE GENEVA

11. State

WI.

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

262 249 0800

17. Premises Email

ACUMMIN@WI.RR.COM

18. Website

SOPRABISTRO.COM

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

RESTAURANT, BASEMENT, BEHIND BAR
RECORDS IN BASEMENT

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

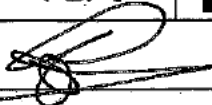
Last Name	First Name	Title	Phone
CUMMING	ALASTAIR	AGENT	
CUMMING	SIMON	CO-OWNER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	CUMMING	First Name	ALASTAIR	M.I.	M.
Title	AGENT/CO-OWNER		[Redacted]		
Signature			Date	4/26/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/2/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Oralle Perez LLC

2. Business Trade Name or DBA

Taqueria El Gallo de Oro

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

10/29/2018

8. Wisconsin DFI Registration Number

0035163

9. Premises Address

820 Williams St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

(262) 729 4055

17. Premises Email

taqueriagalaldeoro@gmail.com

18. Website

www.taqueriag.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

ENCLOSED outdoor Patio, Dining room, stored in back room

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Owale	Cynthia	Owner	[REDACTED]

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
Owale	Cynthia	E
Title	Email	Phone
Owner	[REDACTED]	[REDACTED]
Signature	Date	
[Signature]	04/28/2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/29/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 625
Total Fees	\$ 1225

pd
5/1

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Two Thumbs Up LLC

2. Business Trade Name or DBA

Thumbs Up

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/2/13

8. Wisconsin DFI Registration Number

T059699

9. Premises Address

260 Broad Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

1

16. Premises Phone

262-248-6111

17. Premises Email

thumbsuplg3@gmail.com thumbsuplakegeneva.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

walk-in closet (main level) DJ Booth cabinets (main level); main level bar area; cooler (main level); keg cooler (basement); admin office (basement)

20. Mailing Address (if different from premises address)

W3942 Old Farm Rd

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Dawson	Kimberly	Owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Dawson	Kimberly	C	
Title	Phone		
Owner	[REDACTED]		
Signature	Date		
Kim Dawson	4/25/24		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/1/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 25.40
Total Fees	\$ 625.40

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)

LG Hospitality LLC

2. Business Trade Name or DBA

TUSCAN TAVERN and Grill

3. SSN

[REDACTED]

4. Wisconsin Seller's Permit Number

[REDACTED]

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

3/30/2010

8. Wisconsin DFI Registration Number

LO47349

9. Premises Address

430 BROAD ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☐ City ☐ Town ☐ Village
of: _____

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Restaurant, bar dining area, outdoor seating area, first floor storage, lower level storage, lower level dining area

20. Mailing Address (If different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization; all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

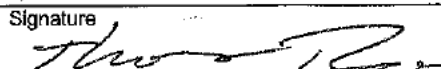
Last Name	First Name	Title	Phone
ROMANO	Thomas	President	[REDACTED]

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name ROMANO	First Name Thomas	M.I. A
Title President		[REDACTED]
Signature 		Date 4/18/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/22/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 500
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 625

Pd
4/124

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Beachside Hospitality, Inc			
2. Business Trade Name or DBA Barrique Bistro & Wine Bar			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization IL		7. Date of Organization 05/20/2013	
8. Wisconsin DFI Registration Number B074920			
9. Premises Address 835 Wrigley Drive			
10. City Lake Geneva		11. State WI	12. Zip Code 53148
13. County Walworth		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	
15. Aldermanic District 2			
16. Premises Phone (262) 248-1948		17. Premises Email info@barriquewienbar.com	
18. Website barriquewinebar.com			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. First Floor w/dining area, kitchen and two bathrooms. Outdoor patio and seasonal cafe seating on parkway. Basement for storage.			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions		
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

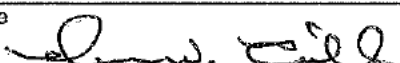
Last Name	First Name	Title	Phone
Trilla	Thomas	Owner	
Trilla	Dana	Manager	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Trilla	First Name Thomas	M.I. W
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 4-18-2024

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/24/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>(625)</u>

pd
5/12

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
Bella Vista Suites on the shores of Lake Geneva Hotel Condominium Association, Inc.			
2. Business Trade Name or DBA			
Bella Vista Suites			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		[REDACTED]	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
Wisconsin		10/28/1994	
8. Wisconsin DFI Registration Number			
M046762			
9. Premises Address			
335 Wingley Dr.			
10. City		11. State	12. Zip Code
Lake Geneva		WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
Walworth	of: Lake Geneva		
16. Premises Phone	17. Premises Email		18. Website
262-248-2100	info@bellavistasuites.com		bellavistasuites.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
Alcohol to be stored, consumed, and sold within entire premises of hotel including guest rooms and all outdoor areas.			
Records to be kept electronically, and print versions in office areas and storage areas			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☒ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Lorenzi	Charles	VP Board	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
LORENZI	CHARLES	KB	
Title	Email	Phone	
VP BOB	[REDACTED]	[REDACTED]	
Signature	Date		
[Signature]	5-1-24		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/2/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 500
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

2. Business Trade Name or DBA

HARBOR SIDE Pub n Grill (LLC)

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

2014

8. Wisconsin DFI Registration Number

H061226

9. Premises Address

100 BROAD STREET

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: LAKE GENEVA

15. Aldermanic District

FIRST

16. Premises Phone

262-248-3835

17. Premises Email

COMBS.SPEEDO+GMAIL.COM

18. Website

NA

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

CEMENT BLOCK STRUCTURE, BASEMENT STORAGE
100 BROAD STREET, LAKE GENEVA

20. Mailing Address (if different from premises address)

SAME

21. City

SAME

22. State

SAME

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SPYRO CONDOOS	SPYRO	CORP PRES	
CONDOOS	PATRICIA	CORP-Vice Pres	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name CONDOOS	First Name SPYRO	M.I. G
Title CORP - PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature [Signature]	Date 4/18/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/23/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	7/1/24 to 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 600.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 625.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) LAKE AIRE LLC		
2. Business Trade Name or DBA LAKE AIRE RESTAURANT		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WISCONSIN	7. Date of Organization 11/18/2014	8. Wisconsin DFI Registration Number L055301
9. Premises Address 804 W. MAIN ST.		
10. City LAKE GENEVA	11. State WI	12. Zip Code 53147
13. County WALWORTH	14. Governing Municipality: ☒ City ☐ Town ☐ Village of LAKE GENEVA	15. Aldermanic District 1
16. Premises Phone 262-248-9913	17. Premises Email SARGIROPOULOS@WI.RR.COM	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. ALCOHOL BEVERAGES ARE STORED IN THE DINING ROOM AND BASEMENT. BEVERAGES ARE SOLD IN THE DINING ROOM AND SIDEWALK CAFE. ALCOHOL RECORDS ARE KEPT IN THE BASEMENT.		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
ARGIROPOULOS	DEMETRIUS	PRESIDENT	
ARGIROPOULOS	GEORGE	VICE PRESIDENT	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name ARGIROPOULOS	First Name DEMETRIUS	M.I. G
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature <i>Demetrius Argiropoulos</i>	Date 4-26-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/26/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

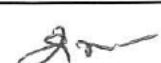
- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 500
- ☐ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u>

pd
513

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) <u>ZAB Corner Bistro</u>			
2. Business Trade Name or DBA <u>ZAB Corner Bistro</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>Wisconsin</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number <u>2007081</u>			
9. Premises Address <u>501 Broad st.</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>		15. Aldermanic District
16. Premises Phone <u>262 2035434</u>	17. Premises Email <u>sailorproperties@hotmail.com</u>		18. Website <u>ZABcornerly.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>1st Floor and Basement and including side walk cafe and the back room.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date	
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Brewer	Sumalee	Partner	
Panngarm	Rujirat	Partner	
Wadmueang	Rawiwan	Partner	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Brewer		Sumalee	
Title	Email		Phone
Partner			
Signature		Date	
		4/23/24	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/13/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	11/125-12/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ <u>200.00</u>
Background Check Fee	\$
Publication Fee	\$ <u>25.00</u>
Total Fees	\$ <u>225.00</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Cheese & Crafters LLC</u>			
2. Business Trade Name or DBA <u>Board & Brush Lake Geneva</u>			
3. FEIN [REDACTED]		[REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WI</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>262 Center St</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>		15. Aldermanic District
16. Premises Phone <u>262-725-5194</u>	17. Premises Email <u>LakeGeneva@BoardandBrush.com</u>		18. Website <u>BoardandBrush.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>add it yourself wood sign business. They will consume beverages at tables inside main room & back room of studio. Alcohol will be kept by front of building in bar/cooler.</u>			
20. Mailing Address (if different from premises address) <u>12261 W Verona Ct</u>			
21. City <u>Milwaukee</u>		22. State <u>WI</u>	23. Zip Code <u>53227</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Rudig	Chelsea	member/owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Rudig	Chelsea	M	
Title	Email	Phone	
member/owner	[REDACTED]	[REDACTED]	
Signature	Date		
[Signature]	5/19/24		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/19/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ ☐ "Class B" Liquor \$
- ☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) The Candle Mercantile, LLC		
2. Business Trade Name or DBA		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 2/8/2018	8. Wisconsin DFI Registration Number S117282
9. Premises Address 870 W Main St		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village of Lake Geneva	15. Aldermanic District 1
16. Premises Phone 262-203-5557	17. Premises Email info@thecandlemercantile.com	18. Website candlemercantile.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. See attached for description		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Doyle	Elizabeth	Member	
Myers	Leigh Ann	Member	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Myers		First Name Leigh Ann	M.I.
Title Member	Email 	Phone 	
Signature <i>Leigh Ann Myers</i>		Date 4/15/20224	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/19/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form AB-200

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

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.

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality
License Period 2024

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ -
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Decorum Lake Geneva, LLC

2. Business Trade Name or DBA

Comfort Suite Lake Geneva East

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

04/08/2021

8. Wisconsin DFI Registration Number

D069269

9. Premises Address

300 E Main St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of Lake Geneva

15. Aldermanic District
na

16. Premises Phone

(262) 248-2300

17. Premises Email

szuniga@kinseth.com

18. Website

www.comfortsuite.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Beverage will be in a cooler that is designated Area in the Marketplace. The Market place is next to the front desk. Storage area is locked in a closet in the GM area.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☒ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☒ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Patel	Ajit	Member	
Thakker	Chintan	Member	
Zuniga	Stephanie	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Thakkar	First Name Chintan	M.I.
Title Managing member	Email	Phone
Signature 	Date 05/06/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/16/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____
 ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____
 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____
 ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Lake Geneva Egg Harbor, LLC

2. Business Trade Name or DBA

Egg Harbor Cafe

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

07/16/2007

8. Wisconsin DFI Registration Number

L043282

9. Premises Address

827 Main Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

 14. Governing Municipality: ☒ City ☐ Town ☐ Village
 of: Lake Geneva

 15. Aldermanic District
 District 1

16. Premises Phone

(262) 248-1207

17. Premises Email

lakegeneva@eggharborcafe.co

18. Website

eggharborcafe.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Alcohol is served in dining room/indoor patio. Alcohol is stored in the restaurant. Purchases from customers are recorded on POS.

20. Mailing Address (if different from premises address)

2201 Waukegan Road, Suite 255

21. City

Bannockburn

22. State

IL

23. Zip Code

60015

Part B: Questions
 1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
 If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

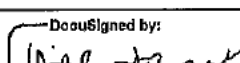
Last Name	First Name	Title	Phone
Farrell	Michael	Member	
Farrell	Aimee	Member	
Reyes	Madison	Agent	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Farrell		First Name Michael		M.I.
Title Owner/Member		Email [REDACTED]	Phone [REDACTED]	
Signature 			Date 04/30/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/2/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk			Date Provisional License Issued (if applicable)

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200⁰⁰</u>
Background Check Fee	\$
Publication Fee	\$ <u>25⁰⁰</u>
Total Fees	\$ <u>225⁰⁰</u>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Geneva Tap House, LLC</u>		
2. Business Trade Name or DBA <u>Geneva Tap House</u>		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>WI</u>	7. Date of Organization	8. Wisconsin DFI Registration Number <u>6064382</u>
9. Premises Address <u>252 Broad St.</u>		
10. City <u>Lake Geneva</u>	11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>	15. Aldermanic District
16. Premises Phone <u>262-812-8022</u>	17. Premises Email <u>hello@genevataphouse.com</u>	18. Website <u>Genevataphouse.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>There is a shared front lobby with Geneva Stage that has 2 bathrooms. Have a warming kitchen, a large walk-in cooler, is the kitchen. There are 2 additional bathrooms on upstairs mezzanine with seating for 65-70, our main seating area with tap wall and an outside fenced in beer garden with a pergola + 3 fire pits.</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
McGraw	Paul	Manager	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name McGraw	First Name Paul	M.I. J
Title Manager	Email [REDACTED]	Phone [REDACTED]
Signature Paul [Signature]	Date 4/17/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/26/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Per
5/2

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
GUAC STAR LLC			
2. Business Trade Name or DBA			
GUAC STAR			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		[REDACTED]	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WISCONSIN		12/30/21	
8. Wisconsin DFI Registration Number			
G065466			
9. Premises Address			
120+122 BROAD STREET			
10. City		11. State	12. Zip Code
LAKE GENEVA		WI	53147
13. County		14. Governing Municipality: ☒ City ☐ Town ☐ Village	
WALWORTH		of: LAKE GENEVA	
15. Aldermanic District		16. Premises Phone	
		262-203-5084	
17. Premises Email		18. Website	
GUACSTARLLC@GMAIL.COM		LOWIN.GUACSTARLLC.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
ALCOHOL WILL BE SOLD WITHIN 120+122 BROAD STREET. ALCOHOL WILL BE STORED IN A LOCKED ROOM LOCATED ON THE FIRST FLOOR OF 120/122. RECORDS KEEP ON SITE			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
SINGH	KEVIN	OWNER	
ALVARADO	FRANKLIN	OWNER	
CHEVERIA	GILBERTO	OWNER	
STECKO	ELENA	MARKETING MANAGER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name SINGH	First Name KEVIN	M.I.
Title OWNER	Email 	Phone 
Signature 		Date 4/30/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/2/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ 100 ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

dpd
5/3

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) HILL VALLEY DAIRY LLC			
2. Business Trade Name or DBA HILL VALLEY CHEESE SHOP AND CHEESE BAR			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 03/10/2015	
8. Wisconsin DFI Registration Number H055649			
9. Premises Address 510 AND 512 BROAD STREET			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County Walworth		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	
15. Aldermanic District 1			
16. Premises Phone (262) 203-5578		17. Premises Email HILLVALLEYDAIRY@GMAIL.COM	
18. Website HILLVALLEYDAIRY.COM			
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. This is a 2 story building with basement. The entirety of the first floor and basement and sidewalk cafe and yard may be used for alcohol storage, sales, service, and consumption.			
20. Mailing Address (if different from premises address) N8175 Bell School Road			
21. City EAST TROY		22. State WI	23. Zip Code 53120
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	
Law/Ordinance Violated		Location	
Penalty Imposed		Trial Date	
Was sentence completed?		☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

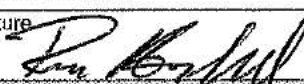
Last Name	First Name	Title	Phone
HENNINGFELD	RON	CHEESEMAKER, MEMBER	
HENNINGFELD	FRANK	FARMER, MEMBER	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name	First Name	M.I.
HENNINGFELD	RON	J
Title		
CHEESEMAKER		
Signature	Date	
	5-3-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/3/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>23</u>
Total Fees	\$ <u>223</u>

pd
4/30

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>LG Axe Throwing LLC</u>		
2. Business Trade Name or DBA		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization	8. Wisconsin DFL Registration Number <u>B108456</u>
9. Premises Address <u>253 Center st # 900</u>		
10. City <u>Lake Geneva</u>	11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	
15. Aldermanic District	16. Premises Phone <u>262 203 5520</u>	
17. Premises Email <u>lgaxethrowing@gmail.com</u>		18. Website <u>lgaxethrowing.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>alcohol is stored in two places, in the kitchen behind the bar, alcohol is sold at the bar tables.</u>		
20. Mailing Address (if different from premises address) <u>6007 state Rd 36</u>		
21. City <u>Lake Geneva</u>	22. State <u>WI</u>	23. Zip Code <u>53147</u>

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☐ Yes ☒ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Kelly</i>	First Name <i>Madelyna</i>	M.I.
Title <i>owner</i>	Email <i>[REDACTED]</i>	Phone <i>[REDACTED]</i>
Signature <i>[Signature]</i>		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4/30/24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License issued (if applicable)	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Lake Geneva Billiard Club, Inc.		
2. Business Trade Name or DBA Lake Geneva Billiard Club, Inc.		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization Wisconsin	7. Date of Organization 1-5-2023	8. Wisconsin DFI Registration Number 202301056094618
9. Premises Address 772 W. Main St Suite 01		
10. City Lake Geneva	11. State WI.	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva	
15. Aldermanic District	16. Premises Phone 262-203-5589	
17. Premises Email Kurt.Jennison@gmail.com	18. Website Lakegenevabilliards.com	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. *all beverage sales are sold at Bar and Table Tops sitting areas in bar. *Alcohol Beverages are stored in storage area Designated For Beer, wine, liquors, Soda, Etc... Any Records of importance are kept in office in Bar.		
20. Mailing Address (if different from premises address) Same as above		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name <i>Jennison</i>		First Name <i>Kurt</i>	M.I. <i>R</i>
Title <i>owner</i>		Email [REDACTED]	Phone [REDACTED]
Signature <i>[Signature]</i>		Date <i>4/23/24</i>	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk <i>5/3/24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ _____
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ _____

Fees	
License Fees	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 25.00 00
Total Fees	\$ 225.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
Medusa Grill & Bistro, L.L.C.		
2. Business Trade Name or DBA		
Medusa		
3. FEIN	4. Wisconsin Seller's Permit Number	
5. Entity Type (check one)		
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization	7. Date of Organization	8. Wisconsin DFI Registration Number
Wisconsin	2006	M066096
9. Premises Address		
272 Whit A Broad St		
10. City	11. State	12. Zip Code
LAKE Geneva	WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	15. Aldermanic District
Walworth	of: Lake Geneva	1st district
16. Premises Phone	17. Premises Email	18. Website
262-729-4044	medusagelato@gmail.com	medusagelato.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
ground floor, 14 seat diningroom, no bar. Records kept at home. Kitchen & diningroom		
20. Mailing Address (if different from premises address)		
507 Broad St PMB #104		
21. City	22. State	23. Zip Code
LAKE Geneva	WI	53147

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed?	☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No
beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity medusa Grill & Bistro, LLC 4b. Business Entity FEIN 20-4154247

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

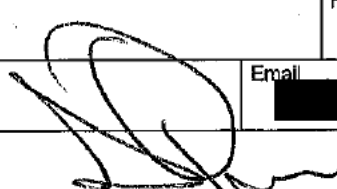
Last Name	First Name	Title	Phone
<u>Anagnos</u>	<u>Gregory</u>	<u>owner</u>	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <u>Anagnos</u>	First Name <u>Gregory</u>	M.I.
Title <u>owner</u>	Email <u>[REDACTED]</u>	Phone <u>[REDACTED]</u>
Signature 		Date

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>4/29/25</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) MC PROPERTY MANAGEMENT INC		
2. Business Trade Name or DBA MILL CREEK HOTEL		
3. FEIN [REDACTED]	4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		
6. State of Organization WISCONSIN	7. Date of Organization DECEMBER 14, 2001	8. Wisconsin DFI Registration Number MOSS627
9. Premises Address 123 CENTER STREET		
10. City LAKE GENEVA	11. State WI	12. Zip Code 53147
13. County WAUWATOSH	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA	15. Aldermanic District
16. Premises Phone 262-248-6647	17. Premises Email treasurer2@millcreekhotel.com	18. Website www.millcreekhotel.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. WINE AND BEER ARE STORED IN THE COOLER/REFRIGERATOR INSIDE THE FRONT OFFICE. THE WINE AND BEER WILL BE DISPLAYED IN THE LOBBY WHERE THE GUEST AND THE CERTIFIED AGENTS IN THE FRONT DESK. THE BEVERAGES CAN BE CONSUMED IN THE SUITES, DINING AREA, BACK DECK, FRONT & BACK DECK OR SITTING AREA. RECORDS		
20. Mailing Address (if different from premises address) WILL BE STORED IN THE FRONT OFFICE.		
21. City	22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☒ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
PETERSEN	MAXWELL	PRESIDENT OF THE BOARD	
SHERBERT	RICHARD	VICE PRESIDENT OF THE BOARD	
HERNANDEZ	MILAGROS	ALL OWNER / GENERAL MANAGER	
KOSITZKY	PAUL	AGENT	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name PETERSEN	First Name MAXWELL	M.I. J
Title PRESIDENT - BOARD OF DIRECTOR	Email [REDACTED]	Phone [REDACTED]
Signature Maxwell Petersen	Date 4.18.2024	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/19/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☒ Class "A" Beer \$ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ ☐ "Class B" Liquor \$
- ☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 225.00

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
OZ Lounge LLC			
2. Business Trade Name or DBA			
OZ Lounge			
3. FEIN		4. Wisconsin Seller's Permit Number	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WISCONSIN			
8. Wisconsin DFI Registration Number			
0039083			
9. Premises Address			
234 Broad Street			
10. City		11. State	12. Zip Code
Lake Geneva		WI	53147
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
Walworth	of: Lake Geneva		
16. Premises Phone	17. Premises Email	18. Website	
262-812-8237	ozlounge.lakegeneva@gmail.com		
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets, if necessary.			
All alcoholic beverages will be stored behind counter in a locked refrigerator, big enough for all inventory. (See Diagram)			
20. Mailing Address (if different from premises address)			
408 Lakewood Dr.			
21. City		22. State	23. Zip Code
Williams Bay		WI	53191

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
- If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
 beverages.
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☐ Yes ☐ No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☐ No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☐ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Guerrero	Lindsey	owner/agent	[REDACTED]

Part D: Attestation

One of the following must sign and attest to this application:
 • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Guerrero	First Name Lindsey	M.I. S	[REDACTED]
Title owner/agent	Email [REDACTED]	Phone [REDACTED]	
Signature Lindsey Guerrero		Date 4/21/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/22/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24 - 6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

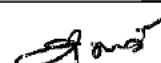
Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u> Pd 4/13

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>sabai sabai Thai cuisine</u>			
2. Business Trade Name or DBA <u>sabai sabai Thai cuisine</u>			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number [REDACTED]	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>wisconsin</u>		7. Date of Organization	
8. Wisconsin DFI Registration Number <u>5116838</u>			
9. Premises Address <u>306 Center st.</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>walworth</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>		15. Aldermanic District
16. Premises Phone <u>262 8124114</u>	17. Premises Email <u>sailonproperties@hotmail.com</u>		18. Website <u>sabaisabailakegeneva.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>1st Floor, 2nd Floor and Basement</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed		Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Brewer	Sumalee	Partner	
Cox	Jirapa	Partner	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name		First Name	M.I.
Brewer		Sumalee	
Title	Email	Phone	
Partner			
Signature		Date	
		4/23/24	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/11/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/24

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100.00

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Simple Cafe LLC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

5085676

9. Premises Address

525 N Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

15. Aldermanic District

1

16. Premises Phone

(262) 248-3556

17. Premises Email

tom@simplefoodgroup.com

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

see attached drawings

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. *renewal of existing license* ☐ Yes ☒ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

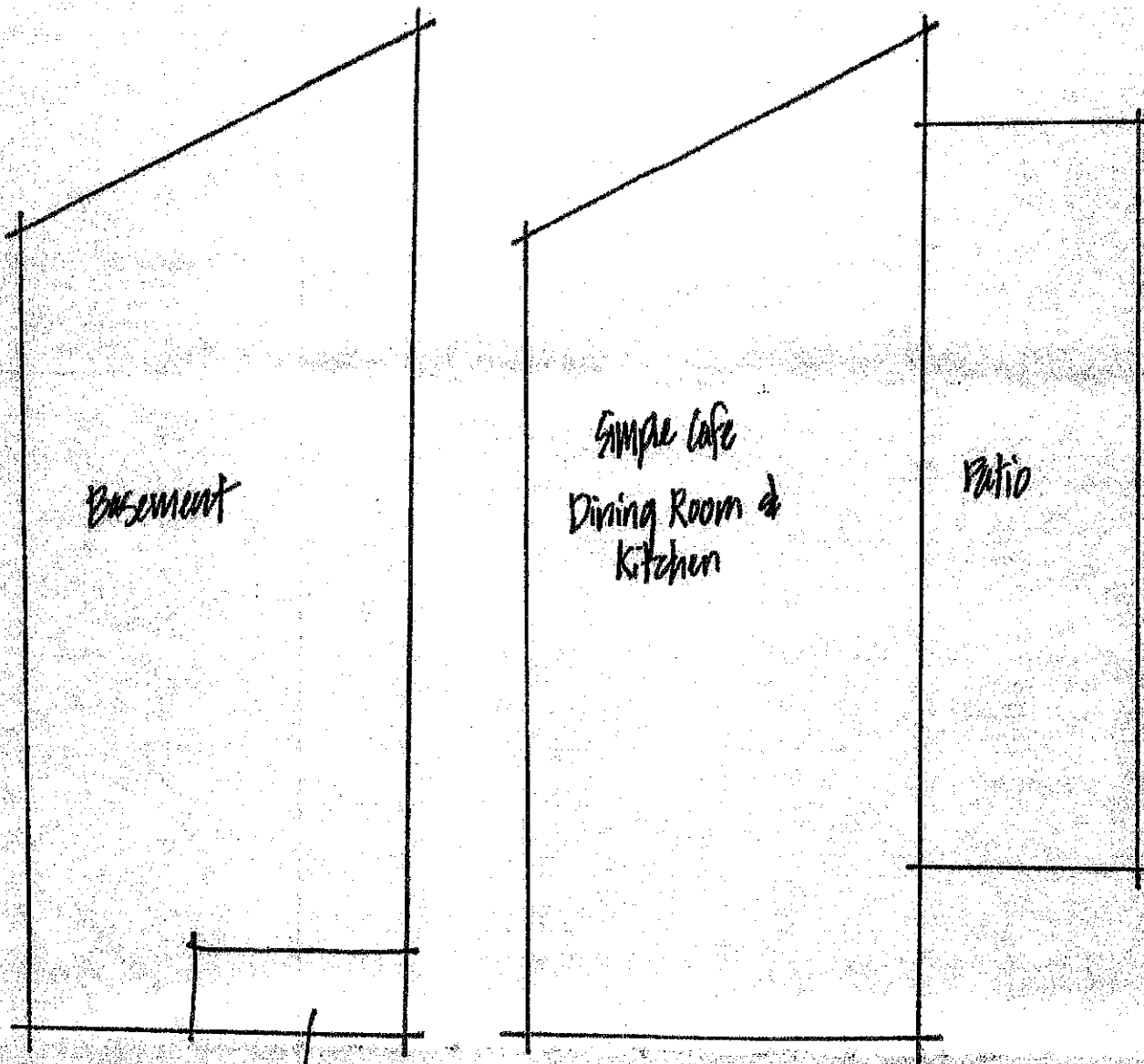
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Hartz</i>	First Name <i>Thomas</i>	M.I. <i>A</i>
Title <i>Founding Partner / CEO</i>	Email [REDACTED]	Phone [REDACTED]
Signature <i>Thomas Hartz</i>	Date <i>April 25, 2024</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/1/24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Simple Restaurant - 2nd Floor Street
Liquor Storage and Serving Locations



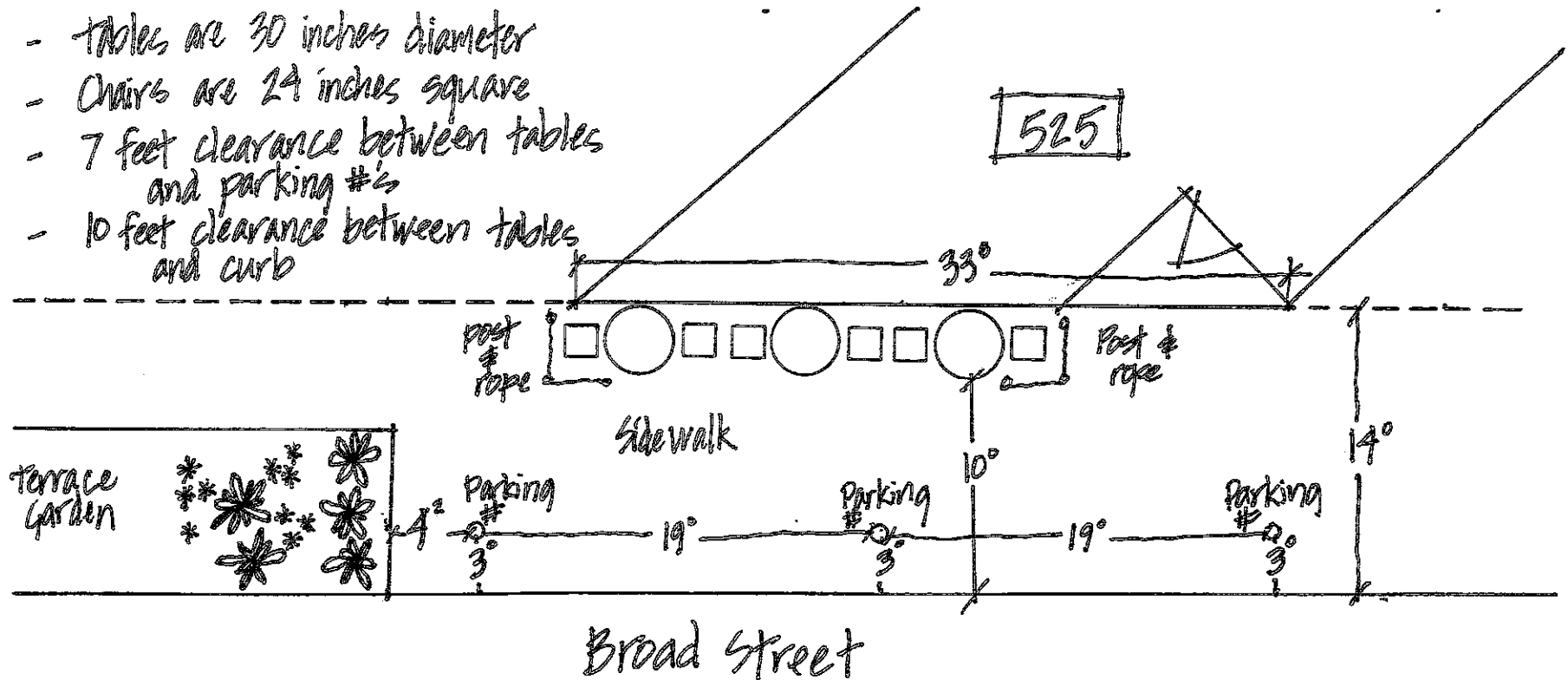
Beer and Wine stored
in locked cabinet.

Sidewalk Cafe Permit Application

Simple Cafe

525 Broad

- tables are 30 inches diameter
- Chairs are 24 inches square
- 7 feet clearance between tables and parking #'s
- 10 feet clearance between tables and curb



Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100-
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200-</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>(225)</u> pd 1/24

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)

SU Wing's Chinese Restaurant

2. Business Trade Name or DBA

RL KL Company INC

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

2020

8. Wisconsin DFI Registration Number

9. Premises Address

743 North St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

262-248-1178

17. Premises Email

Kuang@suwing.com

18. Website

suwing.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Bar, Backroom, Dining Room, Kitchen

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No
beverages.
If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity 4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☒ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Lei	Ransi	owner	
Lei	Kelly	owner	
Lei	Jionming	secretary	

Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Lei		First Name Kelly	M.I.
Title owner	Email [REDACTED]		Phone [REDACTED]
Signature [Signature]		Date 4/19/24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/24/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☒ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

pd 4/22

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Tristan Crist Magic Theatre LLC

2. Business Trade Name or DBA

3. FEIN

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

1/29/2018

8. Wisconsin DFI Registration Number

7075669

9. Premises Address

100 N Edwards Blvd

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village
of: Lake Geneva

15. Aldermanic District

16. Premises Phone

262 248-0505

17. Premises Email

tristanCrist@gmail.com

18. Website

Lake Geneva Magic.com

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

The premise located at 100 N Edwards Blvd Lake Geneva WI including lobby, bathrooms, closets, theatre, backstage, hallways, outdoor patio, dressing room.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages.

If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . ☒ Yes ☐ No

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

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . ☐ Yes ☒ No

Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Christ	Tristan	Member	

Part D: Attestation

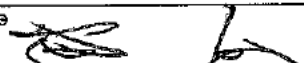
One of the following must sign and attest to this application:

- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Christ	First Name Tristan	M.I. S
---------------------	-----------------------	-----------

Title Member	
-----------------	--

Signature 	Date
--	------

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/22/24	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/24-6/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer \$ _____ ☐ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ 100

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

pg 511

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
<u>El Zarcaterano LLC</u>			
2. Business Trade Name or DBA			
<u>El Zarcaterano LLC</u>			
3. FEIN		4. Wisconsin Seller's Permit Number	
[REDACTED]		[REDACTED]	
5. Entity Type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
<u>WISCONSIN</u>		<u>5-11-2020</u>	
8. Wisconsin DFI Registration Number			
<u>E055845</u>			
9. Premises Address			
<u>627 Williams St</u>			
10. City		11. State	12. Zip Code
<u>Lake Geneva</u>		<u>WI</u>	<u>53157</u>
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village		15. Aldermanic District
<u>Walworth</u>	of: <u>Lake Geneva</u>		
16. Premises Phone	17. Premises Email		18. Website
<u>2621812-8059</u>	<u>ElZarcateranoOrville@gmail.com</u>		
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.			
<u>Building is divided in two sections on right section we have costume fridge with cooler, on left side of building we have dining room and stage Attached Pictured Drawing - room where Alcohol is consumed.</u>			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No		
If yes, list the details of violation below. Attach additional sheets if necessary.		
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? ☐ Yes ☐ No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Ovalle	Christian	owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Ovalle	Christian	M	
Title	[REDACTED]		
Signature	Date		
[Signature]			
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/11/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



General License Application

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

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

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

Local Business Information

Trade Name/DBA: HARBOR SIDE Pub & Grill (LLC)
Address: 100 BROAD STREET, Lake Geneva WI Suite/Unit#: ---
Email: [REDACTED] Phone: 262 248-3835
Local Contact Person: SPYRO CONDOOS Phone: [REDACTED] Email: SAWE
Type of Business: BAR / Restaurant
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: PATIO, Tables, chairs by Permit

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

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

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

☒ Local Business Address ☐ Corporate Address
☐ Other: ---

Building Information:

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

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: [Signature] Title: COOP-PRES Date: 4/13/24



License Worksheet

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

Select all licenses being applied for

Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	25.00
	Room Tax Permit Requires filing of monthly & annual reporting forms	\$10	
	Weights & Measures Number of Devices: _____ Type of weighing, measure, scanning devices used: _____	\$20 \$15/device subtotal	
	Sidewalk Café Permit	\$15/seat	900.00
	Creamery Permit	\$50	
Additional requirements for Sidewalk Café or Creamery Permit 1. 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. 2. Copy of license issued by the WI Dept of Health Services and/or WI Dept of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64. 3. Scaled Diagram accurately depicting 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, trees, 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 4. Signed Indemnification Statement & Alcoholic Beverage Questionnaire			
Approvals-Office Use			
PD <u>ETG</u>	B & Z <u>[Signature]</u>	DPW <u>[Signature]</u>	FLR _____
Date <u>04/25/2024</u>	Date <u>5/3/24</u>	Date <u>02 May 2024</u>	Date: _____
Amusement Devices & Arcade			# of devices Fee Due
Arcade (up to 4 devices)		\$25/device	
Minor Arcade (4-9 devices)		\$100	
Major Arcade (10 + devices)		\$300	
Amusement Device (Juke Box)		\$20/device	
Billiards Table		\$40/table	
Bowling Alley		\$20/lane	
		Amusement Subtotal	

Total Due:

Office Use

Date Filed: _____ Receipt Number: _____ Total Paid: _____

Approvals

Building Inspector: [Signature] Date: _____

Fire Inspector: [Signature] Date: 5/22

Date Issued: _____ License #: _____

PPT

Paid

Owes: _____

Notes:

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, SPYRO CONNOS representing HARPM SIDE PUB & GRILL LLC as its
(FULL NAME) (ESTABLISHMENT)

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

SIGNATURE OF APPLICANT: [Signature] DATE: 4/18/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: SPYRO CONNOS

Agent Address: [Redacted]

Agent Phone: [Redacted]

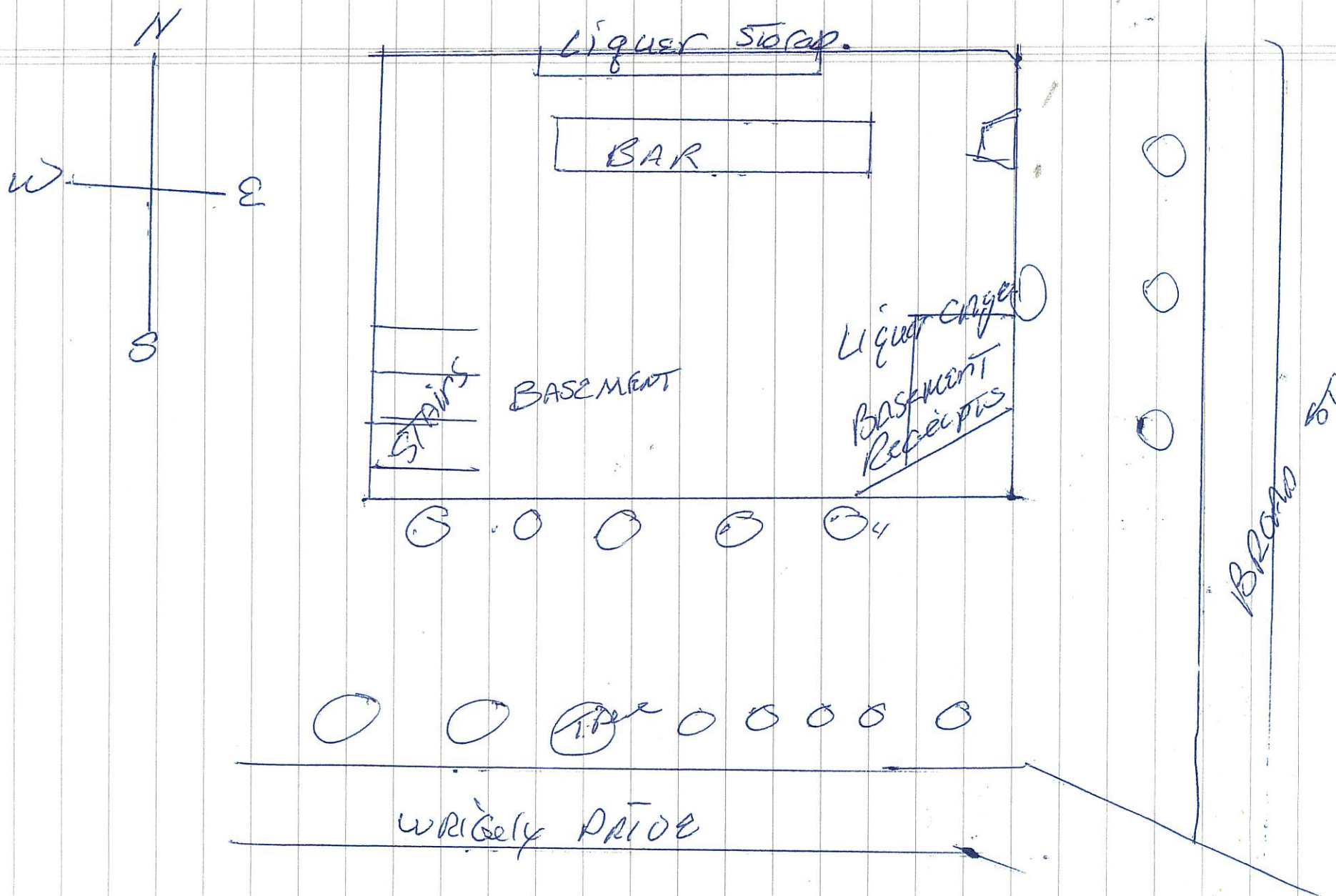
Agent E-mail: [Redacted]

Signature of Agent: [Signature] Date: 4/18/24

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

☒ Yes

☐ No



HARBOR SIDE Pub n Grill



General License Application

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

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

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

Local Business Information

Trade Name/DBA: HARRYS CAFE

Address: 808 MAIN ST

Suite/Unit#:

Email: harryscafe@genevaonline.com

Phone: 2622483494

Local Contact Person: HARRY CHIRONIS

Phone: [REDACTED]

Email: [REDACTED]

Type of Business: restaurant/bar

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

☐ No

Describe: 9 tables and 36 chairs

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

Organization Legal Name/Sole Proprietor Name: HARRYS CAFE & PLACE INC

Address: 808 MAIN ST

City, State, Zip: LAKE GENEVA WI 53147

Contact Person: LOUIE CHIRONIS

Phone: [REDACTED]

Email: harryscafe@genevaon

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

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: harrys cafe & place inc

Phone: 262-248-3494

Email: harryscafe@genevaon

Has the Building Owner approved the use of the space for your business?

☒ Yes

☐ No

Are there any improvements planned to the existing property?

☐ Yes

☒ No

If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant?

☐ Yes

☐ No

Have you obtained Occupancy through the Building & Zoning Department?

☐ Yes

☐ No

Date of inspection: _____

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

Attestation and Signature

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

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

Signature: [Signature] Title: vice president Date: 4/17/2024



Harry's

License Worksheet

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

Select all licenses being applied for

Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	25
	Room Tax Permit Requires filing of monthly & annual reporting forms	\$10	
	Weights & Measures Number of Devices: _____ Type of weighing, measure, scanning devices used: _____	\$20 \$15/device subtotal	
	Sidewalk Café Permit 36 seats	\$15/seat	540
	Creamery Permit	\$50	
Additional requirements for Sidewalk Café or Creamery Permit 1. 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. 2. Copy of license issued by the WI Dept of Health Services and/or WI Dept of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64. 3. Scaled Diagram accurately depicting 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, trees, 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 4. Signed Indemnification Statement & Alcoholic Beverage Questionnaire			
Approvals-Office Use			
PD <u>EJB</u>	B & Z <u>[Signature]</u>	DPW <u>[Signature]</u>	FLR _____
Date <u>04/23/2024</u>	Date <u>5/2/24</u>	Date <u>02 May 2024</u>	Date: _____
Amusement Devices & Arcade			# of devices Fee Due
Arcade (up to 4 devices)		\$25/device	
Minor Arcade (4-9 devices)		\$100	
Major Arcade (10 + devices)		\$300	
Amusement Device (Juke Box)		\$20/device	
Billiards Table		\$40/table	
Bowling Alley		\$20/lane	
		Amusement Subtotal	

Total Due: 565

Office Use			
Date Filed: <u>4/17/24</u>	Receipt Number: <u>14.001188</u>	Total Paid: <u>565.00</u>	
Approvals			
Building Inspector: <u>[Signature]</u>	Date: _____		
Fire Inspector: _____	Date: <u>5/22</u>		
Date Issued: _____	License #: _____	PPT	
		Paid	
		Owes: _____	
Notes:			

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Harry Chironis representing Harry's Cafe as its
(FULL NAME) (ESTABLISHMENT)

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

SIGNATURE OF APPLICANT: Harry Chironis DATE: 4-15-2024

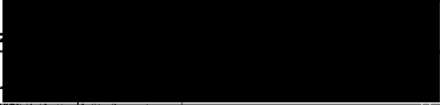
Alcoholic Beverage Questionnaire

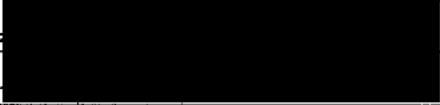
Are you requesting to serve alcoholic beverages? ☒ Yes ☐ No

If so, please provide the following information:

Liquor License Agent Name: JAMES Chironis

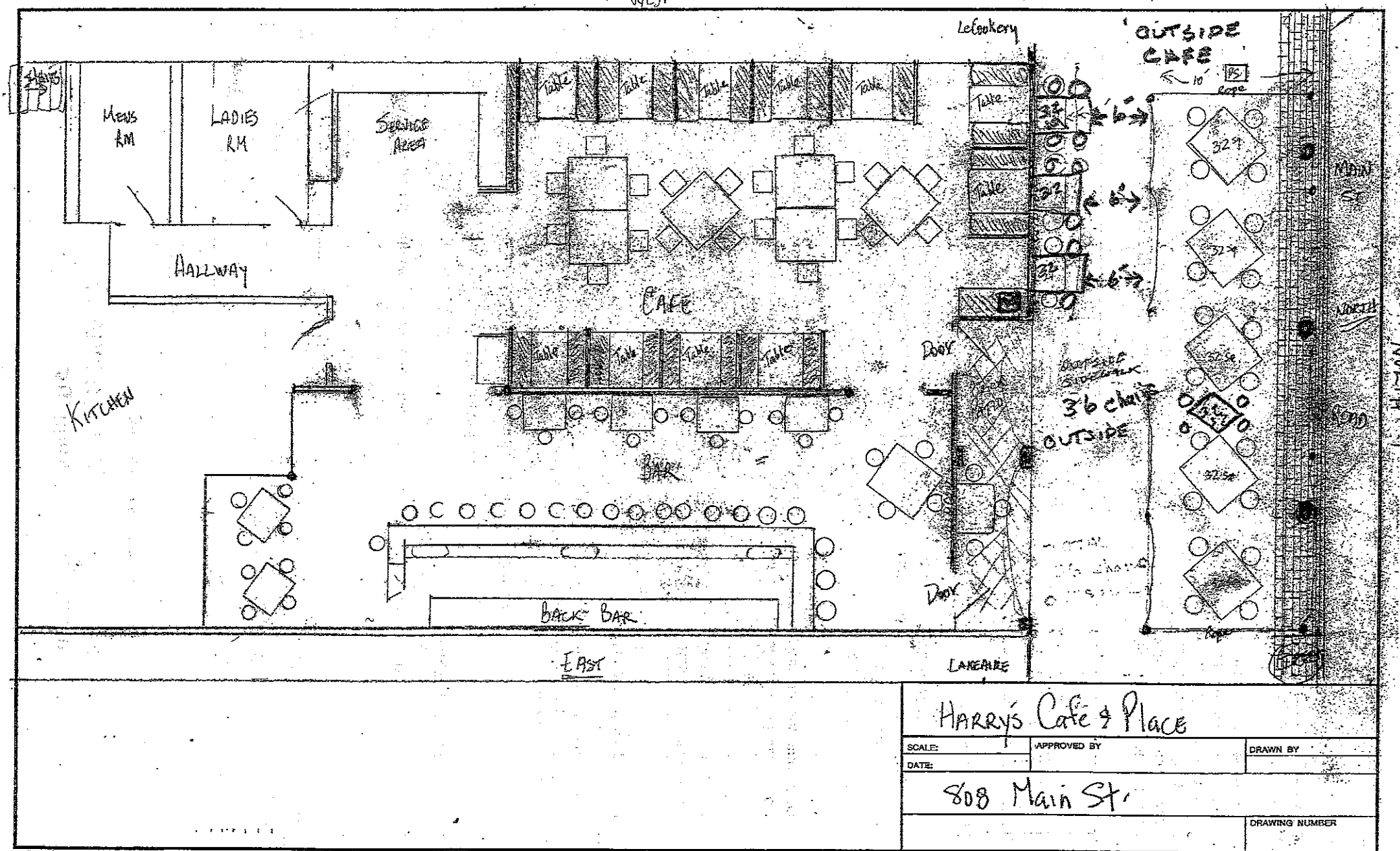
Agent Address: 

Agent Phone: 

Agent E-mail: 

Signature of Agent: James A Chironis Date: 4-11-2024

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





General License Application

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

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

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

Local Business Information

Trade Name/DBA: O2 Lounge
Address: 234 Broad Street Suite/Unit#: _____
Email: O2lounge.lakegeneva@gmail.com Phone: 262-812-8237
Local Contact Person: Lindsey Guerrero Phone: _____ Email: Same
Type of Business: _____
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: table(s), chairs,

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

Organization Legal Name/Sole Proprietor Name: O2 Lounge LLC
Address: _____
City, State, Zip: _____
Contact Person: _____ Phone: _____ Email: _____

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

☐ Local Business Address ☐ Corporate Address
☒ Other: _____

Building Information:

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

New Businesses and Location Changes Only

Opening Date: 5/1/24 Property Currently Vacant? ☐ Yes ☐ No
Have you obtained Occupancy through the Building & Zoning Department? ☐ Yes ☐ No
Date of inspection: _____ If no, call to set up ASAP: (262) 249-4089

Attestation and Signature

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

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

Signature: Lindsey Guerrero Title: owner Date: 4/27/24



License Worksheet

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

Select all licenses being applied for

Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	25.00
	Room Tax Permit Requires filing of monthly & annual reporting forms	\$10	
	Weights & Measures Number of Devices: _____ Type of weighing, measure, scanning devices used: _____	\$20 \$15/device subtotal	
✓	Sidewalk Café Permit 4	\$15/seat	60
	Creamery Permit	\$50	
Additional requirements for Sidewalk Café or Creamery Permit 1. 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. 2. Copy of license issued by the WI Dept of Health Services and/or WI Dept of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64. 3. Scaled Diagram accurately depicting 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, trees, 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 4. Signed Indemnification Statement & Alcoholic Beverage Questionnaire ✓ <i>see note on map</i>			
Approvals-Office Use			
PD <u>EJG</u>	B & Z <u>[Signature]</u>	DPW <u>[Signature]</u>	FLR _____
Date <u>01/25/2024</u>	Date <u>5/3/24</u>	Date <u>07/11/2024</u>	Date: _____
Amusement Devices & Arcade			# of devices Fee Due
Arcade (up to 4 devices)		\$25/device	
Minor Arcade (4-9 devices)		\$100	
Major Arcade (10 + devices)		\$300	
Amusement Device (Juke Box)		\$20/device	
Billiards Table		\$40/table	
Bowling Alley		\$20/lane	
		Amusement Subtotal	

Total Due: 85

Office Use			
Date Filed: <u>4/23/24</u>	Receipt Number: <u>15.011255</u>	Total Paid: <u>85.00</u>	
Approvals			
Building Inspector: <u>[Signature]</u>	Date: _____		
Fire Inspector: _____	Date: <u>5/22</u>		
Date Issued: _____	License #: _____	PPT	
		Paid	
		Owes: _____	
Notes:			

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Lindsey Guerrero representing O2 Lounge as its
(FULL NAME) (ESTABLISHMENT)
owner / agent agree to hold harmless and indemnify the City, its directors, officers, employees
(TITLE)
and agents, from and against any and all liabilities, losses, claims, demands, damages, fines, penalties, costs and
expenses, including, but not limited to, reasonable attorney's fees and costs of litigation, and all causes of action of any
kind or character resulting from my use of the public sidewalk as a café. I certify that I have read and understand the
rules of Section 62-67 (6) Sidewalk Café permits.

SIGNATURE OF APPLICANT: Lindsey Guerrero DATE: 2/29/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Lindsey Guerrero

Agent Address: [REDACTED]

Agent Phone: [REDACTED]

Alt. # [REDACTED]

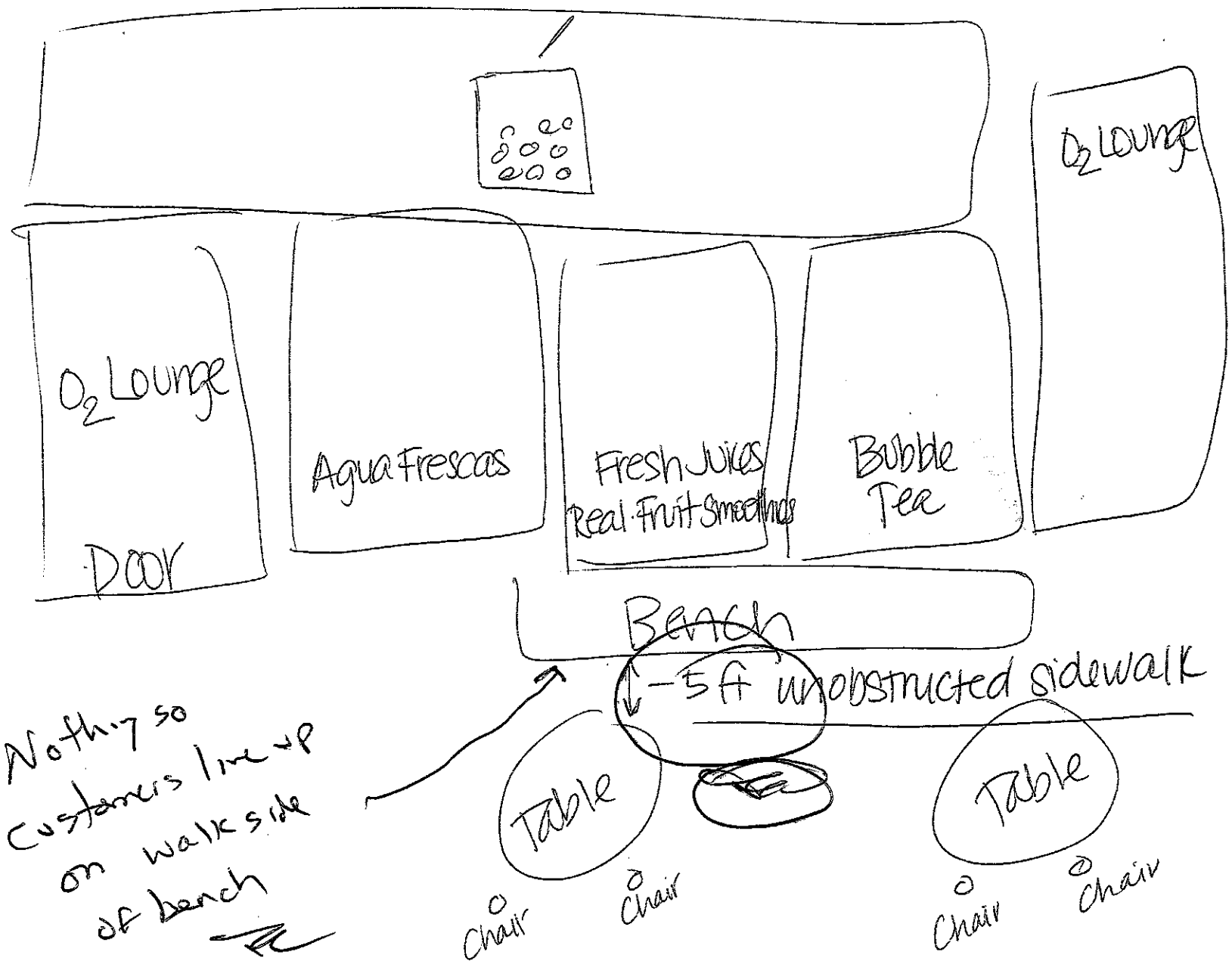
Agent E-mail: [REDACTED]

Signature of Agent: Lindsey Guerrero Date: 2/29/24

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

☐ Yes

☒ No





General License Application

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

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

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

Local Business Information

Trade Name/DBA: Dopeyes Galley & Grog Ltd.
Address: 811 WRIGLEY DR. LAKE GENEVA WI 53147 Suite/Unit#: _____
Email: Dopeyes@dopeyes1kg.com Phone: 262 248 4381
Local Contact Person: DIMITRIUS ANAGNOS Phone: _____ Email: _____
Type of Business: Restaurant
Furnishings on Sidewalk? ☐ Yes (Proof of Liability Insurance Required) ☒ No
Describe: _____

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

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

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

☐ Local Business Address ☐ Corporate Address
☒ Other: P.O. Box 1117 LAKE GENEVA WI 53147

Building Information:

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

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: _____ Title: OWNER Date: 4/16/24



License Worksheet

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

Select all licenses being applied for

Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	25
	Room Tax Permit Requires filing of monthly & annual reporting forms	\$10	
	Weights & Measures Number of Devices: _____ Type of weighing, measure, scanning devices used: _____	\$20 \$15/device subtotal	
	Sidewalk Café Permit 86 x 15	\$15/seat	1290
	Creamery Permit	\$50	
Additional requirements for Sidewalk Café or Creamery Permit ✓ 1. 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. ✓ 2. Copy of license issued by the WI Dept of Health Services and/or WI Dept of Agriculture, Trade and Consumer Protection per Wis. Stat. 254.64. ✓ 3. Scaled Diagram accurately depicting 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, trees, 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 ✓ 4. Signed Indemnification Statement & Alcoholic Beverage Questionnaire			
Approvals-Office Use			
PD <u>EJL</u>	B & Z <u>JS</u>	DPW <u>JS</u>	FLR _____
Date <u>4/23/2024</u>	Date <u>5/3/24</u>	Date <u>02 May 2024</u>	Date: _____
Amusement Devices & Arcade			# of devices Fee Due
Arcade (up to 4 devices)		\$25/device	
Minor Arcade (4-9 devices)		\$100	
Major Arcade (10 + devices)		\$300	
Amusement Device (Juke Box)		\$20/device	
Billiards Table		\$40/table	
Bowling Alley		\$20/lane	
		Amusement Subtotal	

Total Due: \$1315.00

Office Use			
Date Filed: <u>4/17/24</u>	Receipt Number: <u>15.011198</u>	Total Paid: <u>1315.00</u>	
Approvals			
Building Inspector: _____	Date: _____		
Fire Inspector: _____	Date: <u>5/22</u>		
Date Issued: _____	License #: _____	PPT Paid Owes: _____	
Notes:			

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, DIMITRIUS ANAGNOS representing Popoyes Gallery & Gros Ltd. as its
(FULL NAME) (ESTABLISHMENT)

owner
(TITLE)

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

SIGNATURE OF APPLICANT: _____

DATE: 4/16/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: DIMITRIUS ANAGNOS

Agent Address: _____

Agent Phone: _____

Agent E-mail: _____

Signature of Agent: _____

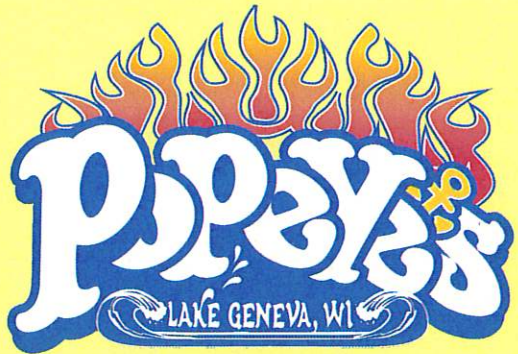
Date: 4/16/24

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

☒ Yes

☐ No

PARKING LOT



- 6

 = 6 SEATS
- 4

 = 4 SEATS
- 2

 = 2 SEATS

Restaurant

Each table
has an umbrella



OUTDOOR
PATIO

DRIVEWAY

N



Stanchions for Alcohol Service

Stanchions for Alcohol Service

Stanchion for Alcohol Service



Sidewalk exit

5 FT PLUS
CLEARANCE

Sidewalk exit

Sidewalk Café Seats
86

5 FT PLUS
CLEARANCE

Sidewalk exit



Wrigley Drive

Geneva



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: HEALING MUSCLE THERAPIES
Corporate Name (if applicable): N/A
Business Address (Physical): 201 BROAD ST, SUITE D
Mailing Address (if different): N/A
City, State, Zip: LAKE GENEVA, WI 53147
Phone: 262-515-7035 Email: info@healingmt.com
Please explain the nature of services to be provided: MASSAGE THERAPY SERVICES:
(Relaxation, Deep Tissue, Thai Massage, Warm Salt Stone)

BUSINESS OWNER (APPLICANT) INFORMATION

(Marti) Please include information for all business owners

Full Name: MARTHA EVAN DOOLITTLE
Address: [REDACTED]
City, State, Zip: [REDACTED]
Phone: [REDACTED] ☒ Copy of Driver's License Attached

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

N/A

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

☒ NO

☐ YES

If yes, please explain: _____

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

☒ NO

☐ YES

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

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

APPLICANT SIGNATURE: Martha E. Donatelli Date: 5/9/24

For Office Use Only

Date Filed: 5/10 Receipt #: 14.001251 Amt Paid: 50⁰⁰
Forwarded to Police Dept: 5/22 Background Completed: 7/12/25 5.23.24
Police Chief Recommendation: [Signature] ☒ Approved ☐ Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐
Forwarded to Building Dept: N/A Inspector approval required for new establishments
Building Inspector Recommendation: N/A ☒ Approved ☐ Denied
FLR/Council Approval Dates: _____ License #: _____
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to:

Building & Zoning

Police Chief

Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Lakerew Spa

Corporate Name (if applicable): _____

Business Address (Physical): 335 Wingley Dr

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

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

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

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Bella Vista Suites

Address: 335 Wingley Dr.

City, State, Zip: Lake Geneva, WI 53147

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

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

N/A

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

☒ NO

☐ YES

If yes, please explain: _____

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

☒ NO

☐ YES

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

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

APPLICANT SIGNATURE:

Cassata/Mueo

Date:

4/30/24

For Office Use Only

Date Filed: <i>5/2/24</i>	Receipt #: <i>13-011392</i>	Amt Paid: <i>50.00</i>
Forwarded to Police Dept: <i>5/2/24</i>	Background Completed: <i>56-24# 275</i>	
Police Chief Recommendation: <i>E. S.</i>	☒ Approved	☐ Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐		
Forwarded to Building Dept: _____	Inspector approval required for new establishments	
Building Inspector Recommendation: _____	☐ Approved	☐ Denied
FLR/Council Approval Dates: _____	License #: _____	
Verified: Stark ☐ MSI ☐	Notes/Conditions: _____	
Copies to: Building & Zoning	Police Chief	Fire Chief



CITY OF LAKE GENEVA 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: John Trione
Name of Event Organizer/Producer: VISIT Lake Geneva
Production Company/Organization: VISIT Lake Geneva FEIN #: [REDACTED]
Street Address: 527 Center Street
City: Lake Geneva State: WI Zip code: 53147
E-mail Address: [REDACTED]
Daytime Phone: [REDACTED] Cell Phone: [REDACTED]
Are you a ☐ For-Profit OR ☐ Non-Profit Organization 501(c) 6
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: Concerts in the Park
2. Date(s) of Event: Thursdays: 6/27, 7/4, 7/11, 7/18, 7/25, 8/1, 8/8 2024
3. Location(s) of Event: Flat Iron Park & Brunk Pavillion
4. Hours: 6:00pm to 8:00pm
Note: Start Time & End Time
5. Event Chair/Contact Person: John Trione Deanna Goodwin Phone: [REDACTED]
6. Day of Event Contact Name: John Trione Deanna Goodwin Phone: [REDACTED]
7. Is the event open to the public? Yes
8. Will you charge an admission fee? No
9. Estimated Attendance Number: 300-500
10. Basis for estimate: Previous years' attendance
11. Will you be setting up a tent? No

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

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

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

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

~~VISIT Lake Geneva staff will ensure refuse collection and disposal immediately following each event.~~

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

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

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

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

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

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: Thursdays: 6/27, 7/4, 7/11, 7/18, 7/25, 8/1, 8/8 2024

Total Number of Parking Stalls being Requested: 2

Parking Stall Number(s) and Location: Center St. parking lot - 2 stalls closest to Brunk Pavilion for band parking and loading / unloading of equipment

3. Description of Signage to be used during event: Self-standing banners on pavilion stage and sandwich boards for wayfinding

**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: Electricity at Brunk Pavilion for band sound system & food vendors

☐ **Water;** Explain: _____

☐ **Traffic Control;** Explain: _____

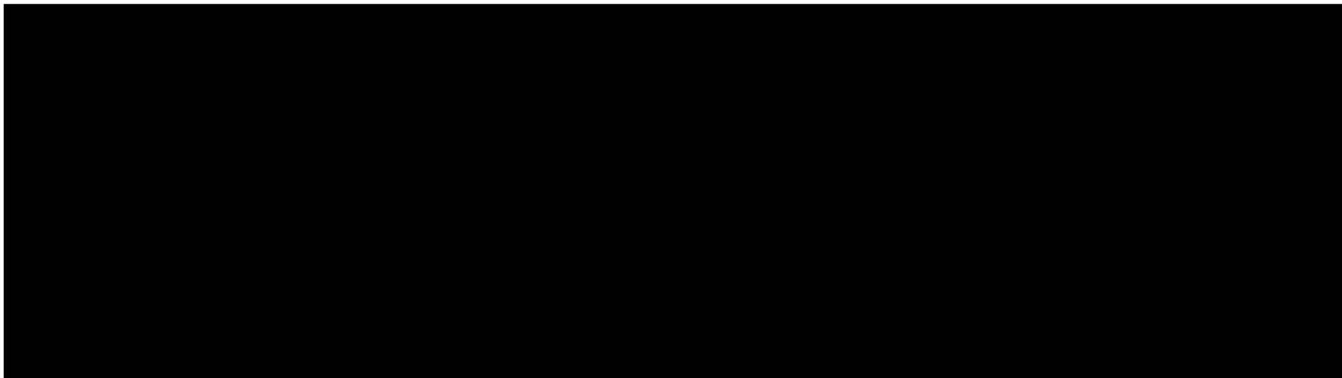
☐ **Police Services;** Explain: _____

☐ **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.**



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: John C. Trione Digitally signed by John C. Trione
Date: 2024.04.25 11:47:35 -05'00' Date: 04/24/24



Thursdays June 27 – August 8, 2024 Vendor & Entertainment Detail

4/24/24

VENDORS

VISIT Lake Geneva will host up to three vendors at the 2024 Concerts in the Park series. All vendors will be serving food and non-alcoholic beverages during each Thursday event, 6:00 – 8:00 p.m. Food choices will range from snacks and appetizers to sandwiches and salads. Beverages will be non-alcoholic only (coffee, water, soda, smoothies, juice, etc.) Vendors will be positioned between the Brunk Pavilion and the Visitor Information Center building (see map below). A 10x10' pop-up tent to the side of the pavilion that VLG and/or weekly band sponsors may be used for promotional purposes. As of this application date food and beverage vendors are confirmed as follows:

Vendor 1 – Magpies Den & Pen (<https://magpieslg.com/>)

Vendor 2 – TBD

Vendor 3 – TBD

ENTERTAINMENT

The band lineup for the 2024 Concerts in the Park series is as follows:

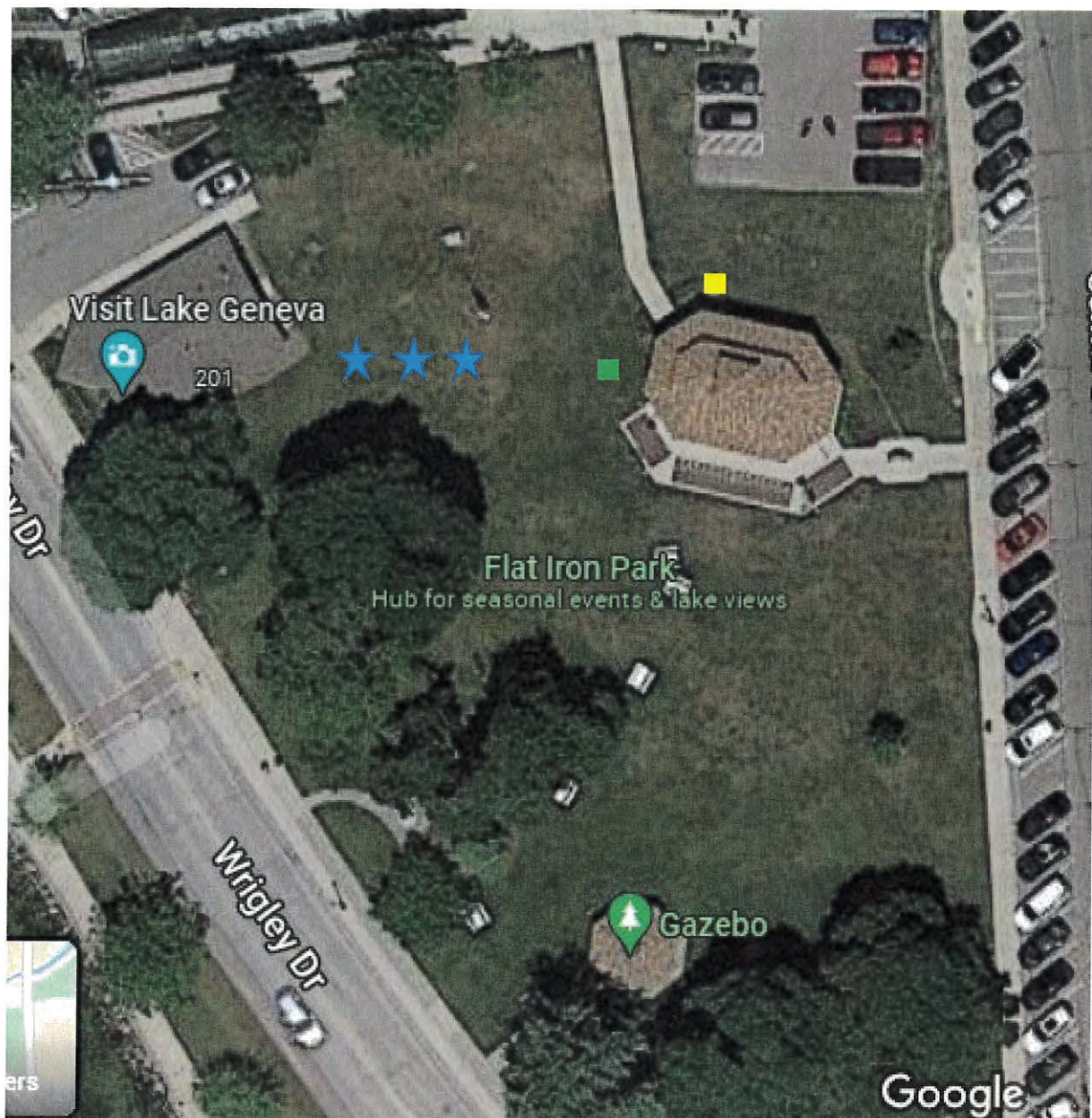
- June 27 – Cheap Foreign Cars
- July 4 – TBD
- July 11 – Big Dog Mercer Band
- July 18 – Lake Geneva Symphony Orchestra
- July 25 – TBD
- August 1 – TBD
- August 8 – TBD

Details including band bios, photos and each weeks' band sponsor can be found online at <https://www.visitlakegeneva.com/events/concerts-park/bands/>.

ON-SITE CONTACTS

One or both of the following VLG staff members will be onsite for all Concerts in the Park events:

1. John Trione, Marketing and Events Manager – mobile phone (262) 581-6819
2. Deanna Goodwin, VP Marketing – mobile phone (262) 914-1303



★ F&B Vendors | ■ Sound Tent | ■ VLG/Sponsor Tent

For Office Use Only

Date Filed with Clerk: 5/1/24 Payment Amount: \$ N/A

Receipt #: N/A

City Clerk/Administrator Signature: [Signature] Date: 5/1/24

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 05/02/2024

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: [Signature] Date: 5/4/24

☒ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 5/6/24

☒ Approve ☐ Denied Notes: _____

Parking Signature: [Signature] Date: 5/3/24

☐ Approve ☒ Denied Notes: REQUESTING DONATION OF 2 STALLS & 7 DAYS
\$280.00

Harbormaster Signature: [Signature] Date: 5-6-24

☒ Approve ☐ Denied Notes: _____

Tier I & Tier II Events Only:

FLR Meeting Date: _____

Council Meeting Date: _____

RESOLUTION OF THE COMMON COUNCIL			
Resolution authorizing carryover of Equipment Replacement Funds budgets from 2023 to 2024			
Committee:	Finance considered on June 4, 2024		
Fiscal Impact:	N/A		
File Number:	24-R46	Date:	June 10, 2024

Whereas, the Common Council approved the 2023 Equipment Replacement Fund Budgets for the City of Lake Geneva for equipment purchases to occur during 2023, and

Whereas, the actual pricing and timing on certain replacement equipment has changed from the budgeted assumptions, and

Whereas, the Common Council hereby finds and determines that it is necessary, desirable and in the best interest of the City of Lake Geneva to amend the 2023 approved budget and carryover the following funds to the 2024 budget as follows:

Equipment Replacement

Acct# 50-22-00-58000 DPW Equipment Purchases (Street Sweeper) \$286,358.80

Whereas, on June 4, 2024 the City of Lake Geneva, Finance, Licensing and Regulation Committee reviewed the proposed budget amendments and found it is in the best interest of the City and recommends that the City of Lake Geneva Common Council approve the carryover of the carryover of Equipment Replacement budget in the amount of \$286,358.80 to the 2024 budget.

Now Therefore be it Resolved by the Lake Geneva Common Council be hereby directed and authorized to carryover 2023 funds and amend the 2024 budget as outlined above.

Granted by action of the Common Council of the City of Lake Geneva this 10th day of June 2024.

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

Mayoral Action: ☐ Accept ☐ Veto

Todd Krause, Mayor

Date

Attest:

Lana Kropf, City Clerk

05-30, 2024

Subject: Boardroom_Teams/Zoom Counsel Meeting Room System

Submitted By: John Kissel

Account Executive – Pro_AV

Sales.service@avprotech.com

Enclosed please find AvProTech's proposal response which includes the following information:

- Executive Summary
- Project Highlights and Equipment / Solution(s) Proposed
- Total Investment & Any Applicable Options or Alternates
- Warranty & Maintenance Information
- Project Clarifications & Qualifications
- Proposed Payment Terms

Based on the information provided to AvProTech, we feel we have provided the most thorough solution. If you have any questions regarding this proposal and any of the items contained within, please feel free to contact me to schedule a meeting to review and/or introduce you to the team of professionals assisting in the design, implementation and on-going support. We look forward to building a partnership with you to assist with your AV and technology needs.

I can easily be reached at , 224-629-0352 (mobile), or via email at sales.service@avprotech.com

Thank you for considering our proposal.

John Kissel

Executive Summary:

System is Teams / Zoom Presentation Meeting Room. System Control will be via a 10" Touch Panel at the Diaz. Client Diaz PC will be connected to cables that support Hdmi and 3.0 Usb for a Teams / Zoom Meeting. A PTZ camera will be mounted on the Rear wall near the Flat panel Display. This will be the camera pointed at the front Diaz. Speech audio will be via the Diaz table mics. This audio will be present in the room and sent to both the far side Teams/Zoom participants and to the You Tube streamer. The system will use a Voice Lift style of audio reinforcement to provide the needed Audio Echo Cancelation and a smooth experience for the participants. This audio will also be recorded on a Digital recorder so that it can be stored and posted. The Diaz PC will be the control Codec for both video and audio which will process these streams over a 3.0 Usb pathway. Ceiling speakers will provide the Program audio, Far Side audio and the Diaz microphone reinforcement. The room will also have wireless presentation capabilities. 2 laptops can be connected at the same time but only one laptop, can be displayed at a time. The Touch Panel will select this option and a pushbutton on a dongle connected to the laptop will select which laptop will be presented on the display system. The AV equipment will be located in the rear closet which will have a new AV rack. The Team/Zoom image will be displayed on the existing projectors and on a new 50" Rear Flat Panel Display. A PTZ camera will be mounted on the Front wall behind the Diaz. This camera will provide the Audience camera image. Control for both cameras will be from the 10" Touch panel at the Diaz. System will utilize the (2) two existing projectors at the front of the room.

Equipment List:

- 1 / 50" flat panel display
- 1 / Flat panel wall mount
- 2 / PTZ 1080 P camera & wall mount
- 10 / 21" LCD Diaz Monitors
- 1 / 3.0 Usb extension system
- 1 / AV Conference Bridge
- 1 / 6 x 2 Matrix Video Switcher
- 1 / Hdmi System Extenders Package
- 1 / 10 Touch Panel Control
- 1 / Control System
- 12 / Diaz Goose Table Mics
- 2 / Wireless Hand Held Mics (Audience / Podium)
- 8 / Ceiling speakers
- 2 / Digital Sound Processor with AEC
- 1 / Video Matrix Switcher
- 1 / Wireless presentation system for 2 laptops
- 1 / You Tube Streaming unit
- 1 / AV Rack
- 1 / interior video Cable Package
- 1 / Interior audio Cable Package

- 1 / Audio system programing
- 1/ Video system programing
- 1 / Control system programing
- 1/ System Commissioning
- 1/ Client Training

Total Investment including Taxes:

For Sound to provide and implement the solution as outlined in this proposal, **\$68,330.00**

Includes a 1 year warranty

Warranty and Maintenance:

In the Total Investment Pricing listed and approved within this proposal, the equipment furnished and installed by AvProTech shall be warranted for one (1) year from substantial completion. Any exceptions to this are listed in clarifications and qualifications.

Additionally, AvProTech offers an extended Warranty and Maintenance plan to cover all labor and equipment for service calls during years 2 – 5. This plan can be adjusted to meet any specific requirements you may have. The pricing as shown is a standard maintenance agreement for years 2 – 5 and will require additional paperwork upon Acceptance.

Cost for Year 2 – Total NIC

Cost for Year 4 – Total NIC

Cost for Year 3 – Total NIC

Cost for Year 5 – Total Nic

Clarifications & Qualifications:

- Pricing in this proposal is valid for forty five days.
- All work to be completed during normal business hours (7:00AM to 3:30PM), Monday thru Friday (excluding holidays).
- Please allow 2-3 weeks for mobilization: equipment, engineering, scheduling and coordination.
- AvProTech will need free access to all areas related to the work within their scope.
- No Telephone, network data, or CATV cabling is included in this proposal.
- The proposal does not include any raceway, conduit, sleeves, coring, back boxes or 120 VAC power, where required.
- All painting and patching, if required, done by others.
- Owner to provide all the necessary IP addresses for the network devices.
- Should any existing equipment, or communications media (i.e. cables, fiber optics, etc.) be used on this contract AvProTech does not warrant the operation of said equipment, and as such should any faults be found with existing equipment, we reserve the right to make additional charges to rectify such faults. All such faults will be reported to the client prior to rectification.
- Owner to provide us with a list of contacts, phone numbers and e-mail addresses for the individuals that will be involved in the project and training session. One up to two-hour training class has been allocated. Any supplemental training will require additional cost, of which is not included in this proposal.

Proposed Payment Terms:

50% due upon order acknowledgement, 40% due upon completion of installation, 10% due upon acceptance.

Acceptance of Proposal

The above specifications, terms, and conditions are satisfactory. You are authorized to do the work as specified.

Respectfully submitted by: John Kissel

John Kissel ; AvProTech

ACCEPTANCE BY PURCHASER:**ACCEPTANCE BY SELLER:**

Accepted by: (Printed Name)

Accepted by: (Printed Name)

Title

Title

Signature

Signature

Date

Date

S3420 Council Chamber Improvements - Budget

City of Lake Geneva

626 Geneva St.
Lake Geneva, WI 53147 US



Presented By:



Smart Spaces

W222 N630 Cheaney Rd
Waukesha, WI 53186 United States
262-955-6400
www.smartspaceswi.com

Modified: 4/23/2024

Revision: 1

Location Summary

Court Room

\$26,438.73

The existing speakers will be reused. The existing stick on microphones will be removed and replaced with desktop microphones to the existing ones. 5 existing microphones will be reused. The existing cameras will be replaced with 3 new cameras. The two rear camera locations will be kept and the two existing front cameras will be replaced with a single camera. These cameras will be programmed to automatically switch and zoom based on the active speaker. The existing video system will remain in-place and will not be added to the control system. That said, a splitter will be added to the output of the evidence PC allowing it to feed into the existing VGA adapted distribution system. An HDMI extender will allow for the other PC output to be run back to the rack closet for content into the streaming device. Please note, if there is not a conduit pathway back or extra existing wiring, Smart Spaces will need to surface run the wire and cover it with rubber floor track so that it can be fished up the wall and over the ceiling to the equipment room. A touchpanel is included for system control which will be set on the main center bench. This could be installed in the equipment room or in a different location with wiring access.

Equipment Closet

\$22,087.60

Smart Spaces will remove all of the existing audio equipment from the racks in the equipment closet unless any devices are tied into the video system that is staying in place. The existing monitor in the rear of the room will no longer work and will be abandoned. Smart Spaces will install a new surge protector, DSP processor, network switch, and amplifier in the existing racks. Smart Spaces will also install a new video streaming and recording device in the racks. This device will take video input from the camera and audio system (via USB) and from the evidence PC via HDMI. The client will be responsible for configuring and managing layouts on this device. Remote management of the audio and camera system is included in this proposal for 1 year. This feature must be continually renewed to maintain access. The current price is \$14 per month for the designed system.

Grand Total:

\$48,526.33

Court Room

The existing speakers will be reused. The existing stick on microphones will be removed and replaced with desktop microphones to the existing ones. 5 existing microphones will be reused. The existing cameras will be replaced with 3 new cameras. The two rear camera locations will be kept and the two existing front cameras will be replaced with a single camera. These cameras will be programmed to automatically switch and zoom based on the active speaker. The existing video system will remain in-place and will not be added to the control system. That said, a splitter will be added to the output of the evidence PC allowing it to feed into the existing VGA adapted distribution system. An HDMI extender will allow for the other PC output to be run back to the rack closet for content into the streaming device. Please note, if there is not a conduit pathway back or extra existing wiring, Smart Spaces will need to surface run the wire and cover it with rubber floor track so that it can be fished up the wall and over the ceiling to the equipment room. A touchpanel is included for system control which will be set on the main center bench. This could be installed in the equipment room or in a different location with wiring access.

Video Switching/Distribution



- | | | |
|---|---|------------|
| 1 | Crestron Electronics HD-DA2-4KZ-E
1:2 HDMI® Distribution Amplifier w/4K60 4:4:4 & HDR Support | \$348.24 * |
|---|---|------------|



- | | |
|---|--|
| 1 | C2G 6ft (1.8m) DisplayPort™ Male to HDMI® Male Adapter Cable
6' Displayport to HDMI cable |
|---|--|



- | | | |
|---|---|--------------|
| 1 | Extron HC 404
HC 404 - Meeting Space Collaboration System | \$1,550.26 * |
|---|---|--------------|



- | | |
|---|---|
| 1 | BSI 10' HDMI Cable 2.0 - non-plenum
10' HDMI cable 2.0, non-plenum |
|---|---|

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Attachment 1



- 1 BSI 6' HDMI Cable 2.0 - non-plenum
6' HDMI cable, non-plenum



- 100 Windy City Wire CAT6SP-BLK
23 AWG 4 Pair Bare Copper, Shielded Plenum Rated Category 6
[Black]

Video Conferencing



- 3 **QSC NC-12x80**
Network camera with motorized PTZ, 12x optical zoom and 80 field-of
view

\$10,748.85 *



- 100 Windy City Wire CAT6SP-BLK
23 AWG 4 Pair Bare Copper, Shielded Plenum Rated Category 6
[Black]

Mic System



- 5 **OFE Microphone**
Owner Furnished Microphone

\$0.00



- 9 **Shure MX412D/C**
Desktop gooseneck cardioid microphone with programmable switch,
LED indicator, snap-fit foam windscreen, 12"

\$2,688.75

Speakers

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

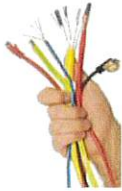
Project No.: S3420

Attachment 1



- 1 **OFE Speakers**
Owner Furnished Speakers

\$0.00 *



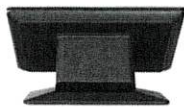
- 1 OFE Cables
Client providing cabling

Control



- 1 **QSC TSC-101-G3**
High Definition Touch Screen Controller

\$2,775.75 *



- 1 QSC TSC-710t-G3
Table Top Mounting Accessory For Tsc-70-G3 And Tsc-101-G3



- 100 Windy City Wire CAT6P-BLK
23 AWG 4 Pair Bare Copper, Non-Shielded Plenum Rated
Category 6 [Black]

Surge Protection



- 1 **WattBox WB-200VB-CE-6**
Power Conditioner with Coax and Ethernet Protection | 6 Outlets

\$101.88

Misc. Parts

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Attachment 1



1	BSI Shipping and Handling Freight	\$250.00
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1	Smart Spaces Misc Parts Misc Parts	\$400.00
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Labor



2	BSI Custom Installation	
---	--------------------------------	--



1	BSI Design and Engineering	
---	-----------------------------------	--



1	BSI Drawings and Documentation Drawings and Documentation	
---	---	--



1	BSI Project Management	
---	-------------------------------	--

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Equipment Closet

Smart Spaces will remove all of the existing audio equipment from the racks in the equipment closet unless any devices are tied into the video system that is staying in place. The existing monitor in the rear of the room will no longer work and will be abandoned. Smart Spaces will install a new surge protector, DSP processor, network switch, and amplifier in the existing racks. Smart Spaces will also install a new video streaming and recording device in the racks. This device will take video input from the camera and audio system (via USB) and from the evidence PC via HDMI. The client will be responsible for configuring and managing layouts on this device. Remote management of the audio and camera system is included in this proposal for 1 year. This feature must be continually renewed to maintain access. The current price is \$14 per month for the designed system.

Video Conferencing



- 1 **Epiphan Pearl Mini**
Recording and Live Streaming Device

\$4,007.77 *



- 1 Wirepath WP-PC-C6TR-7-BLK
Wirepath CAT6 ThinRun Ethernet Patch Cable - 7ft, Black

Audio Switching/Distribution



- 1 **Crestron Electronics AMP-X300**
X Series Amplifier

\$550.00



- 1 **QSC CORE110F-V2-NA**
Q-SYS network + analog I/O processor (v2)

\$3,704.31 *

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Attachment 1



- 1 QSC SLMST-110-P
Q-SYS Microsoft Teams Room software license



- 1 SnapAV B-USB3-AB-2M
Binary USB 3.0 A (Male) to B (Male) 2m, (6.56 feet)



- 1 Wirepath WP-PC-C6TR-7-BLK
Wirepath CAT6 ThinRun Ethernet Patch Cable - 7ft, Black

Control



- 12 **QSC SS-EMA-S-P**
Professional Tier - one System per month

\$168.00 *



- 4 QSC SS-EMA-P-P
Professional Tier - one Peripheral per month

Network



- 1 **QSC NS10-720++**
Network Processor

\$2,255.02 *

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Attachment 1

- 1 Wirepath WP-PC-C6TR-7-BLK
Wirepath CAT6 ThinRun Ethernet Patch Cable - 7ft, Black



Surge Protection

- 1 **Middle Atlantic PD-915R** \$137.50
Rack mount power module 6 switched, 1 unswitched, 15Amp



Racking

- 1 **Middle Atlantic BR1** \$55.00
Brush grommet panel, 1 space



- 1 **OFE Equipment Rack** \$0.00
Owner furnished equipment rack

Misc. Parts



- 1 **BSI Shipping and Handling** \$300.00
Freight



- 1 **Smart Spaces Misc Parts** \$100.00
Misc Parts

Labor

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420



2 **BSI Custom Installation**



1 **BSI Design and Engineering**



1 **BSI Drawings and Documentation**
Drawings and Documentation



1 **BSI Programming**
Programming



1 **BSI Project Management**

* Price Includes Accessories

Presented By: Smart Spaces

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

4/23/2024

Project Summary

Equipment:	\$30,141.33
Installation Labor:	\$8,705.00
Programming Labor:	\$4,800.00
Project Management Labor:	\$1,760.00
Design and Engineering Labor:	\$1,620.00
Drawings & Documentation Labor:	\$1,500.00
Grand Total:	\$48,526.33 plus applicable tax

* Price Includes Accessories

Presented By: Smart Spaces

4/23/2024

Project Name: S3420 Council Chamber Improvements -
Budget

Project No.: S3420

Contract

Presented By:



Modified: 4/23/2024

Revision: 1

S3420 Council Chamber Improvements - Budget

Smart Spaces

W222 N630 Cheaney Rd
Waukesha, WI 53186 United States
262-955-6400
www.smartspaceswi.com

City of Lake Geneva

626 Geneva St.
Lake Geneva, WI 53147 US

Terms and Conditions

Signature of proposal or receipt of customer purchase order binds client to the following terms and conditions.

Peace of Mind SMART SPACES AV Warranty

- All work is warranted by SMART SPACES to be free from defects in materials or workmanship for a period of twelve (12) months from date of delivery /or substantial completion, or for the length of manufacturers stated warranty (whichever is longest, for parts only, labor is for 12 months only). No agent or representative of SMART SPACES is authorized to make any additional representations or warranties unless in writing and made part of these terms and conditions of sale.

System Design Goals

There are two primary principles which determine the content of your system.

- First, we create a system design that precisely matches your individual needs and wants for video, sound and styling.
- Second, we make every attempt to insure that the system is as easy to operate as possible so it will be used and enjoyed more often than a system that is complicated and difficult to use.
- With this in mind, we have recommended a combination of components that will provide the highest level of performance with a minimum amount of user operation. You are assured of receiving the maximum value for your investment.

Optimum Performance and Seamless Integration

- Your system has been carefully engineered to blend with the architecture and interior decor of your home or office, while providing the best possible performance. Our system designer will work with yours or BSI's architect (if part of contract scope), interior decorator, builder or cabinetmaker to assure that the system installation meets their and your aesthetic requirements.

Installation, Services and Responsibilities

- Supervise all phases of the installation
- Review blueprints of equipment cabinetry, for proper dimensions, ventilation and wire management.
- Coordinate work performed by other trades, such as electrical service requirements, carpentry, etc.
- Exclusions: Not included in the scope of work unless called for in Attachment 1, or included in a separate SMART SPACES construction/electrical contract:
 - All conduits, high voltage, wiring panels, breakers, relays, boxes, receptacles, etc.
 - Concrete saw cutting and/or core drilling
 - Fire wall, ceiling, roof and floor penetration
 - Necessary gypsum board replacement and/or repair
 - Necessary ceiling tile or T-bar modifications, replacements and/or repair
 - Structural support of equipment *SMART SPACES is not responsible for building related vibrations
 - All millwork (moldings, trim, cut outs, etc.)
 - Patching and Painting
 - Permits (unless specifically provided for and identified within the contract)
 - Unless otherwise stated the pricing in this agreement does not include prevailing wage or union labor
 - Unless specifically noted lifts and scaffolding are not included.

End User Training Included

- Equipment and system overview
- Equipment operation and function
- Equipment start up, stop, and shut down
- Equipment automatic and manual operation
- Discussion and documentation relating to control system operation
- Discussion and documentation relating to system processor and its control applications
- Powering up, powering down AV system via control system
- Manual operation of display systems, audio system and all other related components

Assumptions

- The room(s) match(es) the drawings provided
- Site preparation by the Customer and their contractors includes electrical and data placement per SMART SPACES specification, if

Contract

SMART SPACES is not providing electrical and data placements.

- Customer communication of readiness will be considered accurate and executable by SMART SPACES project manager.
- If Customer furnished equipment and existing cabling is to be used, SMART SPACES assumes that these items are in good working condition at this time and will integrate into the designed solution. Any repair, replacement and/or configuration of these items that may be necessary will be made at an additional cost.
- All Network configurations including IP addresses are to be provided, operational and functional before SMART SPACES integration begins. SMART SPACES will not be responsible for testing the LAN connections.
- Cable or Satellite drops must be in place with converter boxes operational before the completion of integration. Any delay resulting in extra work caused by late arrival of these items will result in a change order for time and materials.
- A documented Change Control process will be used when possible - the Customer will have an assigned person with the authority to communicate/approve project Field Directed Change Orders and Contract Change Orders.

Delays

- If delivery cannot be made as scheduled (due to non-SMART SPACES related conditions) buyer will pay any applicable warehousing and redelivery charges. The product will be made available for inspection at the designated storage facility and will be invoiced according to original schedule and payment terms.
- Rescheduling and redeployment of BSI technicians due to unacceptable site preparation may cause scheduling delays and Customer will be charged a re-mobilization fee to offset the lost time due to the lack of readiness.

Safety & Storage

- Purchaser agrees to furnish a safe place for storage of BSI supplies and equipment as well as all furnishings and materials, described herein. In addition, supply without cost; necessary light, heat, power, elevator service and a safe environment for SMART SPACES and its associates. SMART SPACES associates shall be informed by the owner of all hazardous substances which they may come in contact with at the site.
- The site shall be clean, clear and free of debris prior to commencement of work. Adequate facilities for off-loading, staging, moving and handling shall be provided.
- After arrival at site, any loss or damages by weather, fire or other elements, other trades, or buyers' personnel, shall be the responsibility of the buyer. On drop shipments not installed by SMART SPACES, client is responsible to receive, unload, inspect, deliver and install the product. Client must notify SMART SPACES, in writing, of any claim for damages to goods within 2 days of drop ship delivery, to be eligible for filing a freight claim. In the event of damages SMART SPACES reserves the right to repair damaged product or replace the item as deemed appropriate by SMART SPACES.

Asbestos/Mold

- In the event it shall be determined or found during the course of SMART SPACES performance of this contract that there is asbestos or mold in the area of the work being so performed, it is understood and agreed that SMART SPACES shall discontinue its work until such time as the asbestos or mold is removed by owner and/or general contractor with whom this contract is being made. In the event the asbestos or mold is not so removed or other suitable arrangements are not made, this contract shall then terminate and SMART SPACES shall then be paid for the work performed by it up to the time of the termination of its performance. SMART SPACES shall not be responsible for the removal, cost of removal or the cost of any construction delays which shall be caused, incurred and/or sustained by reason of the presence of asbestos or mold on the subject premises.
- After asbestos containing materials or mold has been removed by a qualified abatement contractor, the owner shall provide SMART SPACES with a written air clearance sample results (as determined by laboratory analysis) that are no greater than 0.01 fibers per cubic centimeter as analyzed by phase contrast microscopy or as accepted by EPA transmission electron microscopy clearance standard.

Changes

- All change orders or proposals for additional work must be signed before work will commence. No credit allowance shall be made for alterations, unless such credit or allowance has been agreed to by SMART SPACES in writing.
- All additions, amendments, or changes of any manner whatsoever, subsequent to this contract, shall be now and at all times subject to the provisions, restrictions, limitations, conditions and remedies provided for in this contract, whether or not such orders, additions, amendments or changes be evidenced by further writings.
- In the event a cancellation must be made after this proposal is approved and submitted by the purchaser to SMART SPACES, it is understood and agreed that SMART SPACES will be paid for materials ordered, all stock inventory and all work already accomplished on the project to date of cancellation, as well as all manufacturer cancellation/change penalties.

Terms of Payment

- 50% due at time of order for projects under \$250,000. For projects over \$250,000, 1/3 due at order, 1/3 due at receiving of product, and the final 1/3 due at project completion.
- All invoices due within 30 days of receipt. 2.5% interest will be charged on all delinquent payments.

Contract

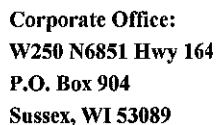
Payment Schedule	Amount	Due Date
Initial Deposit	\$24,263.17	
Final	\$24,263.16	

Client:

Date:

Contractor: Smart Spaces

Date:



Distributors of Equipment and Supplies for ■ Construction ■ Forestry ■ Industry ■ Government

REFERENCE: MBR TR270B QUOTE

WE THANK YOU FOR THE OPPORTUNITY TO QUOTE ON THIS EQUIPMENT

SIGNED JAMESON SADOWSKE



Prepared For:
Tom Earle
City of Lake Geneva
1065 Carey Street
Lake Geneva WI 53147
phone:262-248-6644

Dealer Information
YES JCB
W136 N4901 CAMPBELL DR
WI 53051

Prepared By:
Jeff Sasse
jeffs@yesequipment.com
mobile:262-613-1853
Quote Date: 04/09/24
Valid Until: 05/09/24
Quotation Reference: 414052

Model: 215T NA

Qty: 1

Equipment Description

215T (T4) NA SERIES 3.2
320 MM WIDE RUBBER TRACK SET -4 ROLLER
Cab, Tracked, Heat And Ac For 4- Cyl W/options (Sp T4/s5 3.2)
JCB Controls With 7 Way Joystick T4/s5
No Bucket Option
NORTH AMERICAN ENGLISH MANUAL - FOR CAB MACHINE
High Flow Hydraulics For Vertical Lift With Creep Speed T4/s5
2 SPEED FOR TRACKED MACHINES
BLOCK HEATER - 110V TIER 4 FINAL
Vinyl Air Suspension Seat With Adjustable Control Pods T4/s5
Reversing Fan T4/s5
Parallel Lift And Smooth Ride 215/215T With High Flow T4/s5
Powered Quick Hitch T4s5
Sp Rear View Camera 3.2
72 inch MDS low Profile Bucket w/BOCE

Equipment Total	69,014.00
Total Customer Sale Price	69,014.00

The above quote supercedes all preceeding price quotes. Prices quoted are valid for 30 days from quote date. Price does not include government fees, taxes or any financE charges (if applicable). Price does not include freight and local delivery unless stated. Final actual sales price may vary depending on options or accessories selected.

Customer Acceptance: _____

Date: _____

Dealer: _____

Date: _____



2023 Bobcat® T76

CAB/HEAT/AIR SJC

-  **CHECK AVAILABILITY** (/--XT-XINQUIRY?FR=XPREOWNEDINVENTORYDETAIL&OID=15089399) 
-  **TRADE VALUE** (/--XT-XTRADE_VALUE?FR=XPREOWNEDINVENTORYDETAIL&OID=15089399) 
-  **GET FINANCING** (HTTPS://WWW.AGDIRECT.COM/?6CLID=CMZQJL30_C0CFQ6EAQOD8-MBP6) 
-  **CONTACT US** (/--XT-XCONTACT?FR=XPREOWNEDINVENTORYDETAIL&OID=15089399) 
-  **PRINT** (/DEFAULT.ASP?PAGE=XPREOWNEDINVENTORYDETAIL&ID=15089399&FORMAT=PRINT&UNIT=-BOBCAT174-T76-COLUMBUS-WISCONSIN-ID-15089399) 
-  **SHARE** 

(//www.addthis.com/bookmark.php?v=250&pubid=ra-510058cc38e77c14) 

(https://www.midstateequipment.com/default.asp?page=xInventoryDetail&id=15089399)

INFO

- CAB/HEAT/AIR SJC
- 2 SPEED
- HIGH FLOW
- POWER BOBTACH
- 7" TOUCH SCREEN
- HEATED AIR RIDE SEAT
- REAR CAMERA
- RADIO
- AUTO RIDE CONTROL
- HYD BUCKET POSITION
- REVERSING FAN
- MULTI-BAR TRACKS
- NO BUCKET

PHOTOS

Sale Price	\$78,500.00
(/--xt-xInquiry?fr=xPreOwnedInventoryDetail&oid=15089399)	
Condition	Pre-Owned
Stock Number	164844
Make	Bobcat®
Model	T76
Serial Number	B4CE25306
Engine Hours	75
Location	Prairie du Sac

Recommendations

CHECK AVAILABILITY ▶ (/--XT-XINQUIRY?FR=XPREOWNEDINVENTORYDETAIL&OID=15089399)

Quote Summary**Prepared For:**

CITY OF LAKE GENEVA WI. USA
626 GENEVA ST
LAKE GENEVA, WI 53147
Business: 262-248-6644

Prepared By:

Hutton Mark
Mid-State Equipment Salem
8841 Antioch Road
Salem, WI 53168
Phone: 262-843-2326
mhutton@midstateequipment.com

Quote Id: 30335629
Created On: 06 February 2024
Last Modified On: 06 February 2024
Expiration Date: 08 March 2024

Equipment Summary	Selling Price	Qty	Extended
JOHN DEERE 1600 Turbo TerrainCut Commercial Wide-Area Mower with 4-Post ROPS Canopy	\$ 72,341.36 X	1 =	\$ 72,341.36
Equipment Total			\$ 72,341.36

Quote Summary

Equipment Total	\$ 72,341.36
SubTotal	\$ 72,341.36
Est. Service Agreement Tax	\$ 0.00
Total	\$ 72,341.36
Down Payment	(0.00)
Rental Applied	(0.00)
Balance Due	\$ 72,341.36

Salesperson : X _____

Accepted By : X _____



JOHN DEERE

Selling Equipment

Quote Id: 30335629

Customer: CITY OF LAKE GENEVA WI. USA

JOHN DEERE 1600 Turbo TerrainCut Commercial Wide-Area Mower with 4-Post ROPS Canopy

Hours:

Stock Number:

Selling Price

\$ 72,341.36

Code	Description	Qty	Unit	Extended
0736TC	1600 Turbo TerrainCut Commercial Wide-Area Mower with 4-Post ROPS Canopy	1	\$ 91,749.00	\$ 91,749.00
Standard Options - Per Unit				
001A	United States and Canada	1	\$ 0.00	\$ 0.00
183N	JDLink™ Modem	1	\$ 0.00	\$ 0.00
0443	US English w/ Spanish (Bi-Lingual) Operator's Manual	1	\$ 0.00	\$ 0.00
Standard Options Total				\$ 0.00
Technology Options				
UCNV0023	Special Discount	1	\$ -8,257.41	\$ -8,257.41
Technology Options Total				\$ -8,257.41
Dealer Attachments				
BUC11543	LED Road Light Kit	1	\$ 690.16	\$ 690.16
BUC11229	Tricycler Mulching Kit	1	\$ 700.86	\$ 700.86
M144935	Mulching Blades	7	\$ 26.25	\$ 183.75
	Installation	1	\$ 440.00	\$ 440.00
Dealer Attachments Total				\$ 2,014.77
Value Added Services Total				\$ 0.00
Other Charges				
	Setup	1	\$ 340.00	\$ 340.00
Other Charges Total				\$ 340.00
Suggested Price				\$ 85,846.36
Customer Discounts				
Customer Discounts Total			\$ -13,505.00	\$ -13,505.00
Total Selling Price				\$ 72,341.36

Reinders

Quote

Account: 125380

City of Lake Geneva

1065 Cary Street

Lake Geneva WI 53147

Attn: Tom Earle

Prepared By:

Ryan Maier

Territory Manager

13400 Watertown Plank Rd.

Elm Grove, WI 53122-2227

Cell (262) 443-0363

Fax (847) 678-5511

rmaier@reinders.com

<u>Quote ID</u>	Prices are subject to change without notice
Q148303	
<u>Quote Date</u>	Contract
2/23/24	Quote

Sourcewell #031121-TTC / Omnia #2017025

QTY	CODE	DESCRIPTION	SUGGESTED LIST	TOTAL
1	30609	Groundsmaster 4000-D (T4)	\$111,884	\$87,270
1	30422	Leaf Mulching Kit	\$2,097	\$1,636
8	93-5974	8 Inch Foam Filled Caster Wheel Assembly	\$1,874	\$1,462
1	108-1450	Atomic Blade Service Pack (7 Blades, 21.75 Inch)	\$271	\$212
1	30669	Universal Sunshade, White	\$959	\$748
1	03247	Operator Cooling Fan	\$409	\$319
1	03248	Universal Sunshade Switch Panel	\$321	\$250
1	31522	4WD Flow Divider Kit	\$665	\$519
1	31693	North American Road Light Kit (MY21 & Newer)	\$2,640	\$2,059
1	44967	MVP Kit 1000 Hour (PX Hydraulic Fluid - September 12, 2018 And Up)	\$494	\$385



Configured Contract Price:	\$94,859
Dealer Assembly & Delivery:	\$3,794
Trade Totals:	\$0
Final Sale Price:	\$98,654

Reinders

Quote

Account: 125380
City of Lake Geneva
 1065 Cary Street
 Lake Geneva WI 53147
 Attn: Tom Earle

Prepared By:
Ryan Maier
 Territory Manager
 13400 Watertown Plank Rd.
 Elm Grove, WI 53122-2227
 Cell (262) 443-0363
 Fax (847) 678-5511
rmaier@reinders.com

<u>Quote ID</u>	Prices are subject to change without notice
Q148303 GM4000	
<u>Quote Date</u>	Contract
12/20/23	Quote

Sourcewell #031121-TTC // Omnia #2017025

QTY	CODE	DESCRIPTION	SUGGESTED LIST	TOTAL
1	30609	Groundsmaster 4000-D (T4)	\$111,884.00	\$87,269.52
1	30422	Leaf Mulching Kit	\$2,097.00	\$1,635.66
8	93-5974	8 Inch Foam Filled Caster Wheel Assembly	\$1,874.40	\$1,462.03
1	108-1450	Atomic Blade Service Pack (7 Blades, 21.75 Inch)	\$271.39	\$211.68
1	30669	Universal Sunshade, White	\$959.00	\$748.02
1	03247	Operator Cooling Fan	\$409.00	\$319.02
1	03248	Universal Sunshade Switch Panel	\$321.00	\$250.38
1	31522	4WD Flow Divider Kit	\$665.00	\$518.70
1	31693	North American Road Light Kit (MY21 & Newer)	\$2,640.00	\$2,059.20
1	44967	MVP Kit 1000 Hour (PX Hydraulic Fluid - September 12, 2018 And Up)	\$493.91	\$385.25



Configured Contract Price: \$94,859.47
 Dealer Assembly & Delivery: \$3,794.38
 Trade Totals: \$0.00
Final Sale Price: \$98,653.84

2024 Purchase Price Estimate: \$106,546.15

ORDER ACCEPTANCE AGREEMENT



City of Lake Geneva



- Due to ongoing volatility in commodity prices and logistics costs, Reinders is unable to guarantee pricing, lease rates or lease payments.
- Changes in prices will be presented to you prior to delivery and you have the right to opt out of this purchase at any time prior to set-up, with no additional charges or penalties for cancelation.
- Reinders may require a signed UCC Form prior to delivery.
- 1% service fee will be added to all credit card transactions.
- Financed products are a transaction between the lessee and your lease company. Reinders cannot ship any product until approved for shipment by the Lessor.
- Due to product availability, separate finance documents and schedules will be enforced when leasing multiple traction units.
- All applicable federal, state, and local taxes levied on the transaction as described in this quotation is the purchaser's responsibility. No tax exemptions will be recognized unless a valid tax exemption certificate is provided or is on file.
- Requested changes in regards to the quantities, specifications, schedule, financing, or other aspects of the services described in this quotation are not binding unless accepted by Reinders in writing and may accrue additional charges.

✓ Please sign below. This confirms that you are giving Reinders permission to order the products on the quote I.D. listed below and that you agree to the terms of the order acceptance.

Quote I.D # : _____ Q148303 GM4000

Print Name: _____

Signature: _____

Date: _____



Reinders is a Proud Supporter of the following



HR600

LARGE AREA ROTARY MOWER

12' x 6' 3/4" (3.7m x 2.0m)



- LOW MAINTENANCE DRIVE SHAFTS AND DIRECT DRIVE
- TILT SENSOR WARNING SYSTEM AND TILT WARNING ANGLE
- LOW WEIGHT FOR EFFICIENCY AND FUEL ECONOMY
- 100% DIRECT DRIVE
- ZERO MAINTENANCE DECKS
- 100% ZERO MAINTENANCE DECKS

DECK WIDTH
137"
(3.5M)

DECK HEIGHT
1" - 4.75"
(25MM - 121MM)
0.25" (6.4MM)
INCREMENTS

CUTTING CAPACITY
13.8 AC
(5.6HA) / HR
AT 10MPH (16KM/H)

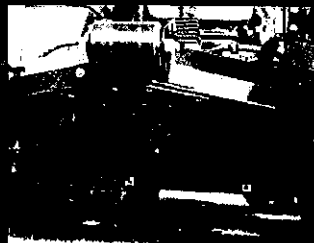
FUEL CAPACITY
20.4 GAL
(77.1L)

POWER SOURCE
65.2HP
(48.6KW) TURBODIESEL

MAXIMUM SPEED
15.5 MPH
(25KPH)

The HR600 large area rotary mower lets you take Jake's power anywhere. It cuts roughs, surrounds, around obstacles on golf courses, parks and sports fields effortlessly in all conditions. Fitted with MARBAIN® Boron Alloy Steel Blades, it will give you a first-class finish everytime.

Tilt Sensor Technology, will also warn you of safe working angles. The HR600 is low weight for efficiency and fuel economy, combined with zero maintenance decks and unrivalled operator comfort, it will keep you mowing until the work is done.

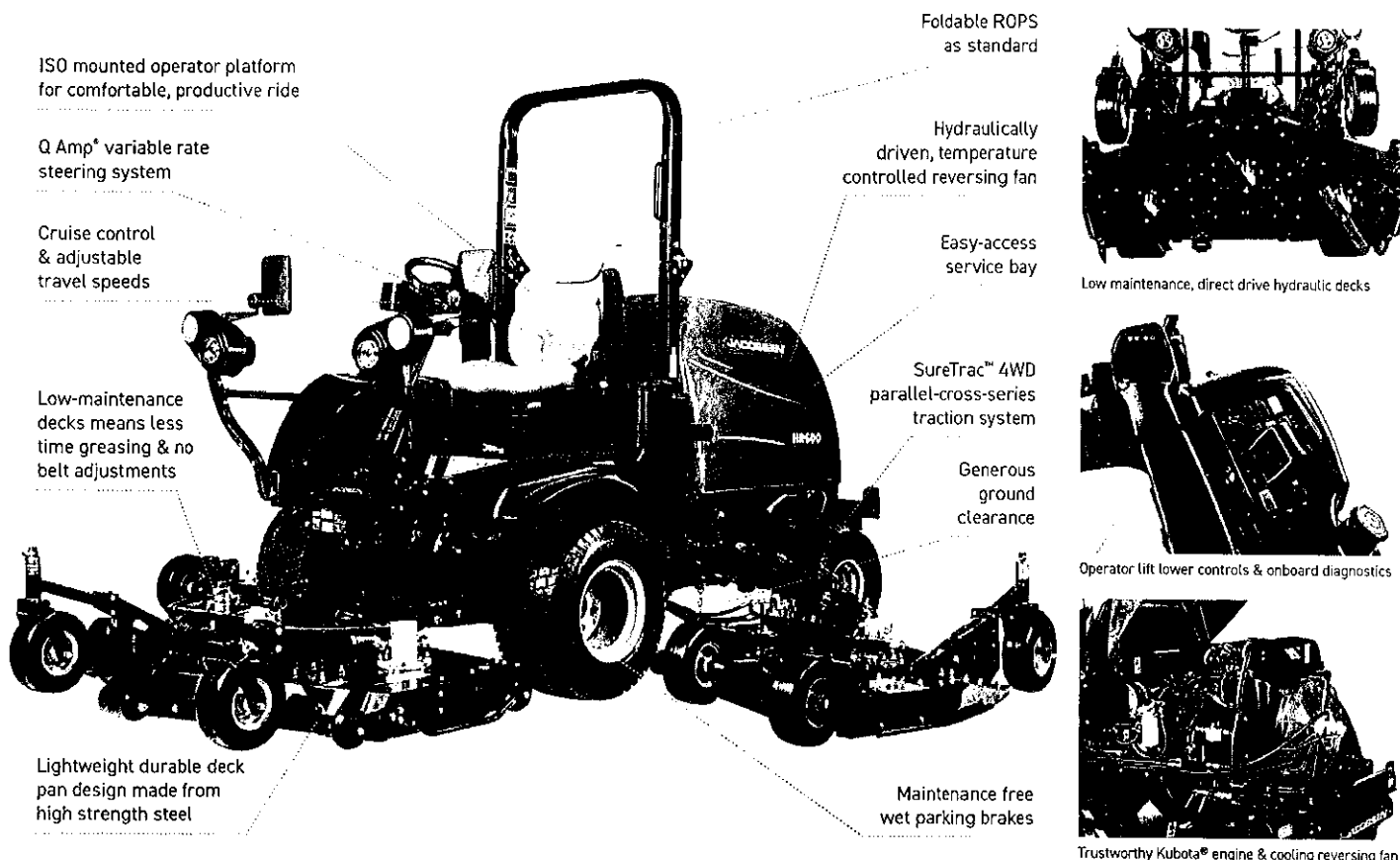


INTEGRITY

Jake

HR600

LARGE AREA ROTARY MOWER



DECKS & CUTTING UNITS

NUMBER AND SIZE

1 x 60" (1.52m) front deck; 2 x 44" (1.12m) wing units

BLADE MATERIAL

MARBAIN® boron alloy steel

DECK LIFT & LOWER

Individual via fingertip operated joysticks

WEIGHT TRANSFER

On demand electrically operated hydraulic weight transfer system

DECK CONSTRUCTION

11 gauge (3mm) Strenx, high strength steel shell

TRACTION, BRAKES & SPEED

TRACTION DRIVE

Hydrostatic closed loop parallel-cross-series SureTrac™ system

DECK DRIVE

Seven individual hydraulic motors with self lubricating integral bearings

HYDRAULIC SYSTEM

13.3 gal. (50.2L) reservoir with 10 micron remote charge filters and suction screening at tank. Oil cooler in side by side radiator.

SERVICE BRAKES

Dynamic through hydrostatic traction system

PARKING BRAKES

Automatic wet parking brakes integrated into wheel motors

STEERING

Power Steering

MOWING SPEED

10mph (16.4km/h)

REVERSE SPEED

4mph (6.4km/h)

WEIGHTS & DIMENSIONS

WEIGHT (excluding fuel)

3900lbs (1769kg), 4356lbs (1976kg) with cab

LENGTH (less catchers)

143" (3.62m) front deck down

OVERALL HEIGHT (ROPS up)

83" (2.1m)

WHEELBASE

64" (1.65m)

TRANSPORT WIDTH

65" (1.67m)

WORKING WIDTH

143" (3.63m)

WARRANTY

MOWER WARRANTY

2 Years

ACCESSORIES

■ Road light kit

■ Canopy/sunshade

■ Climate controlled deck

■ Cab accessories - road light

kit, Rear wiper kit

TurfWerks

PARTNERS IN GROWTH

IOWA - MINNESOTA - MISSOURI - NEBRASKA

Equipment Request

Customer Name	City of Lake Geneva	Date	1/19/24
Account Number		Ship Address	
Contact Person	Neil Waswo	City, State	York, NE
Phone Number	262-248-6644	Zip Code	
Email Address	nwaswo@cityoflakegeneva.com	Authorized Signer & Title	

PO Number _____ Turfwerks Contact _____ Josh Shull

Deliver Date _____ Special Terms _____

MODEL #	QTY	PRODUCT DESCRIPTION	List Price	Govn't Price
JMP653F	1	Jac HR600, 65hp Kub Diesel, 4wd, 11 ft	\$ 125,212.00	\$ 93,909
LMAC650-B	1	Wing decks	Included	\$ -
LMAC684-B	1	Front deck	Included	\$ -
LMAC651-P	1	Non flat deck tires	Included	\$ -
JHR700F	1	Jac HR700, 65hp Kub Diesel, 4wd, 14 ft	\$ 143,783.00	\$ 107,837
		*Decks included		
LMAC651-P	1	Non flat deck tires	Included	\$ -
		*Special price while inventory is available		
JMP653F	1	Jac HR600, 65hp Kub Diesel, 4wd, 11 ft	\$ 86,500.00	\$ 86,500.00
LMAC650-B	1	Wing decks	Included	\$ -
LMAC684-B	1	Front deck	Included	\$ -
LMAC651-P	1	Non flat deck tires	Included	\$ -
		*Special price while inventory is available		
JHR700F	1	Jac HR700, 65hp Kub Diesel, 4wd, 14 ft	\$ 102,500.00	\$ 102,500.00
		*Decks included		
LMAC651-P	1	Non flat deck tires	Included	\$ -
			Subtotal	
			Sales Tax	
			TOTAL	

Notes

***Pricing guaranteed with PO or signed order**

***Pricing subject to change - please call before ordering**

JACOBSEN

TURFCO

Smithco

PROGRESSIVE
TURF EQUIPMENT INC.
The Better Built Choice™

YANMAR

Order Accepted:

Customer Signature

Date

Sales Rep Signature

1/19/2024

Date

Position Title

Dept/Div:

FLSA Status:

General Definition of Work (paragraph)

Essential Functions (bulleted information in each category)(categories can be changed)

General Duties-

-
-

Strategic & Long Range Planning-

-
-

Supervision-

-
-

Budget-

-
-

Knowledge, Skills and Abilities (paragraph)

Education and Experience (paragraph)

Physical Requirements (paragraph)

Special Requirements (example - Notary, or special licensing)

Note: This job description is not intended to be all-inclusive. Employee may perform other related duties as needed to meet the ongoing needs of the organization.

City Administrator

Dept/Div: Administration

FLSA Status: Exempt

General Definition of Work

Performs complex professional work directing and supervising all operations and activities of the City government, ensuring City ordinances and State statutes, resolutions and policies adopted by the Common Council are implemented and consistently applied, and related work as apparent or assigned. Work involves setting policies and goals under the direction of the Common Council. Organizational supervision is exercised over the Department Heads.

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skills, and/or abilities required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Essential Functions

General Duties-

- Carry out directives of the Mayor and Council which require administrative implementation, reporting promptly to the Mayor and Council any difficulties encountered.
- Administer day-to-day operations of City government including monitoring City ordinances, resolutions, Council meeting minutes, and state statutes. Directs and manages the operations of the City; provides direction to all City functions falling under the authority of the Common Council.
- Attend Finance/License and Regulation Committee meetings. Keep informed by minutes and/or committee members, of the activities, etc. of all other committees, boards, and commissions of the City.
- Represent the City in matters involving legislative and intergovernmental affairs as authorized and directed as to that representation by the Mayor and the Council.
- Represent the City at various meetings, functions and events; serve as liaison to various civic and intergovernmental organizations and committees, task forces, boards and commissions; sets regularly scheduled meetings with officials from other units of local government and business and community organizations; provides information about City operations as authorized and directed as to that representation by the Mayor and the Council.
- Act as public information officer for the City with the responsibility of ensuring that the news media are kept informed about the operations of the City and that all open meeting rules and regulations are followed.
- Establish and maintain procedures to facilitate communications between citizens and City government to ensure that complaints, grievances, recommendations and other matters receive prompt attention by the responsible official, and to ensure that all such matters are expeditiously resolved.

- Attend all meetings of the Council, assisting the Mayor and the Council as required in the performance of their duties.
- In coordination with the Mayor, the Chairpersons and the Clerk, ensure that appropriate agendas are prepared to all meetings of the Council, all Council committees and all other appropriate committees and commissions of the City, together with such supporting material as may be required, with nothing in this section being construed as to give the Administrator authority to limit or in any way prevent matters from being considered by the Council, or any of its committees and commissions.
- Assist in the preparation of ordinances and resolutions as requested by the Mayor or the Council, or as needed.
- Keep the Mayor and Council regularly informed about the activities of the Administrator's office by oral or written report at regular and special meetings of the Council.
- Briefs Council members on pending agenda items and other City issues.
- Provides analysis as needed to assist the Council in making informed policy decisions.
- Provides administrative support to Mayor and Council members as needed.
- Coordinates special projects.
- If action normally requiring Council approval is necessary at a time when the Council cannot meet, the Administrator shall receive directives from the Mayor, or in the absence of the Mayor, from the Council President.

Strategic & Long Range Planning-

- Evaluate and codify all existing City policies and procedures. Serve as the city's "American with Disabilities Act" (ADA) Compliance Officer. For personnel, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- Assist the Mayor and Council in establishing City-wide goals and objectives; ensure that these goals and objectives are implemented on a consistent basis.
- Assists Mayor and City Council with strategic and long-range planning for the city; participates in planning efforts at the local and regional levels; keep city council apprised of developments at the State and Federal levels that impact the city; monitors pending legislation for impact on the city' oversees compliance with new legislation. Submit appropriate reports and recommendations thereon to the Council.
- Establish when necessary administrative procedures to increase the effectiveness and efficiency of City government according to current practices in local government.
- Promote the economic well-being and growth of the City through public/private sector cooperation.

Supervision-

- Review the existing organization chart, which defines authority and responsibility for all nonstatutory positions of the City and submit any suggested

changes to the Personnel Committee for recommendation to Council for adoption as the official organization and administrative procedure plan for the City.

- Works with department heads and senior management to ensure effective coordination and cooperation among departments; coordinates the continuous review of interdepartmental processes for quality control and improvement; facilitates problem-solving at all levels in the organization.
- Recommending to personnel the appointment, promotion, and when necessary for the good of the City, the suspension or termination of all City employees who are not subject to personnel decisions by the Board of Police and Fire Commissioners or the Library Board.
- Evaluate in conjunction with department heads the performance of all employees on a regular basis; develop and enforce high standards of performance by City employees; ensure that City employees have proper working conditions; and work closely with department heads to promptly resolve personnel problems or grievances.
- Assist in labor contract negotiations and collective bargaining issues.
- Work closely with supervisors to assure that employees receive adequate opportunities for training to maintain and improve their job-related knowledge and skills and act as the approving authority for requests by employees to attend conferences, meetings, training schools, etc., provided that funds have been budgeted for these activities.
- Oversees and participates in the resolution of inquiries and complaints from the public and other organizations.
- Manages professional contractors and/or consultants providing services to the City.

Budget-

- Keep informed concerning the availability of federal, state, and county funds for local programs. Assist department heads and the council in obtaining these funds under the direction of the Mayor and the Council.
- Responsibility for the preparation of the annual City budget, in accordance with guidelines as may be provided by the City Council and in coordination with department heads, and pursuant to state statutes, for review and approval by the Mayor and the Council.
- Administering the budget as adopted by the Council. Oversees the development and administration of the annual budget and capital improvement program.
- Reporting regularly to the Council on the current fiscal position of the City.
- Supervising the accounting system of the City ensuring that the system employs methods in accordance with current professional accounting practices.
- Serving as the purchasing agent for the City, supervising all purchasing and contracting for supplies and services, subject to the purchasing procedures established by the Council and any limitation contained in the state statutes.
- Assist the Comptroller in examining investment accounts and reports to ensure compliance with established fiscal policies and procedures.

Knowledge, Skills and Abilities

Comprehensive knowledge of public administration principles and practices; comprehensive knowledge of municipal corporation laws, ordinances and regulations; thorough knowledge of municipal finance practices; thorough knowledge of development practices and regulations, thorough knowledge of human resource and labor relations practices and regulations; ability to operate standard office equipment and software packages; ability to write clear and concise reports, memoranda, directives and letters; ability to analyze complex problems and develop comprehensive plans from general instructions; ability to meet the public and to discuss problems and complaints; ability to communicate effectively, both orally and in writing; ability to establish and maintain effective working relationships with department heads, the City Council and the general public.

Education and Experience

Bachelor's degree in Public Administration, Political Science or related field and considerable experience as an assistant city administrator or department head, or equivalent combination of education and experience. **Master's degree in a related field of study preferred. Experience working in the State of Wisconsin preferred. Proficient in Robert's Rules of Order is a plus.**

Physical Requirements

This work requires the occasional exertion of up to 25 pounds of force; work regularly requires sitting and speaking or hearing, frequently requires using hands to finger, handle or feel and occasionally requires standing, walking, stooping, kneeling, crouching or crawling, reaching with hands and arms, lifting and repetitive motions; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels; work requires preparing and analyzing written or computer data, operating motor vehicles or equipment and observing general surroundings and activities; work occasionally requires exposure to outdoor weather conditions; work is generally in a moderately noisy location (e.g. business office, light traffic).

Special Requirements (example - Notary, or special licensing)

None

NOTE: This job description is not intended to be all-inclusive. Employee may perform other related duties as needed to meet the ongoing needs of the organization.

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Bank.Bank account = "43257"

[Report].Invoice GL Account = {<>} 61

[Report].Invoice GL Account = {<>} 62

Invoice.Batch = "05232024", "05242024", "05302024"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
05/30/2024	424	6858	ELAN FINANCIAL SERVICES	9,855.88
05/23/2024	85765	5428	CITY OF LAKE GENEVA POLICE DEPT	103.10
05/24/2024	85766	2104	AT&T	5,464.77
05/24/2024	85767	6767	AT&T	338.90
05/24/2024	85768	2109	AT&T MOBILITY	2,151.20
05/24/2024	85769	6263	CHARTER COMMUNICATIONS	699.93
05/24/2024	85770	6129	DE LAGE LANDEN FINANCIAL SERVICES INC	253.75
05/24/2024	85771	7071	FLANNERY, AIDAN	163.23
05/24/2024	85772	6600	GENCOMM	1,031.50
05/24/2024	85773	6524	JONES, HEATHER	5,833.34
05/24/2024	85774	2903	LEAGUE OF WI MUNICIPALITIES	325.00
05/24/2024	85775	3233	RHYME BUSINESS PRODUCTS	156.61
05/24/2024	85776	5703	TOTAL PARKING SOLUTIONS INC	37,577.00
05/24/2024	85777	4973	US BANK	3,767.99
05/24/2024	85778	5001	VERIZON WIRELESS	38.01
05/24/2024	85779	6456	WARD-PACKARD, ELLEN	2,400.00
05/24/2024	85780	5071	WE ENERGIES	1,404.51
05/30/2024	85781	6160	AMAZON CAPITAL SERVICES	6,258.55
05/30/2024	85782	6263	CHARTER COMMUNICATIONS	119.98
05/30/2024	85784	6474	GFC LEASING - WI	247.81
05/30/2024	85785	25	HAYWOOD, ANISSA J	400.00
05/30/2024	85786	2195	HINZPETER, COURTNEY	108.00
05/30/2024	85787	5555	MUELLER, AMY	275.00
05/30/2024	85788	5226	PAPENFUS, CINDY	108.00
05/30/2024	85789	5745	REBHORN, JOHN	53.29
05/30/2024	85790	5465	REYNOLDS, LORI	108.00
05/30/2024	85791	3233	RHYME BUSINESS PRODUCTS	115.97
05/30/2024	85792	2556	TOWN OF GENEVA	4,391.80
05/30/2024	85793	7072	VERIZON WIRELESS SERVICES LLC	960.00
05/30/2024	85794	6835	WALWORTH COUNTY CIRCUIT COURT	5,000.00
05/30/2024	85795	5783	WALWORTH COUNTY REGISTER OF DEEDS	30.00
05/30/2024	85796	2800	KORNAK, EMILY	30.00
05/30/2024	85797	5595	NORTHERN IL DIVE TRAINING	3,200.00
Grand Totals:				92,971.12

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
11-00-00-21100	535.91	38,647.73-	38,111.82-
11-00-00-21300	163.23	.00	163.23
11-00-00-24400	4,391.80	.00	4,391.80

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
11-10-00-53160	30.00	.00	30.00
11-12-00-24280	5,000.00	.00	5,000.00
11-12-00-52210	81.40	.00	81.40
11-12-00-53100	215.60	.00	215.60
11-13-00-53320	325.00	.00	325.00
11-14-20-53240	914.00	.00	914.00
11-14-30-53100	.00	158.14-	158.14-
11-14-30-53110	451.27	9.13-	442.14
11-14-30-53120	140.60	.00	140.60
11-15-10-53100	14.38	.00	14.38
11-15-10-54500	1,177.70	.00	1,177.70
11-16-10-52210	1,021.03	.00	1,021.03
11-16-10-52240	641.37	.00	641.37
11-16-10-53100	501.17	.00	501.17
11-16-10-53500	19.45	.00	19.45
11-21-00-51380	1,031.50	.00	1,031.50
11-21-00-51390	255.75	.00	255.75
11-21-00-52210	2,752.60	.00	2,752.60
11-21-00-52620	2,891.78	.00	2,891.78
11-21-00-53100	17.30	.00	17.30
11-21-00-53120	69.95	.00	69.95
11-21-00-53160	1,206.29	.00	1,206.29
11-21-00-53300	160.00	.00	160.00
11-21-00-53310	1,563.31	.00	1,563.31
11-21-00-53420	86.15	37.50-	48.65
11-21-00-53610	1.77	.00	1.77
11-21-00-53800	990.00	.00	990.00
11-21-00-53990	165.37	.00	165.37
11-21-00-54100	725.00	85.00-	640.00
11-22-00-51380	517.50	.00	517.50
11-22-00-51440	.00	20.39-	20.39-
11-22-00-52175	1,652.15	219.00-	1,433.15
11-22-00-52210	1,165.35	.00	1,165.35
11-22-00-52240	291.06	.00	291.06
11-22-00-53100	470.29	5.38-	464.91
11-22-00-53120	26.54	.00	26.54
11-22-00-53200	198.00	.00	198.00
11-22-00-53400	313.62	.00	313.62
11-22-00-53410	399.93	.00	399.93
11-22-00-53500	545.52	.00	545.52
11-22-00-53990	11.67	.00	11.67
11-22-00-55100	144.00	.00	144.00
11-22-00-58100	537.60	.00	537.60
11-22-00-58110	3,200.00	.00	3,200.00
11-24-00-53100	115.97	.00	115.97
11-24-00-53310	270.32	.00	270.32
11-32-10-52210	170.36	.00	170.36
11-32-10-52240	237.83	.00	237.83
11-32-10-52500	33.99	.00	33.99
11-32-10-53400	136.65	.00	136.65
11-32-10-53410	185.28	.00	185.28
11-32-10-53500	352.24	1.37-	350.87
11-32-10-53900	109.00	.00	109.00

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
11-51-10-52240	141.52	.00	141.52
11-52-00-53400	387.36	.00	387.36
11-52-00-53990	14.99	.00	14.99
11-52-01-52240	14.22	.00	14.22
40-00-00-21100	.00	1,590.37-	1,590.37-
40-52-10-52640	786.23	.00	786.23
40-52-10-53990	52.15	.00	52.15
40-55-10-52210	54.43	.00	54.43
40-55-10-52240	43.18	.00	43.18
40-55-10-53500	78.46	.00	78.46
40-55-20-52210	311.21	.00	311.21
40-55-20-53500	264.71	.00	264.71
42-00-00-21100	.00	37,908.82-	37,908.82-
42-34-50-46330	1.00	.00	1.00
42-34-50-52210	54.17	.00	54.17
42-34-50-53100	208.09	.00	208.09
42-34-50-53400	68.56	.00	68.56
42-34-50-54500	37,577.00	.00	37,577.00
47-00-00-21100	.00	5,953.32-	5,953.32-
47-00-00-57212	5,833.34	.00	5,833.34
47-70-00-57155	119.98	.00	119.98
48-00-00-21100	.00	62.55-	62.55-
48-00-00-52210	27.22	.00	27.22
48-00-00-52240	35.33	.00	35.33
50-00-00-21100	.00	1,268.84-	1,268.84-
50-21-00-58000	89.99	.00	89.99
50-22-00-58000	1,178.85	.00	1,178.85
61-00-00-21100	.00	190.52-	190.52-
61-00-00-53100	102.56	.00	102.56
61-00-00-93800	87.96	.00	87.96
62-00-00-10700	209.96	.00	209.96
62-00-00-21100	.00	503.48-	503.48-
62-00-00-67600	180.00	.00	180.00
62-00-00-92100	113.52	.00	113.52
98-00-00-21100	.00	840.03-	840.03-
98-00-00-52110	840.03	.00	840.03
99-00-00-21100	138.63	6,680.00-	6,541.37-
99-00-00-52110	108.69	.00	108.69
99-00-00-52210	163.26	.00	163.26
99-00-00-53100	389.39	.00	389.39
99-00-00-53120	86.49	.00	86.49
99-00-00-53320	2,549.00	.00	2,549.00
99-00-00-53500	396.49	.00	396.49
99-00-00-54100	227.55	22.76-	204.79
99-00-00-54110	562.75	.00	562.75
99-00-00-54120	179.99	.00	179.99
99-00-00-54140	234.10	.01-	234.09
99-00-00-54150	1,107.73	.00	1,107.73
99-00-00-54155	28.30	.00	28.30
99-00-00-55110	120.78	115.86-	4.92
99-00-00-55120	46.22	.00	46.22
99-00-00-55140	63.97	.00	63.97
99-00-00-55150	93.48	.00	93.48

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
99-00-00-55170	74.00	.00	74.00
99-00-00-55320	247.81	.00	247.81
Grand Totals:	94,320.20	94,320.20-	.00

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Bank.Bank account = "43257"

[Report].Invoice GL Account = {<>} 61

[Report].Invoice GL Account = {<>} 62

Invoice.Batch = "05232024","05242024","05302024"

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "06052024","06052024A","P06072024","P06072024A","P06072024B","F06072024","F06072024A","F06072024B"

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
A+ GRAPHICS & PRINTING				
44064	05/22/2024	FIRE DEPARTMENT FRAME	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	130.30
Total A+ GRAPHICS & PRINTING:				130.30
ADVANCE AUTO PARTS				
719341365258	05/15/2024	MEGUIARS ULTMT DETAILER S	11-22-00-53510 EQUIP MAINT SUPPLIES-FIRE DEPT	65.44
Total ADVANCE AUTO PARTS:				65.44
ALL PRO CLEANING SYSTEMS				
3483	05/16/2024	BUILDING CLEANING	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	2,392.00
Total ALL PRO CLEANING SYSTEMS:				2,392.00
AMERICAN TEST CENTER				
2240973	05/13/2024	ANNUAL LADDER/FIRE TRK INS	11-22-00-58200 STATE MANDATED EQUIP TESTING	1,499.00
Total AMERICAN TEST CENTER:				1,499.00
APHE WISCONSIN LLC				
2689	05/06/2024	AHA BLS RENEWAL-J. FISCHER	11-22-00-55100 EMS TRAINING PAY	69.00
2730	05/15/2024	CPR CARDS	11-21-00-54100 PD TRAINING EXPENSES	175.00
Total APHE WISCONSIN LLC:				244.00
ASSOCIATED APPRAISAL CONSULTANTS INC				
174607	06/01/2024	JUNE 2024 ASSESSMENT SVC	11-15-40-52100 ASSESSOR CONTRACTED SERVICES	3,541.67
Total ASSOCIATED APPRAISAL CONSULTANTS INC:				3,541.67
AURORA HEALTH CARE				
470842	04/21/2024	XRAY-K. DODGE/DRUG SCREE	11-22-00-58400 PRE-EMPLOYMENT TESTING	481.00
750307	05/13/2024	BLOOD DRAWS	11-21-00-53800 PD SPECIAL INVESTIGATIONS	125.00
Total AURORA HEALTH CARE:				606.00
AURORA QUICK CARE LLC				
238-CI0000570	05/13/2024	EMP CLINIC-APR	11-10-20-51320 HEALTH AND DENTAL ADMIN CHGS	2,925.00
Total AURORA QUICK CARE LLC:				2,925.00
AXON ENTERPRISE, INC.				
INUS170275	07/06/2023	BODY CAMS-LICENSE	42-34-50-58700 OUTLAY-PARKING	175.50
INUS215094	01/01/2024	BWC-LICENSE UPGRADE	11-21-00-57375 PORTABLE AUDIO/BODY CAMS	864.00
INUS215483	01/01/2024	BODY WORN CAMERAS-INITIAL	11-21-00-57375 PORTABLE AUDIO/BODY CAMS	26,028.74
INUS219867	01/13/2024	BODY WORN CAMERAS-NEW H	11-21-00-57375 PORTABLE AUDIO/BODY CAMS	3,030.98

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total AXON ENTERPRISE, INC.:				30,099.22
BATTERIES PLUS LLC				
P71813053	04/10/2024	CR123 BATTERIES	11-21-00-53990 PD MISCELLANEOUS EXP	50.40
Total BATTERIES PLUS LLC:				50.40
BEASON, JOHN				
PK24-39675	05/21/2024	BEACON_REFUND	11-12-00-22220 COURT DEPOSITS PAYABLE	150.00
Total BEASON, JOHN:				150.00
BELLE CITY FIRE & SAFETY				
100742	05/08/2024	EQUIPMENT TESTING	11-22-00-58200 STATE MANDATED EQUIP TESTING	763.10
Total BELLE CITY FIRE & SAFETY:				763.10
BOLD TECHNOLOGIES LTD				
36028	01/01/2024	ALARM SOFTWARE-PANIC BUT	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	1,608.00
Total BOLD TECHNOLOGIES LTD:				1,608.00
BOUND TREE MEDICAL LLC				
85328878	04/29/2024	CURAPLEX SURE-LOK, EMESIS	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	187.09
85342229	05/09/2024	IV SET/KIT, ENDO TUBE HLDR,	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	381.87
85345069	05/13/2024	ELECTRODE/G3 BACKUP	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	507.99
Total BOUND TREE MEDICAL LLC:				1,076.95
BREEZY HILL NURSERY				
INV/2024/1430	05/20/2024	LANDSCAPE MAINT-BI MONTHL	42-34-50-52200 PARKING LOT PLANTING/MAINT	260.10
Total BREEZY HILL NURSERY:				260.10
BUMPER TO BUMPER				
662-486153	05/04/2024	MALE PLUG	11-22-00-53510 EQUIP MAINT SUPPLIES-FIRE DEPT	3.49
662-486975	05/24/2024	OIL FOR 219	11-21-00-53610 PD EQUIP MAINT SERV COSTS	42.75
Total BUMPER TO BUMPER:				46.24
BUREAU OF CORRECTIONAL ENTERPRISES				
#306-195409	05/20/2024	CAN LINERS, PAPER TOWEL	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	204.48
#306-195409	05/20/2024	C-FOLD TOWELS	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	66.44
Total BUREAU OF CORRECTIONAL ENTERPRISES:				270.92
CARLSON RACINE ROOFING & SHEET METAL INC				
32334	08/31/2023	ROOF 1070 CAREY ST PYMT	43-32-10-17020 DPW CAPITAL PROJECTS	2,649.05
Total CARLSON RACINE ROOFING & SHEET METAL INC:				2,649.05
CARROT-TOP INDUSTRIES INC				
#INV129054	05/24/2024	U.S. FLAG-2	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	188.85
Total CARROT-TOP INDUSTRIES INC:				188.85

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
CDW GOVERNMENT				
QX97737	04/26/2024	DRUM FOR DISPATCH COPIER	11-21-00-53100 PD OFFICE SUPPLIES	166.23
QZ55190	04/30/2024	POWER ADAPTBER-SQUADS	11-21-00-58100 EQUIPMENT OUTLAY	136.46
RC62133	05/03/2024	COMPUTER OUTLAY-SQUAD C	11-21-00-58100 EQUIPMENT OUTLAY	721.98
Total CDW GOVERNMENT:				1,024.67
CERTIFIED LABORATORIES				
8686781	05/14/2024	KOOL SPRAY AEROSOL, DZ NA	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	465.67
Total CERTIFIED LABORATORIES:				465.67
CINTAS FIRST AID & SAFETY				
5213827977	05/30/2024	FIRST AID SUPPLIES	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	189.75
Total CINTAS FIRST AID & SAFETY:				189.75
CITY ELECTRIC SUPPLY-MA				
LKG/095145	05/16/2024	LONG SLOT UNIVERSAL PIPE C	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	60.35
LKG/095240	05/20/2024	STREET LIGHT	11-34-10-52610 STREET LIGHTS REPAIRS	281.09
WB1/567658	05/09/2024	(16) 2-14 AWG ALUM LUG	11-34-10-52610 STREET LIGHTS REPAIRS	40.16
WB2/452107	05/09/2024	(4) 2-14 AWG ALUM LUG	11-34-10-52610 STREET LIGHTS REPAIRS	10.04
Total CITY ELECTRIC SUPPLY-MA:				391.64
COMPLETE OFFICE OF WISCONSIN				
704203	05/13/2024	BINDERS	11-21-00-53100 PD OFFICE SUPPLIES	45.42
Total COMPLETE OFFICE OF WISCONSIN:				45.42
COPEN, COREY M				
BJ539354-4	04/30/2024	COPEN_BJ539354-4	11-12-00-45100 COURT PENALTIES & FINES	33.70
Total COPEN, COREY M:				33.70
DAVIS, HAROLD				
LGWI-24-0096:	04/24/2024	EMS REFUND	11-22-00-46240 FIRE/EMS BILLING REVENUE	150.00
Total DAVIS, HAROLD:				150.00
DEKIND COMPUTER CONSULTANTS				
38739	04/15/2024	NEW COMPUTER-TOM D.	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	3,646.39
38751	04/17/2024	DOCKING STATION DPW	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	304.46
38801-1	05/01/2024	O365-JUN 2024	11-21-00-53050 DATA PROCESSING	416.00
38801-2	05/01/2024	O365-JUN 2024	11-22-00-54500 FIRE IT SERVICES	508.00
Total DEKIND COMPUTER CONSULTANTS:				4,874.85
DINGES FIRE COMPANY				
44320	09/08/2023	RAM XD OSCILLATOR	11-22-00-52175 2% FIRE DUES EXPENSES	387.74
48399	12/22/2023	SAFETY VESTS-30	11-22-00-52175 2% FIRE DUES EXPENSES	834.54
52619	04/18/2024	FLASH REFLECTOR/PRO-LITE	11-22-00-52175 2% FIRE DUES EXPENSES	703.17
52639	04/18/2024	CAN HARNESS	11-22-00-52175 2% FIRE DUES EXPENSES	207.83
52789	04/22/2024	3WAY BALL VALVE 5" STORZ LO	11-22-00-52175 2% FIRE DUES EXPENSES	1,106.22
52802	04/22/2024	PIERCING NOZZLE 1.5" COUPLI	11-22-00-52175 2% FIRE DUES EXPENSES	1,250.94
53496	05/14/2024	DRAGER SCBA SVC, HANDWH	11-22-00-52175 2% FIRE DUES EXPENSES	132.68
53535	05/14/2024	WRENCHES	11-22-00-52175 2% FIRE DUES EXPENSES	5,863.73

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total DINGES FIRE COMPANY:				10,486.85
DUNN LUMBER				
1699691	04/24/2004	LIQUID NAILS-DRY ERASE BOA	11-21-00-53610 PD EQUIP MAINT SERV COSTS	3.79
1718734	05/15/2024	BATTERIES	11-21-00-53990 PD MISCELLANEOUS EXP	51.94
1719580	05/15/2024	NUTS & BOLTS	11-22-00-53610 FD-EQUIP MAINT SERV COST	19.98
1719584	05/15/2024	NUTS & BOLTS	11-22-00-53610 FD-EQUIP MAINT SERV COST	19.98
1719857	05/16/2024	DUCT TAPE BASIC, REGAL TOO	11-52-00-53400 PARKS OPERATING SUPPLIES	29.95
1721183	05/17/2024	LIME-A WAY,BRUSH GROUT	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	179.14
1721837	05/17/2024	WATER SOFTENER SALT	99-00-00-53500 LIBRARY MAINT SUPPLIES	17.98
1722912	05/20/2024	BARB TEE, MALE ELBOW, VALV	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	22.94
1723971	05/21/2024	NUTS & BOLTS, PIPE SOPPER	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	107.10
1724228	05/21/2024	NUTS & BOLTS	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	9.48
1724393	05/21/2024	1/2 90 DEGREE ST ELBOW, CO	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	9.56
1724515	05/21/2024	1 1/4 SS TRIM WHITE 4 OZ	11-52-00-53400 PARKS OPERATING SUPPLIES	5.47
1724597	05/21/2024	100 FT WRAP PAK	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	12.49
1727770	05/24/2024	SECURITY SCREWDRIVER	11-21-00-53420 PD SPECIAL EQUIPMENT	19.99
1728182	05/24/2024	WASH BRUSH	11-21-00-53420 PD SPECIAL EQUIPMENT	44.99
1729934	05/28/2024	GE CAULK KIT- PARKING VEHIC	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	12.99
Total DUNN LUMBER:				567.77
EAGLE MEDIA INC				
00138499	02/15/2024	BADGE-BORO	11-21-00-51380 PD UNIFORM ALLOWANCE	140.40
00138499	02/15/2024	BADGE-MCNEIL	11-21-00-51380 PD UNIFORM ALLOWANCE	140.40
00138499	02/15/2024	BADGE-REBHORN	11-21-00-51380 PD UNIFORM ALLOWANCE	280.80
00138499	02/15/2024	BADGE-SARLES	11-21-00-51380 PD UNIFORM ALLOWANCE	280.80
00138499	02/15/2024	BADGE-THORNBURGH	11-21-00-51380 PD UNIFORM ALLOWANCE	280.80
00138499	02/15/2024	BADGE-WHITE	11-21-00-51380 PD UNIFORM ALLOWANCE	280.80
00139037	04/23/2024	GREETHAM	11-21-00-51380 PD UNIFORM ALLOWANCE	144.34
00139037	04/23/2024	NETTESHEIM	11-21-00-51380 PD UNIFORM ALLOWANCE	57.00
00139037	04/23/2024	BORO	11-21-00-51380 PD UNIFORM ALLOWANCE	57.00
00139037	04/23/2024	SARLES	11-21-00-51380 PD UNIFORM ALLOWANCE	19.00
00139037	04/23/2024	BASEBALL HATS	11-21-00-51390 PART TIME UNIFORM EXPENSE	551.00
00139131	05/22/2024	CSO UNIFORMS	11-21-00-51390 PART TIME UNIFORM EXPENSE	1,582.00
00139132	05/22/2024	ZMUDZINSKI	11-21-00-51380 PD UNIFORM ALLOWANCE	164.35
00139132	05/22/2024	FROGGATT	11-21-00-51380 PD UNIFORM ALLOWANCE	143.37
00139132	05/22/2024	MCANDREWS	11-21-00-51390 PART TIME UNIFORM EXPENSE	200.41
00139228	05/20/2024	COLLARBRASS, NAMETAGS-NE	11-21-00-51380 PD UNIFORM ALLOWANCE	299.10
00139228	05/20/2024	COLLARBRASS-INVENTORY	11-21-00-51390 PART TIME UNIFORM EXPENSE	43.20
00139245	05/22/2024	SHIRODA	11-21-00-51380 PD UNIFORM ALLOWANCE	92.96
00139245	05/22/2024	C. HINZPETER	11-21-00-51380 PD UNIFORM ALLOWANCE	76.00
Total EAGLE MEDIA INC:				4,833.73
ELKHORN NAPA AUTO PARTS				
334832	05/28/2024	PARKING VEHICLE- EXACT FIT	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	32.07
Total ELKHORN NAPA AUTO PARTS:				32.07
EQUIPARTS CORP				
295460	05/15/2024	RESTROOMS MAINT	11-52-00-52410 BLDG MAINT&REPAIR-PARKS	1,138.51
Total EQUIPARTS CORP:				1,138.51

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
FLOW CALIBRATION & PROTECTION SERVICES				
1413	05/20/2024	BACKFLOW TESTING	11-52-00-53520 GROUND MAINT SUPPLIES	190.90
Total FLOW CALIBRATION & PROTECTION SERVICES:				190.90
FORD OF LAKE GENEVA				
85753	04/18/2024	200-09 OIL CHANGE, BRAKES	11-21-00-53610 PD EQUIP MAINT SERV COSTS	986.31
85764	04/19/2024	223- DX-TRANSMISSION FAIL	11-21-00-53610 PD EQUIP MAINT SERV COSTS	190.00
85771	04/23/2024	207-OIL LEAK, WHEEL ALIGNME	11-21-00-53610 PD EQUIP MAINT SERV COSTS	102.95
85899	05/06/2024	200-09 ELECTRICAL REPAIR-THR	11-21-00-53610 PD EQUIP MAINT SERV COSTS	298.70
Total FORD OF LAKE GENEVA:				1,577.96
FOX VALLEY TECHNICAL COLLEGE				
TPB000089046	05/10/2024	LEAP CONFERENCE-REYNOLD	11-21-00-54100 PD TRAINING EXPENSES	885.00
Total FOX VALLEY TECHNICAL COLLEGE:				885.00
FROEDTERT SOUTH				
5055	05/15/2024	PREEMPLOY PHYSICAL-POTTE	11-21-00-54110 PD APPLICATION PROCESS	310.00
Total FROEDTERT SOUTH:				310.00
GAPPA SECURITY SOLUTIONS				
29634	05/13/2024	CUT KEY	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	120.20
Total GAPPA SECURITY SOLUTIONS:				120.20
GENCOMM				
332066	05/08/2024	LSV EQUIPMENT	50-21-00-58000 POLICE EQUIPMENT PURCHASES	5,075.00
Total GENCOMM:				5,075.00
HOTSY CLEANING SYSTEMS				
0003426-IN	05/16/2024	PRESSURE WASHER FIX	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	847.59
Total HOTSY CLEANING SYSTEMS:				847.59
INITIAL DESIGNS				
1073	04/01/2024	SWAT UNIFORMS	11-21-00-53420 PD SPECIAL EQUIPMENT	680.00
Total INITIAL DESIGNS:				680.00
ITU ABSORBTECH INC				
8341300	05/23/2024	FLOOR MATS	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	97.08
8341301	05/23/2024	FLOOR MATS	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	136.73
Total ITU ABSORBTECH INC:				233.81
JAMES IMAGING SYSTEMS INC				
1441028	05/14/2024	COPIER APRIL	11-21-00-55310 COPY MACHINE & SHREDDING SVC	161.04
1445830	05/27/2024	BW/COLOR METERS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	71.88
Total JAMES IMAGING SYSTEMS INC:				232.92
JEFFERSON FIRE & SAFETY INC				
IN313870	04/19/2024	ELKHART SMOOTH BORE TIP,	11-22-00-52175 2% FIRE DUES EXPENSES	4,145.09

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
IN314337	04/24/2024	DUO SAFETY	11-22-00-58200 STATE MANDATED EQUIP TESTING	229.55
Total JEFFERSON FIRE & SAFETY INC:				4,374.64
JOHNS DISPOSAL SERVICE				
1343593	05/10/2024	OAKHILL 2YD GARBAGE FRON	48-00-00-53600 CEM MAINT SERVICE EXP	201.00
Total JOHNS DISPOSAL SERVICE:				201.00
KIESLER POLICE SUPPLY INC				
IN229522	01/03/2024	AMMO 200 ROUNDS	11-21-00-54100 PD TRAINING EXPENSES	675.10
IN238823	05/10/2024	OVERMOLDED SHOTGUN STO	50-21-00-58000 POLICE EQUIPMENT PURCHASES	91.32
Total KIESLER POLICE SUPPLY INC:				766.42
LASER ELECTRIC SUPPLY				
1495062-00	05/07/2024	60F-9 WHITE 110V BULB	48-00-00-52400 CEM BUILDING REPAIRS	131.25
1495065-00	05/09/2024	OUTSIDE LIGHT BULBS	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	69.22
Total LASER ELECTRIC SUPPLY:				200.47
LASER WORKS UNLIMITED LLC				
1934	05/06/2024	PFC PLAQUES	11-21-00-51900 PFC COMMISSION EXPENSES	86.25
1934	05/06/2024	DEPT AWARDS	11-21-00-53990 PD MISCELLANEOUS EXP	498.55
1938	05/21/2024	NAME PLATES-PC	11-21-00-51900 PFC COMMISSION EXPENSES	14.80
Total LASER WORKS UNLIMITED LLC:				599.60
MACQUEEN EQUIPMENT				
E01069	05/16/2024	NEW 2024 EL PELICAN SWEEP	50-32-00-58000 DPW EQUIPMENT PURCHASES	286,358.80
Total MACQUEEN EQUIPMENT:				286,358.80
MARED MECHANICAL				
SV-INV001467	05/15/2024	HVAC WORK	11-16-10-52400 CITY HALL BUILDING REPAIRS	440.00
SV-INV001556	05/22/2024	HVAC WORK	11-22-00-52410 FIREHOUSE REPAIRS	853.00
Total MARED MECHANICAL:				1,293.00
MARIO TROMBETTA				
23228	05/13/2024	205 SQUAD CHANGEOVER	50-21-00-58000 POLICE EQUIPMENT PURCHASES	5,500.00
Total MARIO TROMBETTA:				5,500.00
MARLIN PRINTING				
679298	04/22/2024	#10 WINDOW ENVELOPES	11-12-00-53100 MUNICIPAL CT OFFICE SUPPLIES	125.00
Total MARLIN PRINTING:				125.00
MERCY HEALTH SYSTEM				
400010070 AP	05/09/2024	BLOOD DRAWS	11-21-00-53800 PD SPECIAL INVESTIGATIONS	58.98
Total MERCY HEALTH SYSTEM:				58.98
MERCY WALWORTH PHARMACY				
01685336	06/29/2023	AMIODARONE, CAL CHLORIDE,	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	116.28
01697686	08/04/2023	DIPHENHYDRAMINE, LABETAL	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	64.92

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
01702814	08/19/2023	EPINEPHRINE, AMIODARONE,	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	204.15
01802018	05/01/2024	EPINE, NALOX, KETOR	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	212.52
Total MERCY WALWORTH PHARMACY:				597.87
MIDWEST RADAR & EQUIPMENT				
174761	05/14/2024	RADAR CERTIFICATION	11-21-00-53420 PD SPECIAL EQUIPMENT	492.00
Total MIDWEST RADAR & EQUIPMENT:				492.00
MILLER BRADFORD & RISBERG INC				
W1344402	05/22/2024	HOSE ASSY, O-RING, HOSE RE	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	2,424.91
Total MILLER BRADFORD & RISBERG INC:				2,424.91
MM SCHRANZ ROOFING INC				
18136	05/14/2024	ROOF MAINTENANCE	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	1,071.00
Total MM SCHRANZ ROOFING INC:				1,071.00
NATIONAL HOSE TESTING SPECIALTIES INC				
30931	05/15/2024	2024 FIRE HOSE TESTING	11-22-00-58200 STATE MANDATED EQUIP TESTING	8,274.00
Total NATIONAL HOSE TESTING SPECIALTIES INC:				8,274.00
NORTHWIND PERENNIAL FARM				
10888	05/28/2024	GARDEN CARE	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	1,130.50
Total NORTHWIND PERENNIAL FARM:				1,130.50
ODP BUSINESS SOLUTIONS LLC				
367788916001	05/20/2024	LAMINATING POUCHES & COP	42-34-50-53100 OFFICE SUPPLIES	65.68
367788916001	05/20/2024	POST ITS, RUBBERBANDS, CO	11-16-10-53100 CITY HALL OFFICE SUPPLIES	211.14
Total ODP BUSINESS SOLUTIONS LLC:				276.82
OFFICE PRO INC				
693346-0	05/22/2024	BATHROOM SUPPLIES	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	2,424.50
Total OFFICE PRO INC:				2,424.50
OTIS ELEVATOR COMPANY				
100401552381	05/13/2024	ELEV CONTRACT JUN-MAY2025	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	4,330.20
Total OTIS ELEVATOR COMPANY:				4,330.20
PFI FASHIONS				
111620	05/21/2024	2023 UNIFORM-TSHIRTS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	180.04
Total PFI FASHIONS:				180.04
PURHAM, JANEISHA				
CN809B7D7D	05/28/2024	REFUND CN809B7D7D	11-12-00-45100 COURT PENALTIES & FINES	388.60
Total PURHAM, JANEISHA:				388.60

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
QUILL LLC				
38223459	04/16/2024	TONER	11-21-00-53100 PD OFFICE SUPPLIES	430.40
38245136	04/17/2024	TONER	11-21-00-53100 PD OFFICE SUPPLIES	191.36
38374252	04/25/2024	DRUM UNIT	11-21-00-53100 PD OFFICE SUPPLIES	180.99
38507866	05/03/2024	PAPER	11-21-00-53100 PD OFFICE SUPPLIES	116.97
38650634	05/14/2024	COPY PAPER, PAPER TOWELS	99-00-00-53100 LIBRARY OFFICE SUPPLIES	88.25
Total QUILL LLC:				1,007.97
RELIANT FIRE APPARATUS INC				
CI007705	04/26/2024	KUSSMAUL AIR EJECT	11-22-00-52400 EQUIPMENT REPAIRS-FIRE DEPT	324.21
CI007760	05/10/2024	FUEL TANK DIESEL 2.00	11-22-00-52400 EQUIPMENT REPAIRS-FIRE DEPT	157.83
Total RELIANT FIRE APPARATUS INC:				482.04
ROTE OIL				
241371416	05/16/2024	336.9 GAL ON ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	1,094.92
241371417	05/16/2024	334 GALS DYED DIESEL	11-32-10-53410 VEHICLE-FUEL & OIL	981.96
241450615	05/24/2024	441.8 GAL ON ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	1,391.68
94240401	04/30/2024	GAS 1056.2 GALS-APRIL	11-21-00-53410 PD FUEL EXPENSE	3,385.49
Total ROTE OIL:				6,854.05
SHRED-IT				
8006939631	04/25/2024	SHREDDING SVC-MARCH & EX	11-21-00-55310 COPY MACHINE & SHREDDING SVC	181.79
Total SHRED-IT:				181.79
SIGNATURE SIGNS LLC				
6093	04/17/2024	SIGNS	42-34-50-52500 KIOSK REPAIRS/SUPPLIES	83.07
6097	05/08/2024	NEW SQUAD LETTERING 204,2	50-21-00-58000 POLICE EQUIPMENT PURCHASES	1,080.00
6101	05/09/2024	LAUNCH SIGNS	40-52-11-53520 LAUNCH RAMP MAINT SUPPLIES	222.00
6102	05/09/2024	HILLMOOR PARKING ONLY	11-62-01-53400 HILLMOOR OPERATING SUPPLIES	165.00
Total SIGNATURE SIGNS LLC:				1,550.07
SIREN SERVICES LLC				
2973	05/13/2024	ELECTRICAL-2801	11-22-00-52400 EQUIPMENT REPAIRS-FIRE DEPT	854.32
Total SIREN SERVICES LLC:				854.32
SOMAR TEK LLC				
103251	04/09/2024	DERRICK	11-21-00-51380 PD UNIFORM ALLOWANCE	163.95
103265	04/24/2024	BELT LINER, RADIO HOLDER, K	11-21-00-51390 PART TIME UNIFORM EXPENSE	180.57
Total SOMAR TEK LLC:				344.52
SROKA, PAMELA J				
LGWI-24-0149:	03/29/2024	EMS REFUND	11-22-00-46240 FIRE/EMS BILLING REVENUE	122.36
Total SROKA, PAMELA J:				122.36
STATE BAR OF WISCONSIN				
5137569	05/13/2024	2024 WI PUBLIC RECORDS/MT	11-21-00-53100 PD OFFICE SUPPLIES	125.04
Total STATE BAR OF WISCONSIN:				125.04

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
T2 SYSTEMS INC				
UPS00052496	11/30/2023	2024 ENFORCEMENT HARDWA	42-34-50-54500 SUPPORT CONTRACTS	5,320.99
UPS00052518	12/01/2023	2024 DATA PLAN	42-34-50-54500 SUPPORT CONTRACTS	3,228.00
Total T2 SYSTEMS INC:				8,548.99
TAPCO INC				
I779037	05/17/2024	SIGNAL CONTRACT/PM SERVIC	11-34-10-53750 TRAFFIC CONTROL STREET SIGNS	325.00
Total TAPCO INC:				325.00
TELEFLEX LLC				
9508373100	04/29/2024	EZ-IO 45MM NEEDLE	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	379.50
9508414030	05/08/2024	EZ IO 25MM NEEDLE SET & STA	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	677.50
Total TELEFLEX LLC:				1,057.00
THOMSON REUTERS - WEST				
849990630	04/01/2024	CLEAR-APRIL	11-21-00-53800 PD SPECIAL INVESTIGATIONS	206.64
Total THOMSON REUTERS - WEST:				206.64
TIGERTOUGH				
94745	05/20/2024	NEW SQUADS-SEAT COVERS (	50-21-00-58000 POLICE EQUIPMENT PURCHASES	651.00
Total TIGERTOUGH:				651.00
TITAN PUBLIC SAFETY SOLUTIONS				
5834	05/15/2024	2024 TIPSS SUPPORT	11-12-00-53610 EQUIPMENT MAINT SERVICE COSTS	300.00
Total TITAN PUBLIC SAFETY SOLUTIONS:				300.00
TOP PACK DEFENSE LLC				
13011	04/09/2024	SWAT UNIFORMS	11-21-00-53420 PD SPECIAL EQUIPMENT	1,489.90
13013	04/09/2024	INITIAL ISSUE-WORTH&ROCKW	11-21-00-51380 PD UNIFORM ALLOWANCE	259.96
13032	04/12/2024	RODRIGUEZ	11-21-00-51380 PD UNIFORM ALLOWANCE	456.98
13055	04/18/2024	NEW OFFICER SHIRTS-WORTH	11-21-00-51380 PD UNIFORM ALLOWANCE	279.96
13074	04/19/2024	KELLER-DUTY BELT ITEMS	11-21-00-51380 PD UNIFORM ALLOWANCE	261.89
13190	05/03/2024	SWAT UNIFORMS - 2 LS SHIRTS	11-21-00-53420 PD SPECIAL EQUIPMENT	219.98
13193	05/03/2024	BOULAND	11-21-00-51380 PD UNIFORM ALLOWANCE	81.69
13309	05/15/2024	WISNIEWSKI	11-21-00-51380 PD UNIFORM ALLOWANCE	203.18
Total TOP PACK DEFENSE LLC:				3,253.54
TOTAL PARKING SOLUTIONS INC				
106772	05/10/2024	CMS MONITORING APR	42-34-50-54500 SUPPORT CONTRACTS	3,445.00
106792	05/21/2024	CMS MONITORING MAY	42-34-50-54500 SUPPORT CONTRACTS	3,445.00
TOTAL PARKING SOLUTIONS INC:				6,890.00
TRANS UNION LLC				
03412774	03/25/2024	BACKGROUND CHECKS-7 PD,	11-21-00-54110 PD APPLICATION PROCESS	252.06
04412743	04/25/2024	BACKGROUND CHECKS- 3 PD/	11-21-00-54110 PD APPLICATION PROCESS	126.46
Total TRANS UNION LLC:				378.52

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
UNIFORM SHOP, THE				
344700	04/22/2024	KELLER-CLASS A ALTERATION	11-21-00-51380 PD UNIFORM ALLOWANCE	44.00
344701	04/22/2024	TIETZ-CLASS A ALTERATIONS	11-21-00-51380 PD UNIFORM ALLOWANCE	30.00
344703	04/22/2024	GRITZNER-CLASS A ALTERATIO	11-21-00-51380 PD UNIFORM ALLOWANCE	47.00
345176	05/08/2024	NEW OFFICER CLASS A -BROW	11-21-00-51380 PD UNIFORM ALLOWANCE	530.85
345180	05/08/2024	NEW OFFICER CLASS A WORT	11-21-00-51380 PD UNIFORM ALLOWANCE	618.80
345182	05/08/2024	NEW OFFICER CLASS A- TRIPP	11-21-00-51380 PD UNIFORM ALLOWANCE	530.85
345183	05/08/2024	NEW OFFICER CLASS A - LASK	11-21-00-51380 PD UNIFORM ALLOWANCE	277.85
345184	05/08/2024	KELLER- CLASS A PANTS	11-21-00-51380 PD UNIFORM ALLOWANCE	128.95
345185	05/08/2024	NEW OFFICER CLASS A - ROCK	11-21-00-51380 PD UNIFORM ALLOWANCE	63.95
345188	05/08/2024	NEW OFFICER-VELCRO ON EM	11-21-00-51380 PD UNIFORM ALLOWANCE	75.00
Total UNIFORM SHOP, THE:				2,347.25
UNITED HEALTHCARE INSURANCE COMPANY				
LGWI-23-1101:	05/10/2024	EMS REFUND-LUIS DELGADO	11-22-00-46240 FIRE/EMS BILLING REVENUE	491.44
Total UNITED HEALTHCARE INSURANCE COMPANY:				491.44
VETERAN VEHICLE REPAIR LLC				
4742	04/29/2024	207 MT AND BALANCE TIRE	11-21-00-53610 PD EQUIP MAINT SERV COSTS	37.40
4778	05/03/2024	206-OIL CHANGE/TIRE ROTATIO	11-21-00-53610 PD EQUIP MAINT SERV COSTS	83.51
4861	05/20/2024	207 OIL CHANGE	11-21-00-53610 PD EQUIP MAINT SERV COSTS	83.51
4864	05/20/2024	204 OIL CHANGE	11-21-00-53610 PD EQUIP MAINT SERV COSTS	83.51
Total VETERAN VEHICLE REPAIR LLC:				287.93
VINDICTIVE VINYL				
5692	04/29/2024	NEW SQUADS-WRAP DOORS	50-21-00-58000 POLICE EQUIPMENT PURCHASES	960.00
Total VINDICTIVE VINYL:				960.00
VP PLUS INC				
118319	05/21/2024	BUNK ROOM	43-22-00-17010 FD CAPITAL PROJECTS	3,402.70
Total VP PLUS INC:				3,402.70
WALWORTH COUNTY CLERK				
APRIL 2024	05/23/2024	BALLOTS & OTHER ELECTION	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	1,079.92
Total WALWORTH COUNTY CLERK:				1,079.92
WALWORTH COUNTY SHERIFF				
131914	05/01/2024	PRISONER CONFINEMENT-APR	11-12-00-52900 CARE OF PRISONERS	55.00
131966	05/08/2024	RANGE-APRIL	11-21-00-54100 PD TRAINING EXPENSES	150.00
Total WALWORTH COUNTY SHERIFF:				205.00
WAUKESHA CNTY TECH COLLEGE				
S0829125	04/30/2024	TRAINING DUNAWAY, C. HINZP	11-21-00-54100 PD TRAINING EXPENSES	390.00
Total WAUKESHA CNTY TECH COLLEGE:				390.00
WELDERS SUPPLY CO				
3072718	04/30/2024	LARGE OXYGEN	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	4.03

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total WELDERS SUPPLY CO:				4.03
WIL-KIL PEST CONTROL				
4883056	05/20/2024	PEST CONTROL	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	65.00
Total WIL-KIL PEST CONTROL:				65.00
WISCONN VALLEY MEDIA GROUP				
143110	05/01/2024	LN- ORDINANCE 24-02 AMANN	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	26.65
143559	05/01/2024	LN- 2024 BOR NOTICE	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	128.12
143739	05/08/2024	LN- 431-433 BROAD- GYM- PH	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.78
143740	05/08/2024	LN- 431-433 BROAD ST PH NOTI	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.78
143741	05/08/2024	LN- 817 N KNOLL GDP PH NOTI	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	46.27
143743	05/08/2024	LN- 1614 LAKE SHORE DR PH N	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	49.28
143744	05/08/2024	LN- N3219 CTH H PH NOTICE	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	44.75
144095	05/15/2024	LN- SYMPHONY BAY PHASE 8 P	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	47.78
Total WISCONN VALLEY MEDIA GROUP:				438.41
ZOLL MEDICAL CORPORATION				
3970835	05/08/2024	MULTI-FUNCT ELECTRODE/LIF	11-22-00-58100 EMS EQUIPMENT/SUPPLIES	660.00
Total ZOLL MEDICAL CORPORATION:				660.00
Grand Totals:				447,487.13

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
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Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

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