



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

CITY OF LAKE GENEVA REGULAR COMMON COUNCIL
MONDAY, JUNE 24, 2024 - 6:00 PM
LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)

Members:

Mayor Todd Krause, Council President, Mary Jo Fesenmaier, Council Vice President, Cindy Yager, Alderpersons: Sherri Ames, Peg Esposito, Linda Frame, Joel Hoiland, Ken Howell, and Shari Straube

CITY HALL WILL BE OPEN TO THE PUBLIC DURING ALL MEETINGS. IF YOU WISH TO LISTEN OR WATCH THE MEETING YOU MAY DO SO BY USING THE FOLLOWING:

1. Links to the City of Lake Geneva's live video stream can be found at <https://cityoflakegeneva.gov/319/City-Meetings-Video-Stream>
2. Television: Watch live broadcast of the meeting on Spectrum Cable Channel 25
3. Listen to audio via phone: (602) 333-2017 (Long distance rates may apply) (888) 204-5987 (Toll Free)
Access Code: 9746153

AMENDED AGENDA

1. Call to Order
2. Pledge of Allegiance – Alderperson Straube
3. Roll Call
4. Awards, Presentations, Proclamations, and Announcements
5. Re-consider business from previous meeting
6. Comments from the public as allowed by Wis. Stats. §19.84(2), limited to items on this agenda, except for public hearing items. Comments will be limited to 5 minutes
7. Acknowledgement of Correspondence
8. Approve the Regular Council Minutes of June 10, 2024, as prepared and distributed
9. Review of the 2023 Annual Financial Report and Management Letter; Lauterbach & Amen, LLP
10. Discussion/Action regarding **Resolution 24-R49**, a resolution authorizing the receipt of the 2023 City of Lake Geneva Annual Financial Report and Management Letter
11. **CONSENT AGENDA**– Any item listed on the consent agenda may be removed at the request of any member of the Council. The request requires no second, is not discussed, and is not voted upon.
 - a. Sidewalk Café Permit renewal applications filed by: Barrique Bistro & Wine Bar, Flat

Iron Tap, Guac Star, Hill Valley Cheese Shop and Cheese Bar, Lake Aire Restaurant, Oakfire, Simple Cafe, Sopra, and Zaab Corner Bistro

- b. Creamery Permit renewal application filed by Scoops Ice Cream Inc
- c. Class "A" Beer/"Class A" Liquor License renewal applications filed by, Fontana Petro Inc d/b/a Northside Mobil and 1111 N Edwards Blvd LLC d/b/a Fairfield Inn & Suites
- d. Class "B" Beer License renewal application filed by Tienda el Rancho Inc d/b/a Tienda el Rancho
- e. Class "B" Beer/"Class C" Wine License renewal applications filed by Breakfast Bungalow LLC d/b/a Great Eggs and Mama Ciminis LLC d/b/a Mama Ciminis
- f. Massage Establishment renewal applications filed by Element Massage Studio, Lake Geneva Massage Therapy, Elevate Wellness, and Jasmine Salon and Spa
- g. Taxi Company License renewal application filed by Senior Cab Plus
- h. Public Event Permit application filed by Friends of Hillmoor for the event of Star Party on Thursday, June 27, 2024, with a rain date of Sunday, June 30, 2024, from 8:15pm to 11:00pm located at Hillmoor-clubhouse parking lot

12. Items removed from the Consent Agenda

13. ~~Discussion/Action regarding Resolution 24-R48, a resolution to approve the Public Participation Plan for the Annual Comprehensive Plan Amendment Process~~

14. Recommendation of the Finance, Licensing, and Regulation Committee- Ald. Howell

- a. Discussion/Action regarding **Ordinance 24-01**, an ordinance amending Section 2-49 (3), Personnel Committee, of Chapter 2, Administration, of the City of Lake Geneva Municipal Code (*recommended by the Personnel Committee on June 3, 2024, and the Finance, Licensing, & Regulation Committee on June 18, 2024*)
 - b. Discussion/Acceptance regarding the pre-paid bills and regular bills from June 18, 2024
15. Mayoral Appointments: Discussion/Action regarding the appointment of James Marquardt to the Utility Commission for a term to expire on October 1, 2024

16. Adjournment

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

CITY OF LAKE GENEVA REGULAR COMMON COUNCIL
MONDAY, JUNE 10, 2024 - 6:00 PM
LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)

Members:

Mayor Todd Krause, Council President, Mary Jo Fesenmaier, Council Vice President, Cindy Yager, Alderpersons: Sherri Ames, Peg Esposito, Linda Frame, Joel Hoiland, Ken Howell, and Shari Straube.

Mayor Krause called the meeting to order at 6:00 p.m.

Pledge of Allegiance

Alderpersion Hoiland led the Council in the Pledge of Allegiance.

Roll Call

Present: Ames, Esposito, Frame, Hoiland, Howell, Straube (arrived at 6:04 pm), and Yager.

Absent: Fesenmaier

Awards, Presentations, Proclamations, and Announcements

None

Re-consider business from previous meeting

None

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

Troy Dyer, 100 Evelyn Lane, unit E addressed the Council concerning correspondence he had sent to various members of the City Council relating to the Hillmoor property.

Acknowledgement of Correspondence

None

Approve the Regular Council Minutes of May 28, 2024, as prepared and distributed

Howell moved to approve. Second by Hoiland. No discussion. Motion carried by unanimous voice vote.

CONSENT AGENDA– Any item listed on the consent agenda may be removed at the request of any member of the Council. The request requires no second, is not discussed, and is not voted upon.

Sidewalk Cafe Permit Renewals for the period of July 1, 2024, to June 30, 2025, filed by: Harborside Pub & Grill, Harry's Cafe, O2 Lounge, and Popeye's

Massage Establishment renewal applications for the term of July 1, 2024, to June 30, 2025, filed by: Healing Muscle Therapies and Lakeview Spa

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

Motion by Hoiland to remove item A from the consent agenda. Second by Howell. No discussion. Motion carried by unanimous voice vote.

Motion by Esposito to approve consent agenda items B and C. Second by Howell. No discussion. Motion carried by unanimous voice vote.

Items removed from the Consent Agenda.

Hoiland so moved to approve item A from the consent agenda with clarifying language on Popeye's permit to remove the two-seat table on the far west side of their property and be replaced with a stanchion. Second by Howell. Brief discussion. Motion carried by unanimous voice vote.

Recommendation of the Finance, Licensing, and Regulation Committee- Ald. Howell

Discussion/Action 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
Howell moved to approve. Second by Hoiland. No discussion. Motion carried by unanimous voice vote.

Discussion/Action regarding Resolution 24-R46 a resolution authorizing carryover of Equipment Replacement Funds budgets from 2023 to 2024
Howell moved to approve. Second by Hoiland. No discussion. Motion carried by unanimous voice vote.

Discussion/Action regarding the approval of a contract by SmartSpaces for Council Chamber audio/visual upgrades, in an amount not to exceed \$48,526.33
Howell moved to approve. Second by Ames. General discussion among the members of the Council. Ames moved to suspend the rules and allow Jeremy Henderson of DeKind to review the recommended proposal. Second by Hoiland. Motion carried by unanimous voice vote. Henderson addressed the Council and answered various questions. Additional discussion among the Council members in favor and in opposition of the recommended proposal.

At 6:16 p.m. Howell called the question. Second by Hoiland. Motion carried by a majority 6-1 voice vote with Frame voting no. Main motion was approved by a majority 6-1 voice vote with Frame voting no.

Discussion/Action regarding the issuance of six (6) parking passes for the UCC Church Food Bank Volunteers.

Howell moved to approve. Second by Ames. No discussion. Motion carried by unanimous voice vote.

Discussion/Action regarding the issuance of parking placards for official city business, to City Council members

Ames moved to approve. Second by Straube. Considerable discussion among members of the Council for and against the motion. Some discussion about possible alternatives.

Motion by Hoiland to call the question. Second by Howell. Motion carried by unanimous voice vote.

A roll call vote was taken on the original motion. Motion failed on a 3-4 vote with Ames, Frame and Yager voting yes.

Discussion/Action regarding the replacement of a Skid Loader from Equipment Replacement Fund

Howell moved to approve. Second by Straube. No discussion. Motion carried by unanimous voice vote.

Discussion/Action regarding the replacement of a Wide Area Mower from Equipment Replacement Fund

Howell moved to approve. Second by Hoiland. No discussion. Motion carried by unanimous voice vote.

Discussion/Action regarding the implementation of a standardized format for City of Lake Geneva job descriptions

Howell moved to approve. Second by Frame. Brief discussion stating that this format is to be used for new job descriptions and existing job descriptions when up for revision. Motion carried by unanimous voice vote.

Discussion/Acceptance regarding the pre-paid bills and regular bills as approved by the Finance, Licensing, and Regulation Committee on June 4, 2024

Howell moved to approve. Second by Hoiland. No discussion. Motion carried by unanimous voice vote.

Adjournment

At 6:35 p.m. Hoiland moved to adjourn. Second by Esposito. No discussion. Motion carried by unanimous voice vote.

David Nord
City Administrator



General License Application

Geneva Clerk's Office
26 Geneva St
Geneva, WI 53147

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

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

Local Business Information

Trade Name/DBA: Barrique Bistro & Wine Bar

Address: 835 Wrigley Drive

Suite/Unit#:

Email: [REDACTED]

Phone: 262-248-1948

Local Contact Person: Dana Trilla

Phone: [REDACTED]

Type of Business: Restaurant

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

☐ No

Describe: 5 tables, 20 chairs bordered by stansions w/ropes

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

Organization Legal Name/Sole Proprietor Name: Beachside Hospitality, Inc

Address: 4612 Burman Drive

City, State, Zip: Crystal Lake, IL 60014

Contact Person: Tom Trilla

Phone: [REDACTED]

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

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: Jennifer Keefe

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: _____

New Businesses and Location Changes Only

Opening Date: _____ Property Currently Vacant?

☐ Yes

☐ No

Have you obtained Occupancy through the Building & Zoning Department?

☐ Yes

☐ No

Date of inspection: _____

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

Attestation and Signature

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

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

Signature: [Signature]

Title: Owner

Date: 4-18-24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

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

OWNER

(TITLE)

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

SIGNATURE OF APPLICANT: [Signature] DATE: 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: DANA TRILLA

Agent Address:

Agent Phone:

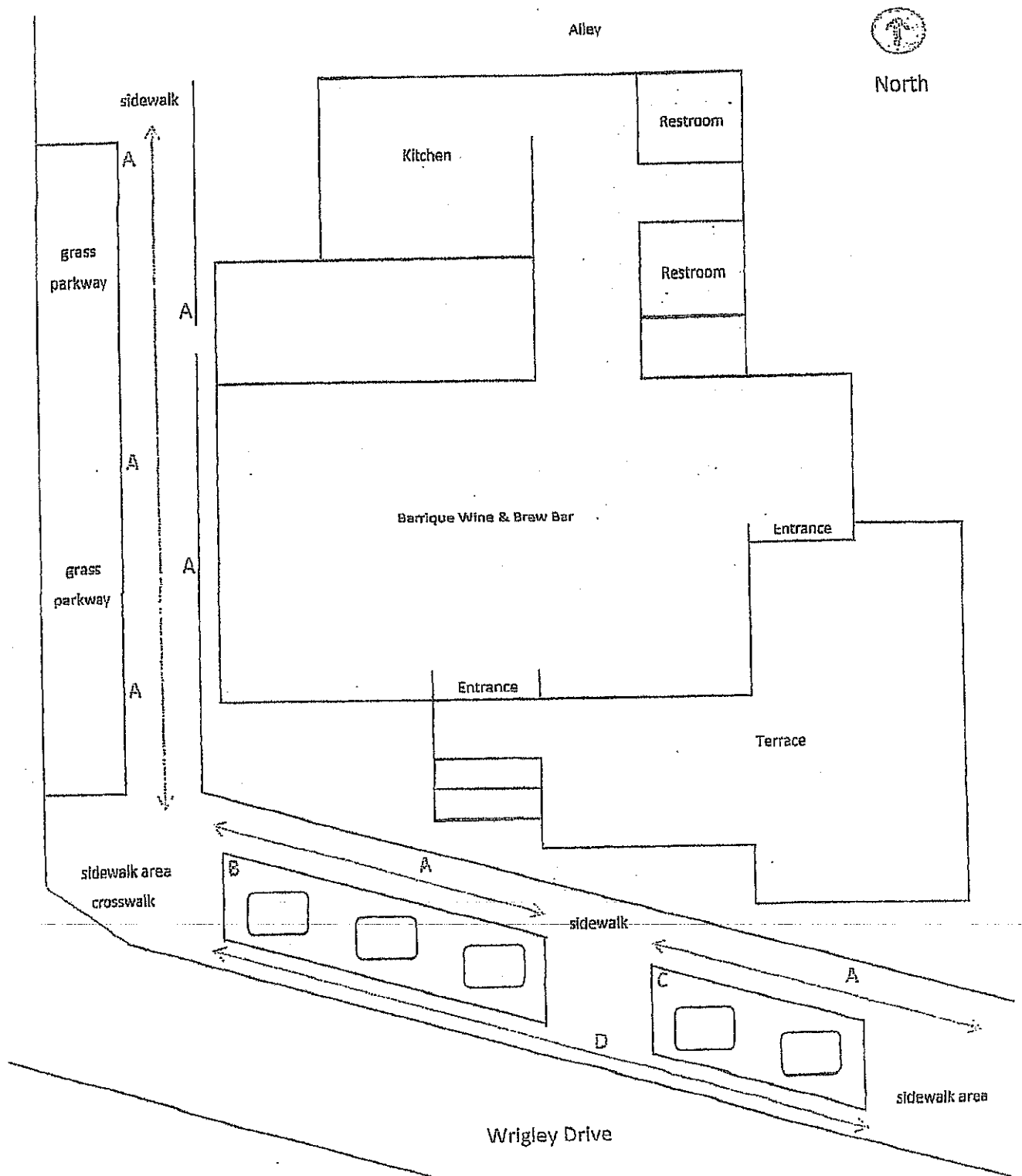
Agent E-mail:

Signature of Agent: [Signature] Date: 4/18/24

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

☒ Yes

☐ No



A = Existing 5' Wide Concrete Pedestrian Sidewalk

B = Proposed Concrete Finish Area (20.5 ft x 6.5 ft)

C = Proposed Concrete Finish Area (14 ft x 6.5 ft)

D = Existing 3' Wide Concrete Curb Buffer

□ 1-28" sq. table, 4 small chairs & 1 umbrella w/stand

Note: Proposed seating areas will be bordered on three sides
with theater-style standards and chains/ropes.



General License Application

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

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

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

Local Business Information

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

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

Organization Legal Name/Sole Proprietor Name: DTD Restaurant Group, Inc
Address: _____
City, State, Zip: _____
Contact Person: David Wingate Phone: _____ Email: flatirontap@gmail.com

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

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

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

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: [Signature] Title: President Date: 5/2/24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, DAVID Wingate representing FLAT RANT as its
(FULL NAME) (ESTABLISHMENT)

President
(TITLE)

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

SIGNATURE OF APPLICANT: [Signature]

DATE: 5-2-24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Robert Kevin Lopez

Agent Address: [Redacted]

Agent Phone: [Redacted]

Agent E-mail: [Redacted]

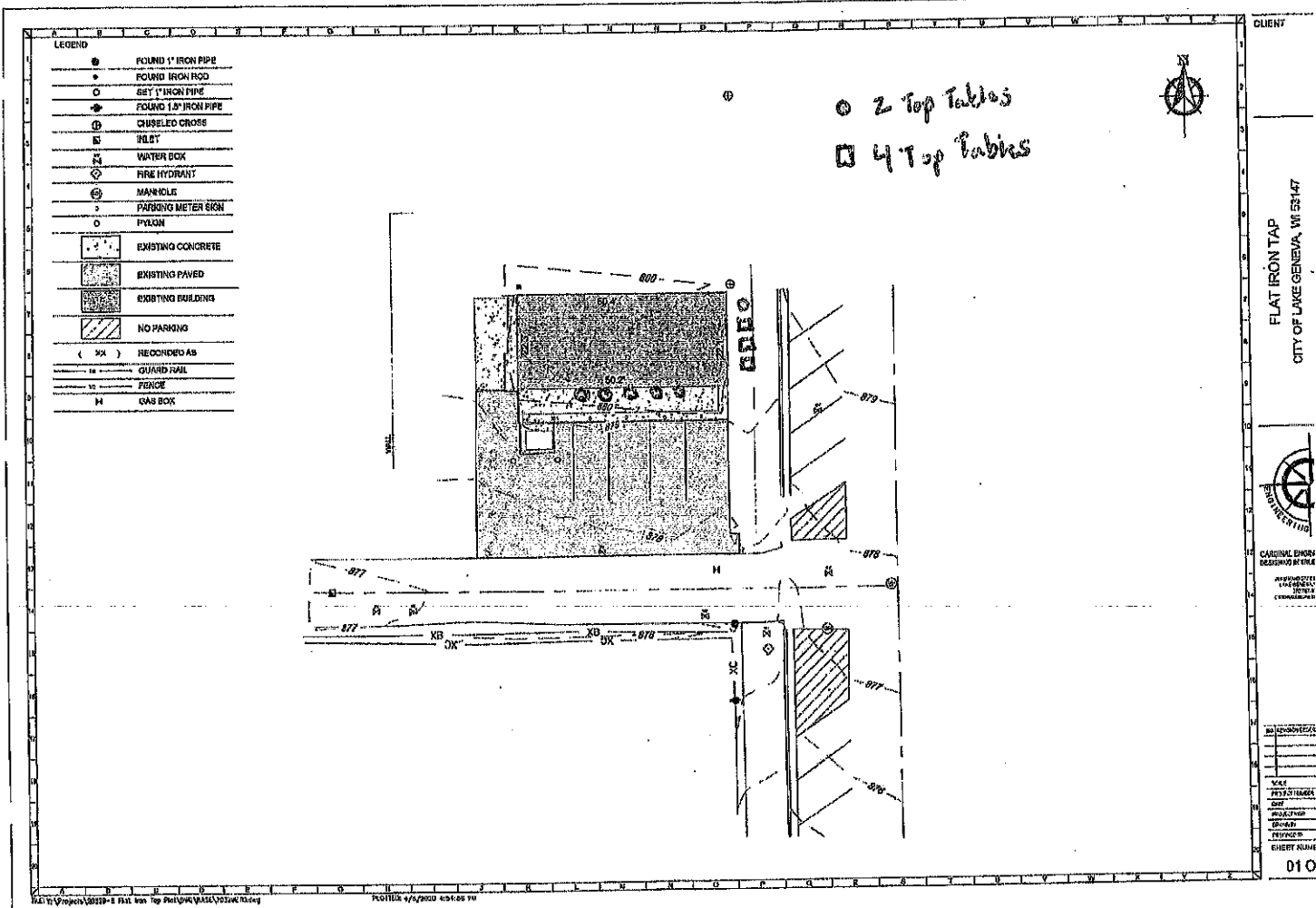
Signature of Agent: [Signature]

Date: 5-3-24

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: CAJAC STAR
Address: 120 + 122 BROAD ST Suite/Unit#: _____
Email: CAJACSTARLG@GMAIL.COM Phone: 262-203-5084
Local Contact Person: KEVIN SINGH Phone: _____
Type of Business: RESTAURANT
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: TABLES, CHAIRS, UMBRELLAS

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

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

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

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

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

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: _____ Title: owner Date: 4/15/24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

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

OWNER 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: 4/15/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: ELONA STECKO

Agent Address: [Redacted]

Agent Phone: [Redacted]

Agent E-mail: [Redacted]

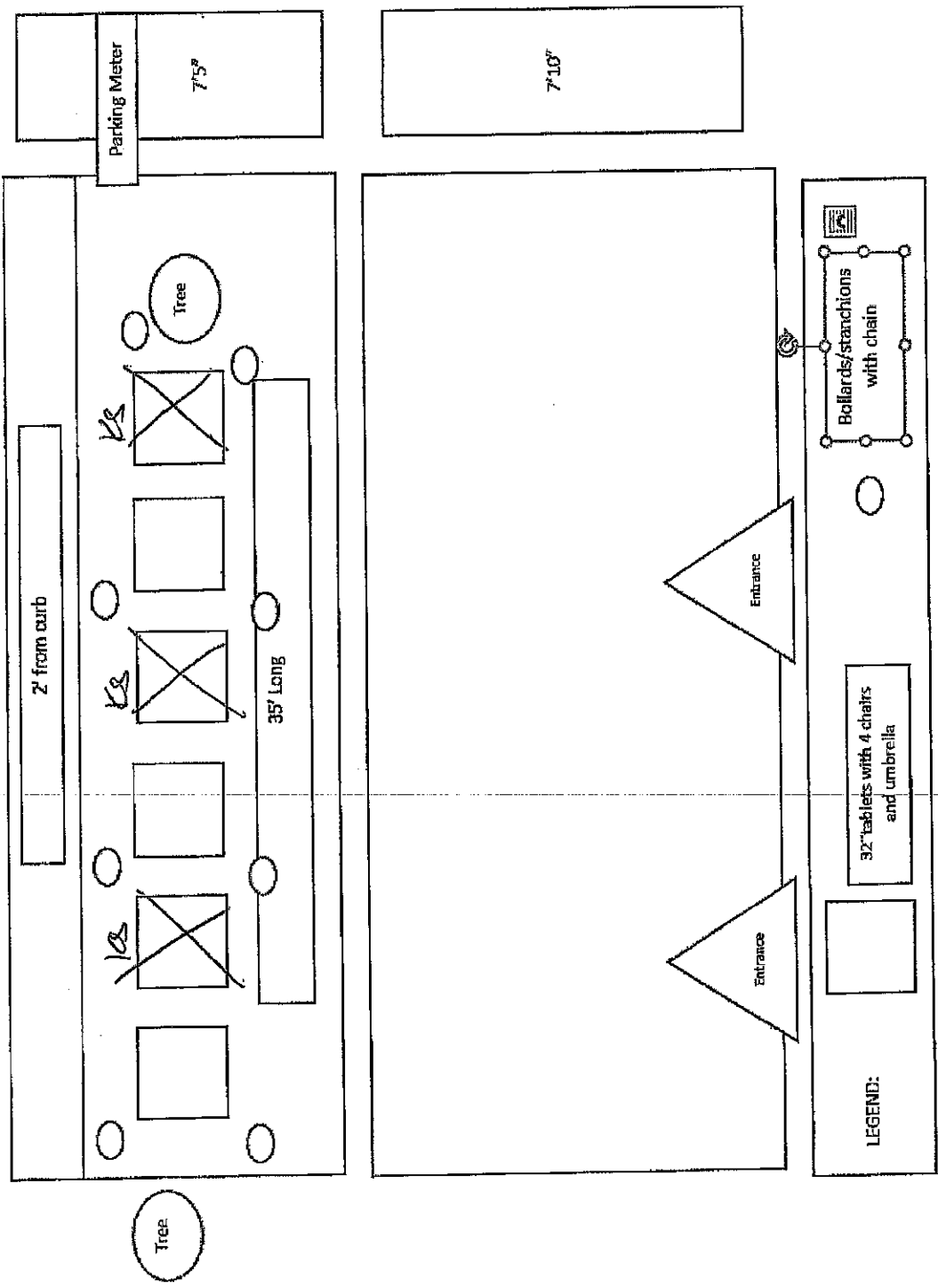
Signature of Agent: [Signature] Date: 4/30/24

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

☐ Yes

☒ No

NOT TO SCALE
PLAN
1/2" = 1'-0"



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: HILL VALLEY CHEESE SHOP AND CHEESE BAR

Address: 510 AND 512 BROAD STREET

Suite/Unit#:

Email: hillvalleydairy@gmail.com

Phone: 262-203-5578

Local Contact Person: RON HENNINGFELD

Phone:

Type of Business: CHEESE RETAIL AND FOOD SERVICE

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: HILL VALLEY DAIRY LLC

Address: N8175 BELL SCHOOL RD

City, State, Zip: EAST TROY, WI 53120

Contact Person: RON HENNINGFELD

Phone:

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

☐ Local Business Address

☒ Corporate Address

☐ Other:

Building Information:

Owner: KAMMAS INVESTMENTS

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: Cheesemaker

Date: 5-3-24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Ron Henningfeld representing Hill Valley Cheese Shop and Cheese Bar as its
(FULL NAME) (ESTABLISHMENT)

Cheesemaker
(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: Ron Henningfeld

DATE: 5-3-24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Josie Henningfeld

Agent Address:

Agent Phone:

Agent E-mail:

Signature of Agent: Josie Henningfeld

Date: 5-1-24

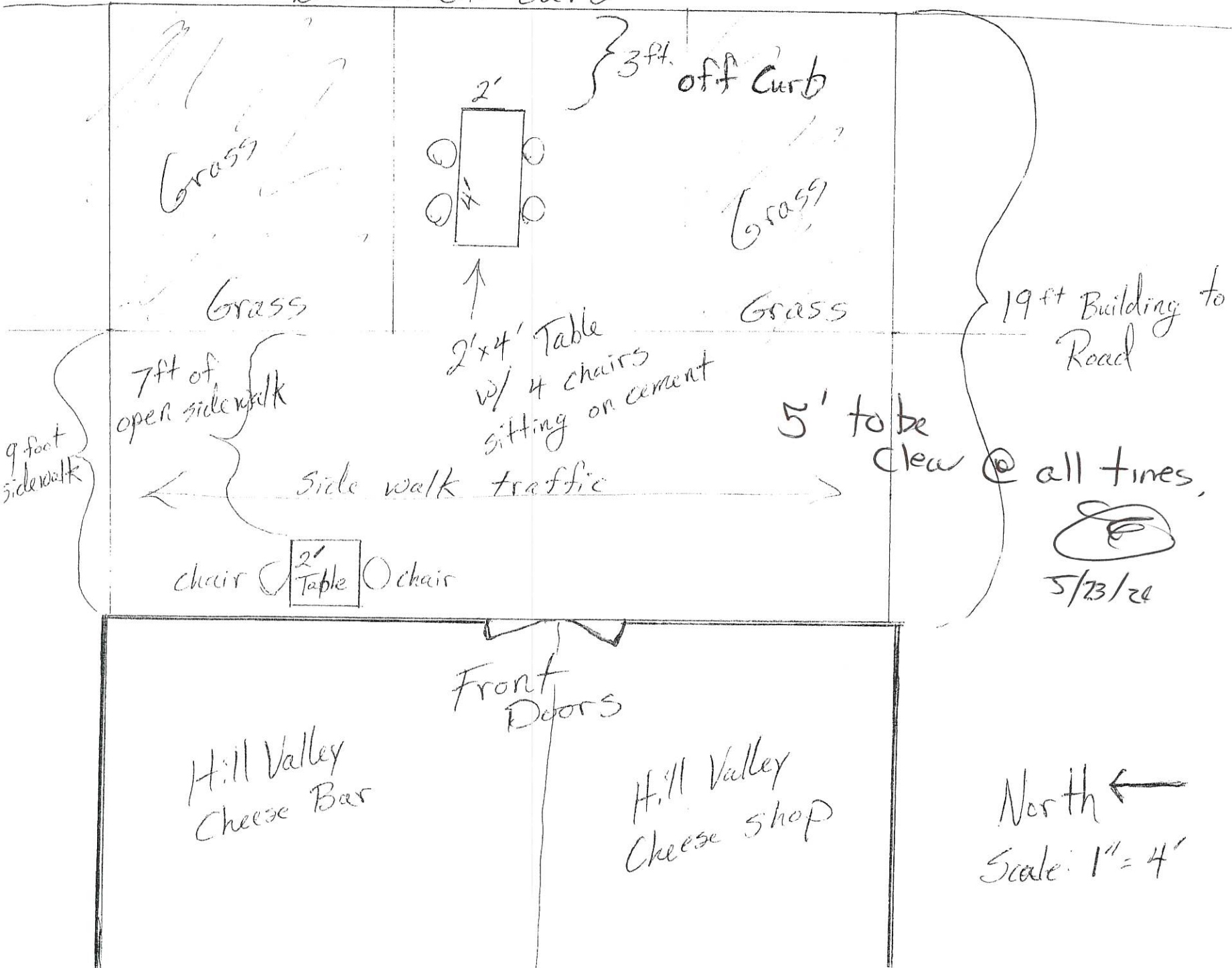
Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No

Broad St. curb

Sidewalk Cafe





General License Application

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

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

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

Local Business Information

Trade Name/DBA: LAKE AIRE LLC / LAKE AIRE RESTAURANT
Address: 804 W. MAIN ST., LAKE GENEVA, WI 53147 Suite/Unit#: —
Email: GARGIROPOULOS@WI.RR.COM Phone: 262-248 9913
Local Contact Person: DEMETRIUS ARGIROPOULOS Phone: [REDACTED]
Type of Business: FAMILY RESTAURANT
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: 5 TABLES, 20 SEATS.

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

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

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

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

Owner: GEORGE ARGIROPOULOS 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: _____

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: 4/26/24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

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

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

SIGNATURE OF APPLICANT:

George Argiropoulos DATE: 4/26/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: GEORGE D. ARGIROPOULOS

Agent Address:

Agent Phone:

Agent E-mail:

Signature of Agent:

George Argiropoulos

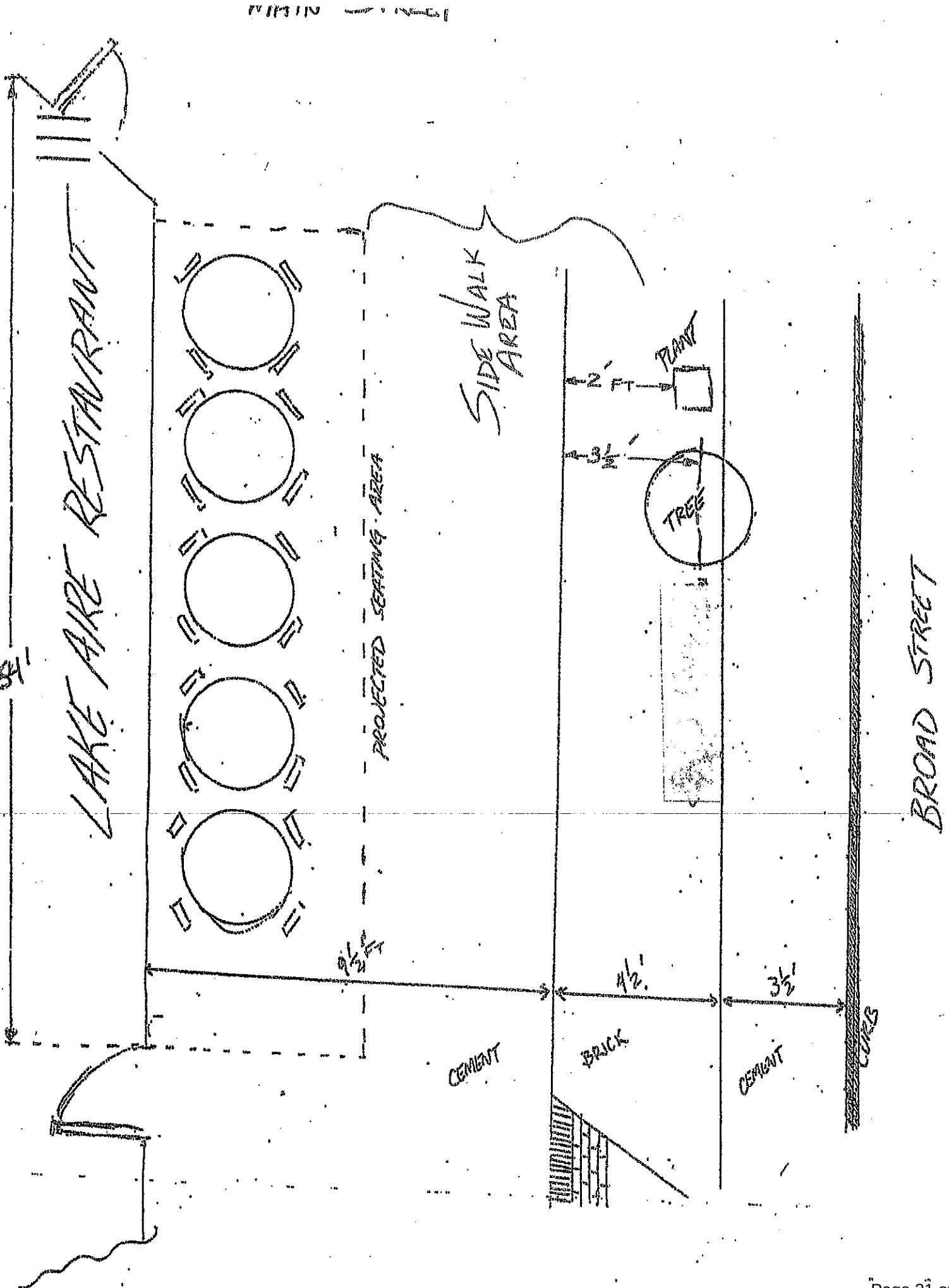
Date:

4/26/24

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: <u>Davefire LLC</u>	
Address: <u>831 Wrigley Dr.</u>	Suite/Unit#: _____
Email: <u>DavidDavefire@gmail.com</u>	Phone: <u>(262) 812-8007</u>
Local Contact Person: <u>David Scotney</u>	Phone: _____ Email: _____
Type of Business: <u>Restaurant</u>	
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No	
Describe: _____	

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

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

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

☒ Local Business Address ☐ Corporate Address
☒ Other: _____

Building Information:

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

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: _____ Title: _____ Date: _____

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

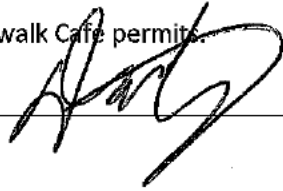
INDEMNIFICATION STATEMENT

I, David Scotney representing Oakfire, LLC 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:

5/4/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Paul Meckler

Agent Address:

Agent Phone:

Agent E-mail:

Signature of Agent:



Date:

5/3/24

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

☒ Yes

☐ No

Wrigley Drive



5' clear @ all times

Sidewalk



General License Application

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

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

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

Local Business Information

Trade Name/DBA: Simple Cafe
Address: 525 Broad Street Suite/Unit#: _____
Email: tom@simplefoodgroup.com Phone: (262) 374-0127
Local Contact Person: Tom Hart Phone: _____
Type of Business: Restaurant
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: 3 tables - 6 chairs

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

Organization Legal Name/Soie Proprietor Name: Simple Cafe 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: 519 Broad Street LLC Phone: _____
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: Thomas Hart Title: founding partner / CEO Date: April 25, 2024



License Worksheet

City of Lake Geneva Clerk's Office

626 Geneva St

Lake Geneva, WI 53147

Select all licenses being applied for

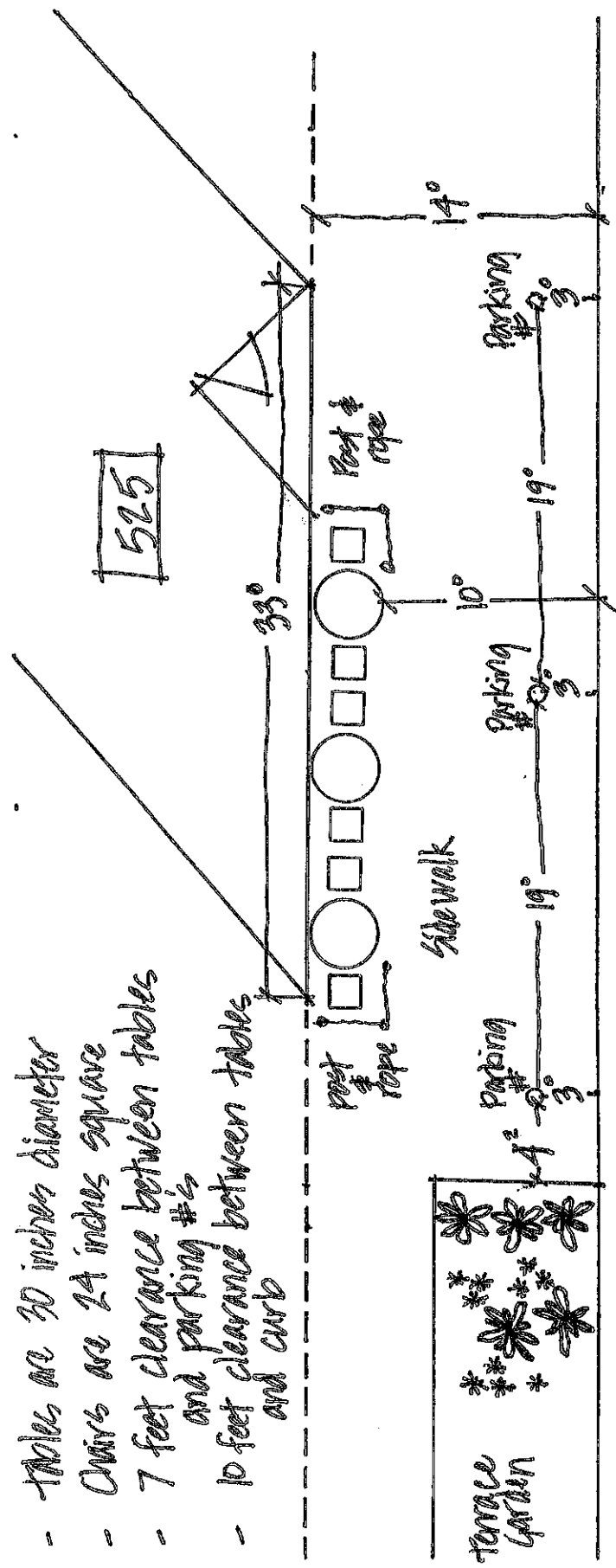
Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	\$25.00
	Room Tax Permit Requires filing of monthly & annual reporting forms	\$10	
	Weights & Measures Number of Devices: _____ Type of weighing, measure, scanning devices used: _____	\$20 \$15/device subtotal	
	Sidewalk Café Permit <i>USPENS</i>	\$15/seat	\$90.00
	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 <i>51 maintained</i>			
PD <i>ETG</i>	B & Z <i>ETG</i>	DPW <i>ETG</i>	FLR _____
Date <i>06/10/2024</i>	Date <i>6/13/24</i>	Date <i>11 Dec 2024</i>	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: <i>5/11/25</i>	Receipt Number: <i>15.011377</i>	Total Paid: <i>25</i>	
Approvals			
Building Inspector: _____	Date: _____		
Fire Inspector: _____	Date: <i>5/18</i>		
Date Issued: <i>5/11/24</i>	License #: <i>2024-103</i> <i>Sidewalk 11</i>	PPT Paid _____ Owes: _____	
Notes:			

Sidewalk Cafe Permit Application Simple Cafe 505 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



Broad Street



General License Application

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

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

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

Local Business Information

Trade Name/DBA: SOPRA
Address: 724 MAIN ST. LAKE GENEVA, WI. 53147 Suite/Unit#: _____
Email: ACUMMING@WI.RR.COM Phone: 262 249 0800
Local Contact Person: ALASTAIR CUMMING Phone: _____
Type of Business: RESTAURANT
Furnishings on Sidewalk? ☒ Yes (Proof of Liability Insurance Required) ☐ No
Describe: CHAIRS & TABLES

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

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

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

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

Owner: 724 MAIN ST. LLC 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: AGENT Date: 4/26/24

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

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

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

SIGNATURE OF APPLICANT: _____

DATE: 4/26/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: ALASTAIR CUMMING

Agent Address: _____

Agent Phone: _____

Agent E-mail: _____

Signature of Agent: _____

Date: 4/26/24

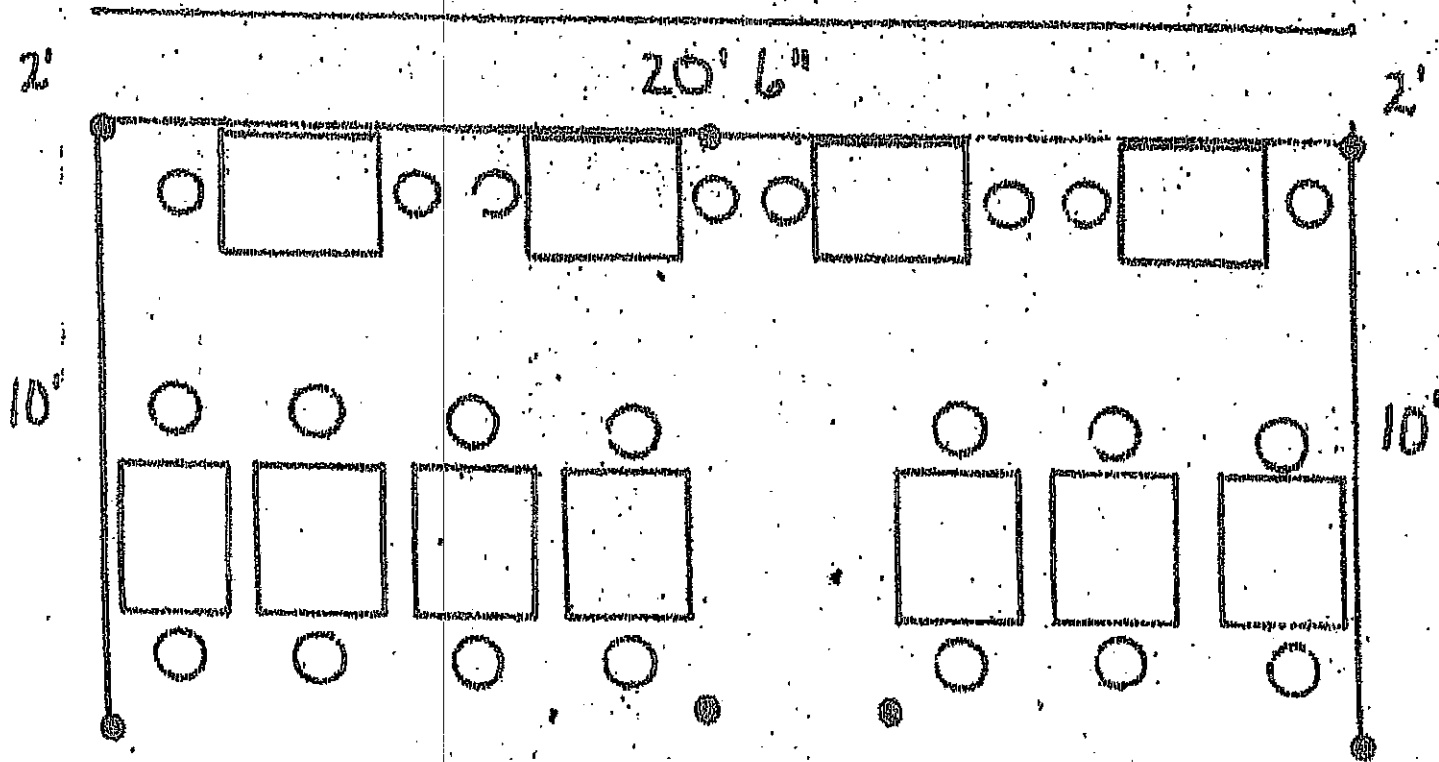
Do food sales generate more than 50% of gross receipts?

☒ Yes

☐ No

124 SOPRA
124 Main St.
Little Geneva.

124 Main St.



6' 3" Sidewalk

EXISTING
LAYOUT

6' 3" Sidewalk

Sopra

DOOR

FRONT OF SOPRA RESTAURANT



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: ZAAB corner Bistro
Address: 501 Broad St. Lake Geneva WI Suite/Unit#: _____
Email: sailonproperties@hotmail.com Phone: 2622035434
Local Contact Person: Sumalee Brewer Phone: _____
Type of Business: Restaurant
Furnishings on Sidewalk? ☐ Yes (Proof of Liability Insurance Required) ☐ No
Describe: _____

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

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

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

☒ Local Business Address ☐ Corporate Address
☐ Other: _____

Building Information:

Owner: 501 Broad street LLC Phone: _____
Has the Building Owner approved the use of the space for your business? ☒ Yes ☐ No
Are there any improvements planned to the existing property? ☐ Yes ☒ No
If yes, please explain: _____

New Businesses and Location Changes Only

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

Attestation and Signature

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

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

Signature: [Signature] Title: Partner Date: 4/23/24



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
X	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	
X	Sidewalk Café Permit 12 seats	\$15/seat	180
	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 _____	B & Z _____	DPW _____	FLR _____
Date _____	Date _____	Date _____	Date: 6/1/8
			Council Date: 6/1/24
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: 205

Office Use			
Date Filed: 5/3/24	Receipt Number: 15-011461	Total Paid: \$205	
Approvals			
Building Inspector: _____	Date: _____		
Fire Inspector: _____	Date: 6/1/7		
Date Issued: _____	License #: 2024-423	PPT	
Sidewalk 13		Paid	
		Owes:	
Notes:			

Indemnification Statement and Alcoholic Beverage Questionnaire

Required for Sidewalk Café and Creamery Permits

INDEMNIFICATION STATEMENT

I, Sumalee Brewer representing ZABO Corner Bistro as its
(FULL NAME) (ESTABLISHMENT)

Partner
(TITLE)

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

SIGNATURE OF APPLICANT: [Signature] DATE: 4/23/24

Alcoholic Beverage Questionnaire

Are you requesting to serve alcoholic beverages?

☒ Yes

☐ No

If so, please provide the following information:

Liquor License Agent Name: Sumalee Brewer

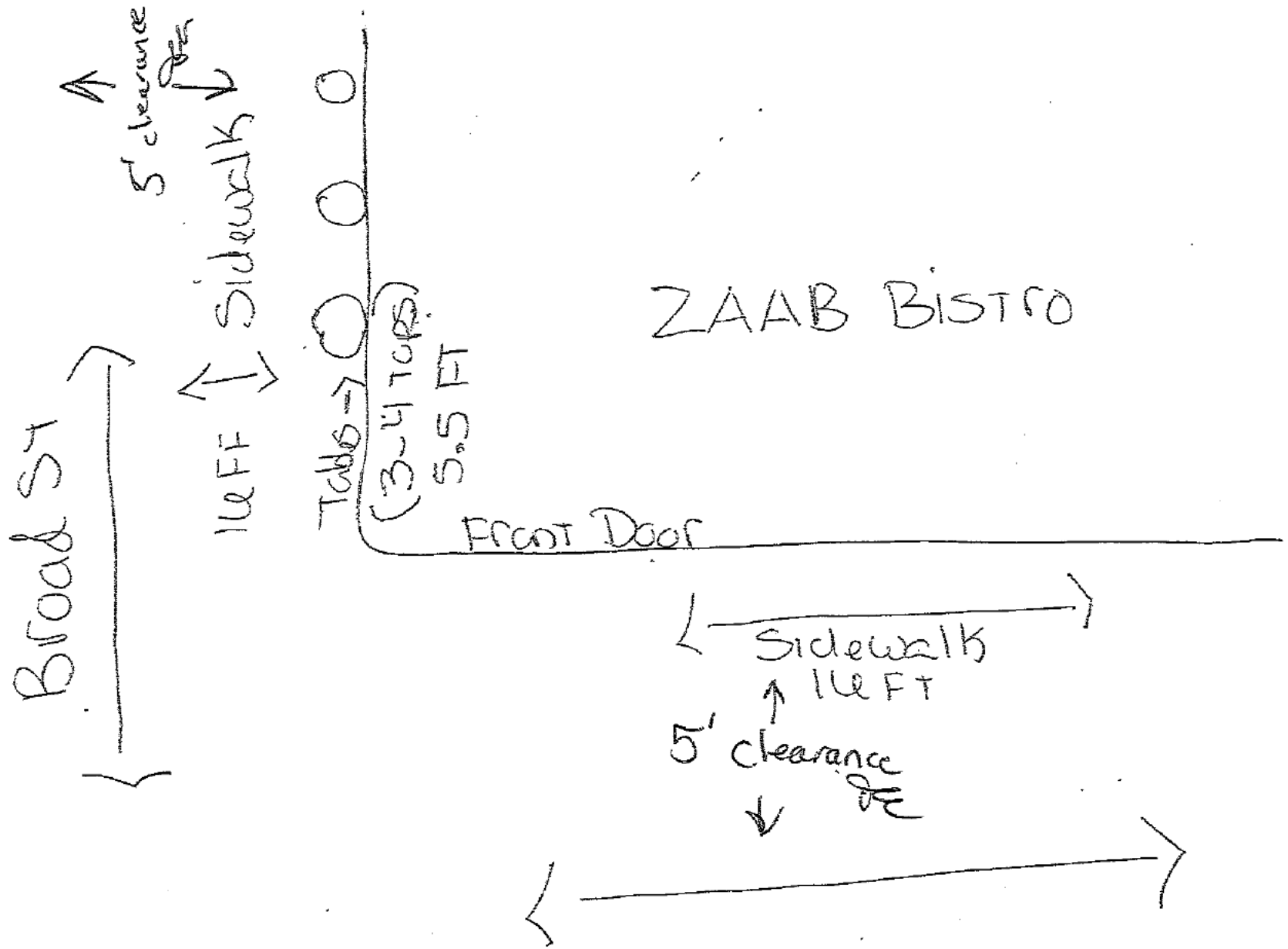


Signature of Agent: [Signature] Date: 4/23/24

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: SCOOPS ICE CREAM INC

Address: 101 BROAD ST

Suite/Unit#: 100

Email: SCOOPS@NBROAD.GMAIL.COM

Phone: [REDACTED]

Local Contact Person: TIMOTHY DOMY Phone: [REDACTED]

Type of Business: CREAMERY

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

☐ No

Describe: 4 TABLES + CHAIRS

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

Organization Legal Name/Sole Proprietor Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Email: _____

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

☒ Local Business Address

☐ Corporate Address

☐ Other: _____

Building Information:

Owner: JOHN LAW

Phone: [REDACTED] Email: _____

Has the Building Owner approved the use of the space for your business?

☒ Yes

☐ No

Are there any improvements planned to the existing property?

☐ Yes

☒ No

If yes, please explain: _____

New Businesses and Location Changes Only

Opening Date: _____

Property Currently Vacant?

☐ Yes

☐ No

Have you obtained Occupancy through the Building & Zoning Department?

☐ Yes

☐ No

Date of inspection: _____

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

Attestation and Signature

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

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

Signature: _____

Title: OWNER

Date: 5-28-24



License Worksheet

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

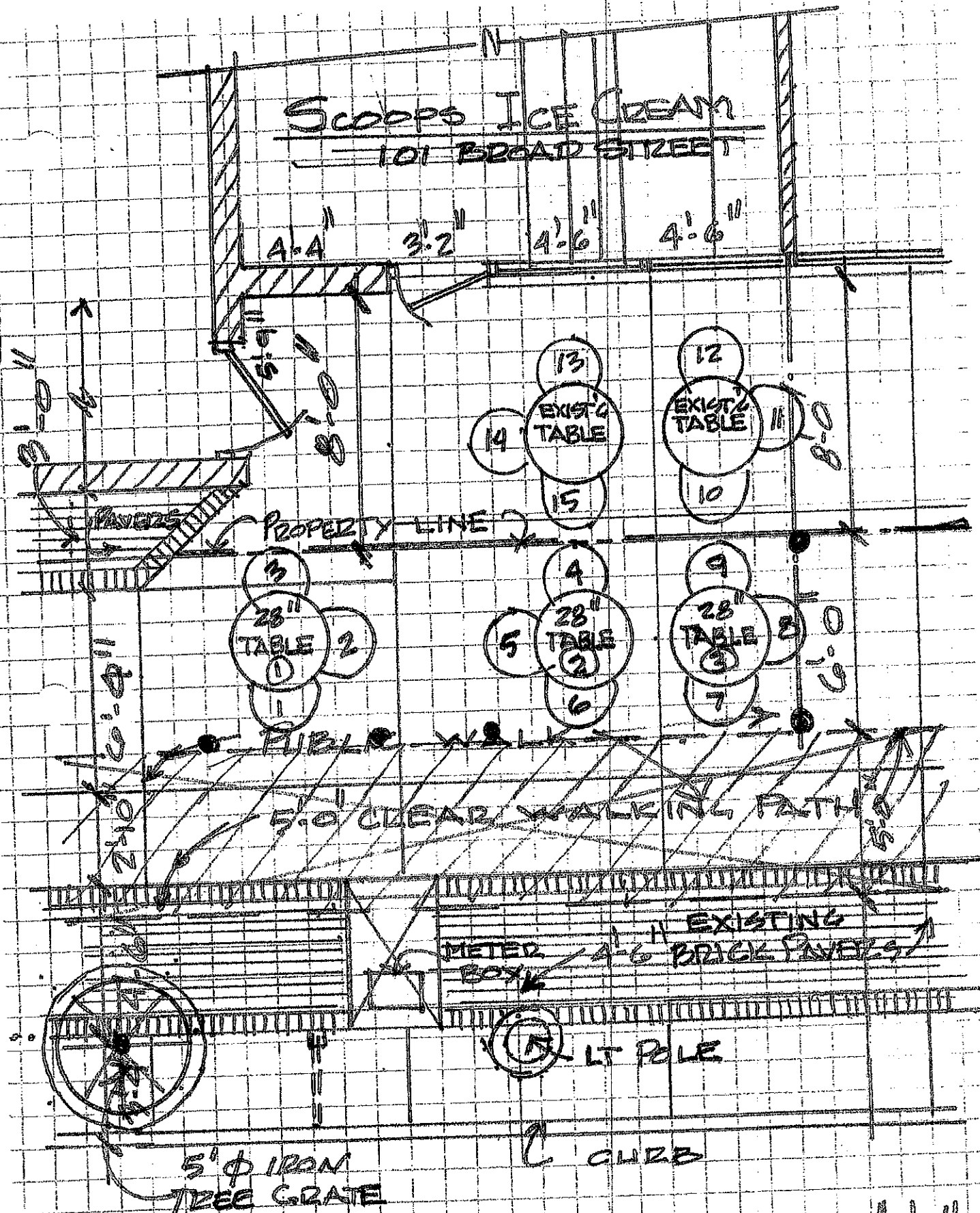
Select all licenses being applied for

Check	License Type	Price	Fee due
	Business License - Required for all Businesses	\$25	75.00
	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	
	Creamery Permit	\$50	50.00
	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 <u>[Signature]</u> Council <u>[Signature]</u> Date <u>06/10/2024</u> Date <u>6/13/24</u> Date <u>June 2024</u> Date: _____ <i>5' to be maintained</i>		
	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: <u>5/29/24</u>	Receipt Number: <u>15.011883</u>	Total Paid: <u>75.00</u>	
Approvals Building Inspector: _____ Date: _____ Fire Inspector: _____ Date: <u>6/17</u> Date Issued: _____ License #: <u>2024-420</u> PPT <u>Raid</u> Owes: _____			
Notes: <u>150888</u> <u>170430</u>			

SCOOPS ICE CREAM 101 BROAD STREET



SCOOPS SEATING PLAN 1/4" = 1'-0"

101 BROAD STREET

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	\$ 400
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 425

red
5/29

Part A: Premises/Business Information

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

FONTANA PETRO INC

2. Business Trade Name or DBA

NORTHSIDE MOBIL

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

05/17/17

8. Wisconsin DFI Registration Number

F056635

9. Premises Address

SOI 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

16. Premises Phone

262 248 2910

17. Premises Email

phsthind@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.

SEPARATE TWO AISLES FOR HARD LIQUOR AND WINE
ADJACENT TO 9 DOOR MAIT ALCOHOL BEVERAGE COOLER
SOME AND SINGLEES BOTTLER BEHIND COUNTER.

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
THIND	PRABU	MEMBER	[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.	
THIND	PRABU	S	
Title	[REDACTED]		
Signature	[Signature]		Date
		05/29/27	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/29			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
05/09/24

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

FONTANA PETRO INC.

2. Business Trade Name or DBA

NORTHSIDE MOBIL

3. Entity Type (check one)

☐ Limited Liability Company☒ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

THIND

2. First Name

PRABH

3. M.I.

S

11. Drivers License/State ID Number

8. State

WI

9. ZIP

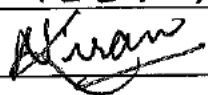
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

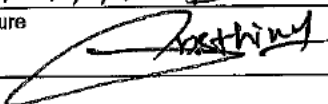
Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 THIND	First Name NAVKIRAN	M.I.
Title PRESIDENT	[REDACTED]	
Signature 		Date 05/09/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 THIND	First Name PRADEEP	M.I. S
Signature 		Date 05/09/24

Form
AB-200

Alcohol Beverage License
Application

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

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>

PA
6/1/10

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship) <u>1111 N. Edwards Blvd.</u>		
2. Business Trade Name or DBA <u>Fairfield Inn + Suites</u>		
3. [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>0034225</u>
9. Premises Address <u>1111 N. Edwards Blvd.</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) 348-9000</u>	17. Premises Email <u>Tina@scarletthotelgroup.com</u>	18. Website <u>www.fairfieldinn.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>Packaged goods sold - guest can consume sealed beverages</u> <u>Hotel Market, in their guestrooms, 1st floor sitting</u> <u>(lounge area + outdoor patio) Retail liquor</u> <u>services for special events.</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
Konrad	Jason	President	
Perkins	Darleen	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.
Perkins	Darleen	

Title	
AGM	

Signature	Date
Darleen Perkins	6/10/24

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/10/24			

Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)

Agent Type (check one)

☐ Original (no fee)☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

1111 N. Edwards Blvd.

2. Business Trade Name or DBA

Fairfield Inn Lake Geneva WI.

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☐ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Perkins

2. First Name

Darleen

3. M.I.

7. City

8. State

WI

9.

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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	Perkins	First Name	Darleen	M.I.	
Title	AGM	Email	perkinsd1973@gmail.com	Phone	262 475 8894
Signature	Darleen Perkins			Date	6/10/24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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	Perkins	First Name	Darleen	M.I.	
Signature	Darleen Perkins			Date	6/7/24

gf #275 - 6-13-24
Smk #211 - 6-13-24

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) \$ _____

Fees	
License Fees	\$ 1.00
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 125

pd
4/5

Part A: Premises/Business Information

1. Legal Business Name (Individual name if sole proprietorship)		
Tienda El Rancho, Inc		
2. Business Trade Name or DBA		
Tienda El Rancho, Inc		
3. FEIN	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	2/22/2006	7038370
9. Premises Address		
1151 Elkhorn Rd., Lake Geneva		
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	
	262-249-0698	
17. Premises Email		18. Website
NO Email		none
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.		
It's store in the restaurant area, in a 3 doors cooler, first door. @ a outside cooler walking Outside the store. On the back. Invoices kept in office		
20. Mailing Address (if different from premises address)		
1151 Elkhorn Rd		
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
Jaramillo	Gerardo	Pres	
Jaramillo	Mercedes	V P	

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.
Jaramillo	Mercedes	
Title		
V.P		
Signature	Date	
Mercedes Jaramillo	06-05-24	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
6/5/24			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

Trends El Rancho

2. Business Trade Name or DBA

Trends El Rancho

3. Entity Type (check one)

- ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

Jaramillo

2. First Name

Mercedes

3. M.I.

4. Email

5. Phone

7. City

8. State

WI

9. Zip Code

10. App

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☒ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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	Jaramino	First Name	Mercedes	M.I.	
Title	V.P.	Phone	[REDACTED]		
Signature	Mercedes Jaramino			Date	06-05-24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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	Jaramino	First Name	Mercedes	M.I.	
Signature	Mercedes Jaramino			Date	06-05-24

gt#215 - 6/7/24
Eto#160 06/07/2024

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	1/1/24-6/30/26

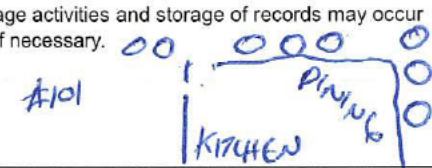
License(s) Requested: (up to two boxes may be checked)

- ☐ 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

pd
5115

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) BREAKFAST BUNGALOW GRGATEEGGS LLC			
2. Business Trade Name or DBA GRGATEEGGS			
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 4-19-22	
8. Wisconsin DFI Registration Number B107534			
9. Premises Address 220 COOK STREET #101			
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 262-812-4077	
17. Premises Email GRGATEEGGS@LAKEGENEVA.COM		18. Website GRGATEEGGS.LAKEGENEVA.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 SUITE 101 FIRST FLOOR KITCHEN AND DINING AREA ALSO 5 OUTSIDE TABLES ON PROPERTY IN FRONT AND 3 OUTSIDE TABLES ON PROPERTY OFF TO THE SIDE. 			
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
GRIFITH	CATHERINE	AGENT	
OCHALEK	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 GRIFITH	First Name CATHERINE	M.I. L
Title PRESIDENT		
Signature Cathy Griffith	Date 5-13-24	

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
Appointment of AgentDate
5-13-24

Agent Type (check one)

- ☒
- Original (no fee)
- ☐
- Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

BREAKFAST BUNGALOW GREAT EGG LLC

2. Business Trade Name or DBA

GREAT EGG

3. Entity Type (check one)

- ☒
- Limited Liability Company
- ☐
- Corporation
- ☐
- Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒
- Municipal Retail License
- ☐
- State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

GRIFFITH

2. First Name

CATHERINE

3. M.I.

L

7. City

8. State

WI

9. Zip Code

10. Age

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 GRIFITH	First Name CATHERINE	M.I. L
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature Cathy Griffith		Date 5-13-24

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 GRIFITH	First Name CATHERINE	M.I. L
Signature Cathy Griffith		Date 5-13-24

fw #379 6/3/2024

ERG #160 06/04/2024

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

od
6/13

Part A: Premises/Business Information			
1. Legal Business Name (Individual name if sole proprietorship) MAMA CIMINOS LLC			
2. Business Trade Name or DBA MAMA CIMINOS 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		7. Date of Organization	8. Wisconsin DFI Registration Number M099765
9. Premises Address 131 N. WELLS ST.			
10. City LAKE GENEVA		11. State WI	12. Zip Code 53147
13. County WATKINSON	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: LAKE GENEVA		15. Aldermanic District
16. Premises Phone 262-348-9077	17. Premises Email MAMACIMINOSLLC@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 STORED IN DINING ROOM BEHIND BAR + IN LOCKED COUNTERS RECORDS KEPT IN LOCKED FILING CABINET.			
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 <i>CIMINO</i>		First Name <i>NICK</i>	M.I.
Title <i>OWNER</i>	Email [REDACTED]		Phone [REDACTED]
Signature <i>[Signature]</i>		Date <i>5/30/24</i>	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk <i>6/13/24</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

Agent Type (check one)

- ☒ Original (no fee) ☐ Successor (\$10 fee for municipal licensees only)

Part A: Business Information

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

MAMA DIMINOS LLC

2. Business Trade Name or DBA

MAMA DIMINOS LLC

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

Part B: Agent Information

1. Last Name

KERRIOS

2. First Name

KERRY

3. M.I.

J

7. City

8. State

WI

9. Zip Code

10. Age

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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>CIMINO</i>		First Name <i>NICK</i>	M.I.
Title <i>OWNER</i>	Email [REDACTED]		Phone [REDACTED]
Signature 			Date <i>5/30/24</i>

Part E: Agent Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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>KERROS</i>		First Name <i>KERRY</i>	M.I. <i>J</i>
Signature 			Date <i>5/30/24</i>

DL 6-5-24

EJB #160 06/05/2024



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: Element Massage Studio

Corporate Name (if applicable): _____

Business Address (Physical): 647 W. Main St. #400 Lake Geneva WI 53147

Mailing Address (if different): _____

City, State, Zip: _____

Phone: 262 475 4427

Email: elementmslg@gmail.com

Please explain the nature of services to be provided: We provide Therapeutic Massage to our clients

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Dale Martin

Address: _____

City, State: _____

Phone: _____

☒ 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:

Same

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: DM Date: 5-24-24

For Office Use Only

Date Filed: 6/5/24 Receipt #: 15.012056 Amt Paid: 50.00
Forwarded to Police Dept: 6/5/24 Background Completed: 27 6-6-24
Police Chief Recommendation: [Signature] ☒ Approved Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐
Forwarded to Building Dept: _____ Inspector approval required for new establishments
Building Inspector Recommendation: _____ Approved Denied
FLR/Council Approval Dates: _____ License #: _____
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to: Building & Zoning Police Chief Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Lake Geneva Massage Therapy

Corporate Name (if applicable): _____

Business Address (Physical): 905 Marshall St

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-249-1230 Email: lgmassage@yahoo.com

Please explain the nature of services to be provided: Massage Therapy

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Mark W. Mitchell : Barbara J Mitchell

Address: _____

City, State: _____

Phone: _____

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:

None

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

☒ NO ☐ YES If yes, please explain: _____

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

☒ NO ☐ YES If yes, provide the offense, date, location, and disposition: _____

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

APPLICANT SIGNATURE: [Signature] Date: 3/30/2024

For Office Use Only

Date Filed: 5/30 Receipt #: _____ Amt Paid: 75
Forwarded to Police Dept: 4/3/24 Background Completed: APR 6-3-24
Police Chief Recommendation: [Signature] ☒ Approved ☐ Denied
Fingerprinting required for new establishments – Fingerprinted by LGPD: ☐
Forwarded to Building Dept: _____ Inspector approval required for new establishments
Building Inspector Recommendation: _____ ☐ Approved ☐ Denied
FLR/Council Approval Dates: _____ License #: _____
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to: Building & Zoning Police Chief Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Elevate Wellness Center

Corporate Name (if applicable): _____

Business Address (Physical): 801 Geneva Parkway No. Suite 104

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-203-4054 Email: hollic@elevatewithyou.com

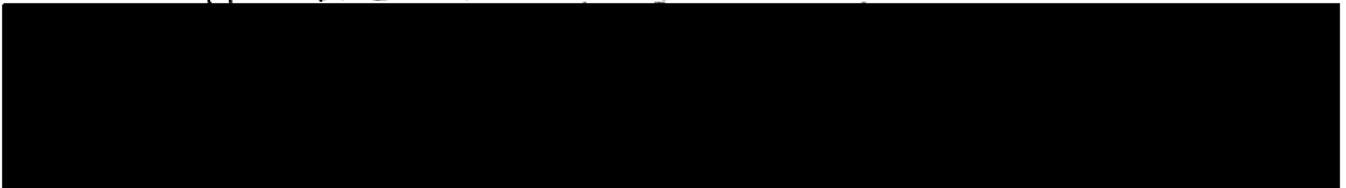
Please explain the nature of services to be provided: _____

Massage therapy, Personal Training, Hypnotherapy

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Hollie Bullen



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:

Elevate Wellness Center
Massage Therapy, Personal Training & Hypnotherapy

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?

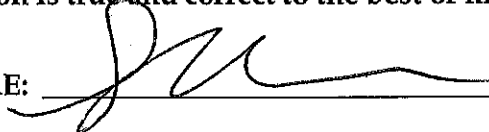
☒ NO

☐ 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:



Date:

6/11/2024

For Office Use Only

Date Filed: Receipt #: Amt Paid:

Forwarded to Police Dept: Background Completed:

Police Chief Recommendation: Approved Denied

Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐

Forwarded to Building Dept: Inspector approval required for new establishments

Building Inspector Recommendation: Approved Denied

FLR/Council Approval Dates: License #:

Verified: Stark ☐ MSI ☐ Notes/Conditions:

Copies to: Building & Zoning Police Chief Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Jasmine Salon and SpA
Corporate Name (if applicable): Aveda Jasmine Salon and SpA
Business Address (Physical): 251 Cook St.
Mailing Address (if different): _____
City, State, Zip: Lake Geneva, WI, 53147
Phone: 262-249-9800 Email: brittany@jasminesalonspa.com
Please explain the nature of services to be provided: hair services
massage facial hair removal - manicures - pedicures

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Brittany Harro

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:

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: _____ Date: _____

For Office Use Only

Date Filed: 5/10/24 Receipt #: 21.000391 Amt Paid: \$50.00
Forwarded to Police Dept: 5/13/24 Background Completed: 5/14/24 KP412
Police Chief Recommendation: [Signature] Approved Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐
Forwarded to Building Dept: NIA Inspector approval required for new establishments
Building Inspector Recommendation: NIA Approved Denied
FLR/Council Approval Dates: _____ License #: _____
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to: Building & Zoning Police Chief Fire Chief



CITY OF LAKE GENEVA

TAXI COMPANY LICENSE APPLICATION

Please Check:

- ☐ Original Application
- ☒ Renewal of Current License

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

Annual License Expires June 30th each year

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

NOTE: Application must be accompanied by the following documents:

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

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

BUSINESS INFORMATION

Business Name: Senior Cab Plus

Bus. Address (Physical): W3099 Krueger Rd

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Bus. Phone: 262-949-8294 Fax: _____

E-Mail: seniorcab@yahoo.com

BUSINESS OWNER/AGENT INFORMATION

Owner/ Agent Name: Harry Ryskielski



PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

1. Have you been previously licensed to operate a taxicab company? YES NO
If Yes, please state where: Lake Geneva since 2004

2. Have you ever had a license revoked? YES NO
If Yes, please explain: OWI - Walworth County
28 years ago

TAXI VEHICLE INFORMATION

Total Number of Vehicles to be operated: 1

Vehicle #1		
<u>Chrysler</u>	<u>Town & Country</u>	<u>2010</u>
Make	Model	Year
<u>7</u>	<u>ASV 9813</u>	
Capacity	License Plate No.	
	<u>23083 N3010-6</u>	
VIN	Certificate of Title No.	

Vehicle #2		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

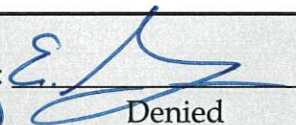
Vehicle #3		
Make	Model	Year
Capacity	License Plate No.	
VIN	Certificate of Title No.	

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

APPLICANT SIGNATURE

~~John H. Lunny~~ Larry R. Rish DATE: 5/30/24

For Office Use Only

Date Filed: <u>5/30</u>	Police Chief
Receipt No: <u>15.011915</u>	Recommendation: <u></u>
Total Amount: <u>50</u>	☒ Approved ☐ Denied
Forwarded to Police Chief: <u>243</u>	
Forwarded to City Attorney: _____	City Attorney Approval of Liability
Verified: Stark ☐ MSI ☐	Insurance: _____
Notes: _____	
FLR Approval: _____	License Date: _____
Council Approval: _____	License Number: _____

VEHICLE SAFETY INSPECTION

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

Vehicle Owner/Agent Name Senior Cab					
Vehicle - Year 2010	Make Chrysler	Model Town & Country	Color Gray	Odometer Reading 176,200	License Plate Number ASV 813
Name - Inspecting Company or Agency AB Fix It			Name - Inspector Bobby Schmitz		Telephone Number 262-215-7516
Address 6189 Townline Rd			City Lake Geneva	State WI	Zip Code 53147

VEHICLE INSPECTION CHECKLIST

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

Brief Comments - Refer to Item Number

SIGNATURE - Inspector Bobby Schmitz	Date - Inspection 5-15-24
---	---



CITY OF LAKE GENEVA EVENT PERMIT APPLICATION

Please fill in all blanks completely, as incomplete applications will be rejected. Applications for Public Events must be submitted AT LEAST 45 DAYS prior to the proposed event date for consideration.

Section I- APPLICANT INFORMATION

Name of Applicant: Friends of Hillmoor

Name of Event Organizer/Producer: _____

Production Company/Organization: _____ FEIN #: _____

Street Address: PO Box 1034

City: Lake Geneva State: WI Zip code: 53147

E-mail Address: _____

Daytime Phone: _____ Cell Phone: _____

Are you a ☐ Business/Individual OR ☒ Non-Profit Organization 501(c) 3

EIN # (Tax Exempt Number): [REDACTED]

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

Section II- EVENT INFORMATION- Select all that apply

☐ **Private Event/Shelter Reservation-** Use of City of Lake Geneva Park and or Park Shelter for private use or event not that is not open to the public. Examples: family reunion, birthday party, club meeting, team practice. *Local non-profits exempt from fees

- ☐ Flat Iron Park Brunk Pavilion \$250/day
- ☐ Gazebo-Flat Iron Park \$125/day
- ☐ Seminary Park Shelter \$75/day
- ☐ Cobb Park Shelter \$75/day
- ☐ Park Use (no shelter) \$75/day

Location: _____

☐ **Street Use/Closure** \$75/day

Describe in Section III on page 3 of application

☐ **Public Event-**Event open to the public, including ticketed or open admission. Examples: festival, art/ware sale/market, concert, community activity, parade. *Non-profits exempt from fees ☒

Application fee: ☐ \$100- submitted at least 60 days prior

☐ \$300- submitted at least 45 days but fewer than 60 days prior

Select parks/facilities used during event, fees applied from list above:

Parks

- ☐ Flat Iron Park
- ☐ Seminary Park
- ☐ Cobb Park
- ☐ Library Park

Shelters

- ☐ Brunk Pavilion ☐ Gazebo
- ☐ Seminary Park Shelter
- ☐ Cobb Park Shelter

☒ Other: Hillmoor Nature Center

1. Title of Event: Star Party
2. Date(s) of Event: Thursday, June 27 (Sunday, June 30 - rain date)
3. Location(s) of Event: Hillmoor - clubhouse parking lot
4. Hours: 9-10 viewing; 8:15-11pm access for attendees
Note: Start Time & End Time
5. Event Chair/Contact Person: _____ Phone: _____
6. Day of Event Contact Name: Mary Jo Fesenmaier Phone: 962-903-1856
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☐ Yes ☒ No
9. Estimated Attendance Number: 30
10. Basis for estimate: limited parking
11. Will you be setting up a tent? ☐ Yes ☒ No

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

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

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

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

We will remove our own trash, although the event
itself will not produce any.

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

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

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

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

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

Continue to next page...

Section III- STREET USE

☒ Check if this section does not apply

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

- ☐ Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
- ☐ Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.

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

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

2. Will any ^{paid} parking stalls be used or blocked during the event?

☐ Yes ☒ No

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

Dates of Use: _____

Total Number of Parking Stalls being Requested: _____

Parking Stall Number(s) and Location: _____

3. Description of Signage to be used during event: _____

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

4. Anticipated Services

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

☐ **Electricity;** Explain: _____

☐ **Water;** Explain: _____

☐ **Traffic Control;** Explain: _____

☒ **Police Services;** Explain: Unblock chain across entrance giving access to front parking lot; relock at end of event.

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

☐ **Other;** Explain: _____

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

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

Name on Card: _____

Credit Card #: _____

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

Billing Address: _____

City, State, Zip Code: _____

on file
from
previous
permits

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: Margaret Fesenmaier Date: 05/16/2024

Hillmoor Star Party

Sponsored by: Friends of Hillmoor and Geneva Lake Astrophysics and STEAM (GLAS)

Location: Hillmoor

June 27, 2024; rain date, June 30, 2024

Purpose: view the night sky, build enthusiasm for astronomy, encourage local attendance especially community youth

Event is FREE and open to the public with limited parking available at the front (James Foulis Lot) off Main Street.

Adam McCulloch and GLAS Education staff/volunteers will set up telescopes from their collection before the start time of the event.

From 9:00 to 10:00 p.m. the public will learn about light pollution, astronomy opportunities for high school students, and be able to view the night sky.

The public will access the event beginning at 8:15 p.m. via the front parking lot used online (free tickets). Friends of Hillmoor will monitor parking and turn away vehicles without online tickets.

The estimate is 24 vehicles.

People will walk, using flashlights, up the main drive, to the event location. Friends of Hillmoor will set up guideposts periodically along the main drive for safe travel to/from the event.

PD will have chain unlocked by 8:00 p.m. with Friends of Hillmoor at that time moderating attendees. We will also need access through the cattle gate at that time for Adam and GLAS to set up telescopes.

We will call when the last attendee leaves, estimated 11:00 p.m.

For Office Use Only

Date Filed with Clerk: 5/20/24 Payment Amount: \$ _____

Receipt #: _____

City Clerk/Administrator Signature: [Signature] Date: 5/20/2024

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: [Signature] Date: 06/03/2024

☒ Approve ☐ Denied Notes: Will have CSO/Officer provide extra presence and/or assist as needed.

Fire Chief Signature: _____ Date: _____

☐ Approve ☐ Denied Notes: _____

DPW Signature: [Signature] Date: 6/04/2024

☒ Approve ☐ Denied Notes: _____

Parking Signature: N/A Date: _____

☐ Approve ☐ Denied Notes: _____

Harbormaster Signature: N/A Date: _____

☐ Approve ☐ Denied Notes: _____

Parks & Rec Signature: [Signature] Date: 6-10-24

☒ Approve ☐ Denied Notes: _____

Public Events:

FLR Meeting Date: _____

Council Meeting Date: _____

ORDINANCE OF THE COMMON COUNCIL			
An ordinance amending Section 2-49 (3), Personnel Committee, of Chapter 2, Administration, of the City of Lake Geneva Municipal Code.			
Committee	Personnel Committee considered on June 3, 2024 Finance, Licensing, & Regulation Committee to consider on June 18, 2024		
Fiscal Impact:	N/A		
File Number:	24-01	First Reading : Second Reading :	June 24, 2024 July 8, 2024

The Common Council of the City of Lake Geneva, Wisconsin, does hereby ordain as follows:

Section 2-49 (3)

Personnel Committee.

a.

The Committee shall be responsible for negotiating all employment contracts, ~~or~~ agreements, or hire letters between the City of Lake Geneva and its ~~employees~~ Department Heads, excepting only those employees who are specifically governed by another City committee or commission.

b.

The Committee shall make a recommendation to the City Council to accept or reject employee contract or agreement offers. The City Council shall have the sole power to accept or reject employee contracts or agreements by a majority vote.

~~b. c.~~

The Committee shall be responsible for ~~periodic~~ ensuring that the City Administrator undertakes scheduled evaluations, semiannual and/or annual, of all City department heads except those governed by another City commission, committee, or official.

~~c. d.~~

The Committee shall be responsible for all disciplinary matters involving grievances, prohibitive practice complaints, work rule violations, and contract violations, ~~and other matters including discharge or separation for employment.~~ involving City of Lake Geneva Department Heads.

~~d. e.~~

The Committee shall be responsible for creating new position descriptions, and recommending to the City Council job descriptions revisions for all City ~~employees (except police and fire)~~ Department Heads, and such job descriptions shall be utilized when advertising for and evaluating potential new and current employees.

~~e. f.~~

The Committee will interview all prospective exempt employees and all ~~appointed officials of the City that are appointed by the City Council as set forth in Section 2-3 of the Municipal Code of the City of Lake Geneva~~ Department Heads. City

~~d~~Department ~~H~~Heads are those individuals responsible for the oversight of particular functions and employees of the City. City ~~d~~Department ~~h~~Heads shall be given the authority to hire and terminate employees within their department, provided that any hiring is done without violating budgetary constraints placed on their departments and any terminating is done within the guidelines established by the City of Lake Geneva ~~Employee Handbook~~.

~~[Added 5-24-2010 by Ord. No. 10-05; amended 11-28-2011 by Ord. No. 11-32; 9-22-2014 by Ord. No. 14-05]~~

Approved by the City of Lake Geneva Common Council on this 8th day of July, 2024.

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

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

Todd Krause, Mayor

Date

Attest:

Lana Kropf, City Clerk

Date

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Bank.Bank account = "43257"

[Report].Invoice GL Account = {<>} 61

[Report].Invoice GL Account = {<>} 62

Invoice.Batch = "06052024PP","06072024"

Check Issue Date	Check Number	Vendor Number	Payee	Amount
06/05/2024	85855	5428	CITY OF LAKE GENEVA POLICE DEPT	89.00
06/07/2024	85914	2046	ALLIANT ENERGY/WPL	109.44
06/07/2024	85915	32	AXON, RON	16.48
06/07/2024	85916	34	BULLINER, SCOTT	960.00
06/07/2024	85917	35	CARKEEK, TOM	960.00
06/07/2024	85918	6263	CHARTER COMMUNICATIONS	99.99
06/07/2024	85919	2295	CITY OF DELAVAN	1,500.00
06/07/2024	85920	6847	CORDOVA, MARIA	12.06
06/07/2024	85921	2354	CULLIGAN OF BURLINGTON	126.00
06/07/2024	85922	33	DEEHAN, CAROLINE	840.00
06/07/2024	85923	37	FUCHS, LAURA	500.00
06/07/2024	85924	2538	GAGE MARINE CORP.	19.43
06/07/2024	85925	30	INDIAN DANCE SCHOOL	500.00
06/07/2024	85926	2862	LAKE GENEVA CONVENTION	25,464.49
06/07/2024	85927	2903	LEAGUE OF WI MUNICIPALITIES	285.00
06/07/2024	85928	5095	REGISTRATION FEE TRUST	5.00
06/07/2024	85929	38	SULLIVAN, ERIN	940.00
06/07/2024	85930	4956	UNIQUE MANAGEMENT SERVICES INC	92.70
06/07/2024	85931	4975	US CELLULAR	691.31
06/07/2024	85932	6799	VERIZON	472.53
06/07/2024	85933	31	YANKE, KEVIN	50.00
Grand Totals:				33,733.43

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
11-00-00-21100	.00	2,978.46-	2,978.46-
11-12-00-24280	1,500.00	.00	1,500.00
11-16-10-52210	150.19	.00	150.19
11-21-00-53120	89.00	.00	89.00
11-21-00-53610	5.00	.00	5.00
11-22-00-44710	50.00	.00	50.00
11-22-00-53510	19.43	.00	19.43
11-24-00-52620	92.95	.00	92.95
11-24-00-53320	285.00	.00	285.00
11-32-10-52210	314.36	.00	314.36
11-32-10-52500	472.53	.00	472.53
40-00-00-21100	800.00	5,161.40-	4,361.40-
40-54-10-52210	17.45	.00	17.45
40-55-10-23530	5,000.00	.00	5,000.00
40-55-10-46740	.00	800.00-	800.00-

M = Manual Check, V = Void Check

GL Account	Debit	Credit	Proof
40-55-10-52210	17.95	.00	17.95
40-55-20-53600	126.00	.00	126.00
42-00-00-21100	.00	131.58-	131.58-
42-34-50-46330	16.48	.00	16.48
42-34-50-52210	115.10	.00	115.10
47-00-00-21100	.00	25,529.84-	25,529.84-
47-00-00-57100	25,464.49	.00	25,464.49
47-70-00-57155	65.35	.00	65.35
48-00-00-21100	.00	127.39-	127.39-
48-00-00-52210	17.95	.00	17.95
48-00-00-52220	109.44	.00	109.44
99-00-00-21100	.00	604.76-	604.76-
99-00-00-52110	12.06	.00	12.06
99-00-00-54150	500.00	.00	500.00
99-00-00-55110	92.70	.00	92.70
Grand Totals:	35,333.43	35,333.43-	.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 = "06052024PP","06072024"

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "06192024","06192024A"

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
ALL PRO CLEANING SYSTEMS				
3549	06/12/2024	BUILDING CLEANING	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	2,293.00
Total ALL PRO CLEANING SYSTEMS:				2,293.00
APG SOUTHERN WISCONSIN				
REIMB-5/30/20	05/30/2024	TOURISM GRANT REIMB-CHEE	47-70-00-57150 PROMOTIONAL GRANT	15,000.00
Total APG SOUTHERN WISCONSIN:				15,000.00
BATZNER PEST CONTROL				
60799291	05/21/2024	RIV PEST CONTROL	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	173.03
Total BATZNER PEST CONTROL:				173.03
BRIAN WALES, PIANO TUNER				
6-5-24-1	06/05/2024	PIANO TUNING-5/31 EVENT	40-55-10-46740 UPPER RIVIERA REVENUE	170.00
6-5-24-2	06/05/2024	PIANO TUNING-6/5 EVENT	40-55-10-46740 UPPER RIVIERA REVENUE	170.00
Total BRIAN WALES, PIANO TUNER:				340.00
BUMPER TO BUMPER				
662-487326	06/04/2024	BRAKE FLUID	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	9.79
Total BUMPER TO BUMPER:				9.79
CLEAN WATER ENGINEERING LLC				
1067	05/29/2024	COMM PLUMBING INSP-MAY	11-24-00-52190 CONTRACT BUILDING INSPECTOR	90.00
Total CLEAN WATER ENGINEERING LLC:				90.00
COLUMN SOFTWARE PBC				
CB1F7F24-000	05/24/2024	LN- LIQUOR LICENSE RENEWA	11-10-00-53150 PUBLICATION FEES REIMBURSABLE	275.79
Total COLUMN SOFTWARE PBC:				275.79
COPIES & PRINTS PLUS LLC				
340364	05/21/2024	PROGRAM MATERIALS-WORLD	11-70-00-57800 AVIAN COMMITTEE EXPENSES	157.50
Total COPIES & PRINTS PLUS LLC:				157.50
DEKIND COMPUTER CONSULTANTS				
39218	06/04/2024	COMPUTER-PARKING MGR	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	1,054.88
39232	06/10/2024	HDMI-VGA ADAPTER	42-34-50-53100 OFFICE SUPPLIES	15.98
Total DEKIND COMPUTER CONSULTANTS:				1,070.86
DEL'S SERVICE				
DELMAY2024	06/01/2024	GASOLINE	11-32-10-53410 VEHICLE-FUEL & OIL	2,467.54

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
DELMAY2024	06/01/2024	GASOLINE	42-34-50-53410 VEHICLE SUPPLIES-FUEL	127.00
Total DEL'S SERVICE:				2,594.54
DUNN LUMBER				
1737143	06/04/2024	CHLORINE, GROUT SPONGE, M	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	135.12
1742397	06/10/2024	REFLECTIVE PLASTIC	11-62-01-53400 HILLMOOR OPERATING SUPPLIES	279.20
1743501	06/11/2024	KIOSK BASE SEALER & CLEANI	42-34-50-52500 KIOSK REPAIRS/SUPPLIES	24.97
1743813	06/11/2024	RENTAL-BUSHING,COVER,RUB	11-32-13-52200 FORESTRY SERVICES	29.96
Total DUNN LUMBER:				469.25
ELKHORN NAPA AUTO PARTS				
332559	05/03/2024	V-RIPPED BELT	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	59.86
332563	05/03/2024	BELT RELEASE TOOL	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	59.65
332960	05/07/2024	HALOGEN SEALED BEAMS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	27.98
334506	05/23/2024	PARKING VEHICLE- OIL FILTER,	42-34-50-53510 VEHICLE/EQUIPMENT MAINT	148.81
334699	05/25/2024	CORE DEPOSIT	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	154.53
335632	06/05/2024	FLUID,SEAL,FUEL FILTER	11-52-01-53400 VETS PARK OPERATING SUPPLIES	52.50
Total ELKHORN NAPA AUTO PARTS:				503.33
EVERGREEN SEPTIC SERVICE LLC				
24935	05/03/2024	GREASE TRAPS / DISPOSAL	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	213.00
Total EVERGREEN SEPTIC SERVICE LLC:				213.00
FAIRWYN SB INC				
509 N BOULD	06/11/2024	DEVELOPER PYMT-509 N BOUL	11-00-00-23540 DEVELOPER DEPOSITS	3,500.00
531 N STONE	06/11/2024	DEVELOPER PYMT-531 N STON	11-00-00-23540 DEVELOPER DEPOSITS	3,500.00
Total FAIRWYN SB INC:				7,000.00
FASTENALCOMPANY				
WIELK181800	05/28/2024	BOLT FOR RINO MOWER	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	324.39
Total FASTENALCOMPANY:				324.39
GAGE MARINE CORP				
237367	06/05/2024	PIER MAINTENANCE CONTRAC	40-52-10-52110 PIER MAINTENANCE CONTRACT	29,463.00
Total GAGE MARINE CORP:				29,463.00
GENERAL CODE				
PG000036527	05/31/2024	CODE SUPPLEMENT #30	11-14-30-52180 MUNICIPAL CODIFICATION	2,271.86
Total GENERAL CODE:				2,271.86
GENESEE AGGREGATE CORPORATION				
21634	05/28/2024	BEACH SAND-143.70 TONS	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	1,171.17
21701	06/03/2024	BEACH SAND-23.78 TONS	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	193.81
Total GENESEE AGGREGATE CORPORATION:				1,364.98
GENEVA LAKES WHISKEY CLUB CORP				
REIMB 2024	05/30/2024	TOURISM GRANT-WEE WHISKE	47-70-00-57150 PROMOTIONAL GRANT	20,000.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total GENEVA LAKES WHISKEY CLUB CORP:				20,000.00
GIRAFFE ELECTRIC				
24-0262	05/29/2024	CONNECTION NEW RADIOS/AL	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	1,445.00
Total GIRAFFE ELECTRIC:				1,445.00
HUMPHREYS CONTRACTING				
JUNE2024	06/01/2024	CONCRETE REMOVAL/RAMP R	43-32-10-17010 STREET IMP PROGRAM	4,741.71
JUNE2024	06/01/2024	SIDEWALK REPAIRS	11-32-10-52700 SIDEWALK REPAIRS	2,290.38
Total HUMPHREYS CONTRACTING:				7,032.09
ILM				
#INV23951	06/05/2024	CORE SEDIMENT TESTING LAG	40-52-10-52640 BUOYS & BOAT STALLS-REPAIRS	3,200.00
Total ILM:				3,200.00
JACOBI, RYAN				
CN80F3SSL8_	06/03/2024	RESTITUTION JUNE 2024	11-12-00-45100 COURT PENALTIES & FINES	25.00
Total JACOBI, RYAN:				25.00
JOHNS DISPOSAL SERVICE				
1360196	06/05/2024	JUN SVC-GARBAGE	11-36-00-52940 SOLID WASTE-RESIDENTIAL	38,071.95
1360196	06/05/2024	JUN SVC-RECYCLE	11-36-00-52970 SOLID WASTE-RECYCLING	20,891.85
Total JOHNS DISPOSAL SERVICE:				58,963.80
KAPUR & ASSOCIATES INC				
125426	05/16/2024	SUMMERHAVEN PH 3	11-00-00-13910 A/R BILL OUTS	293.94
125427	05/16/2024	VISTAS SHODEEN	11-00-00-13910 A/R BILL OUTS	1,437.22
125428	05/16/2024	SYMPHONY BAY PH 6	11-00-00-13910 A/R BILL OUTS	13,284.18
125429	05/16/2024	STONE RIDGE PH 3	11-00-00-13910 A/R BILL OUTS	1,032.56
125432	05/16/2024	14 GENEVA SQ OUTLOT	11-00-00-13910 A/R BILL OUTS	130.00
125443	05/16/2024	817 N KNOLL LN	11-00-00-13910 A/R BILL OUTS	130.00
125444	05/16/2024	190 E MAIN ST	11-00-00-13910 A/R BILL OUTS	130.00
125445	05/16/2024	1310 MAIN ST	11-00-00-13910 A/R BILL OUTS	260.00
125446	05/16/2024	255 MILL ST-WI POWER & LT	11-00-00-13910 A/R BILL OUTS	260.00
Total KAPUR & ASSOCIATES INC:				16,957.90
KEYSTONE HATCHERIES LLC				
49351	06/03/2024	HI VOLUME SUBMERSIBLE PU	11-52-00-53990 PARKS MISCELLANEOUS EXPENSES	824.99
Total KEYSTONE HATCHERIES LLC:				824.99
LAKE GENEVA JAYCEES				
JUNE 2024	06/01/2024	FIREWORKS CONTRIBUTION-2	40-54-10-57800 VENETIAN FESTIVAL FIREWORKS	10,000.00
Total LAKE GENEVA JAYCEES:				10,000.00
LAKE GENEVA UTILITY				
1848 FOREST	05/23/2024	1848 FORESTVIEW CT	45-00-00-24520 WATER IMPACT FEES	1,690.00
1848 FOREST	05/23/2024	1848 FORESTVIEW CT	45-00-00-24530 SEWER IMPACT FEES	1,865.00
1900 FOREST	05/23/2024	1900 FORESTVIEW CT	45-00-00-24520 WATER IMPACT FEES	1,690.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
1900 FOREST	05/23/2024	1900 FORESTVIEW CT	45-00-00-24530 SEWER IMPACT FEES	1,865.00
509 N BOULD	05/23/2024	509 N BOULDE RIDGE DR	45-00-00-24520 WATER IMPACT FEES	2,530.00
509 N BOULD	05/23/2024	509 N BOULDE RIDGE DR	45-00-00-24530 SEWER IMPACT FEES	4,103.00
531 N STONE	05/23/2024	531 N STONE RIDGE DR	45-00-00-24520 WATER IMPACT FEES	2,530.00
531 N STONE	05/23/2024	531 N STONE RIDGE DR	45-00-00-24530 SEWER IMPACT FEES	4,103.00
Total LAKE GENEVA UTILITY:				20,376.00
LASER WORKS UNLIMITED LLC				
1939	05/21/2024	NAME PLATES-PC	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	33.35
1945	06/04/2024	NAME PLATES- DPW/PARKS SU	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	49.10
Total LASER WORKS UNLIMITED LLC:				82.45
MID-STATE EQUIPMENT				
V95422	06/05/2024	OZ HARDWARE, LOCK NUT	48-00-00-53400 CEM OPERATING SUPPLIES	10.44
Total MID-STATE EQUIPMENT:				10.44
MUNICIPAL SERVICES LLC				
20240050	05/31/2024	SUB INSPECTOR-MAY	11-24-00-52190 CONTRACT BUILDING INSPECTOR	227.50
Total MUNICIPAL SERVICES LLC:				227.50
PESCHES GREENHOUSE				
26467	05/18/2024	FUNERAL FLOWERS-KORNAK	11-11-00-53990 COUNCIL MISCELLANEOUS EXPENSE	70.00
Total PESCHES GREENHOUSE:				70.00
PFI FASHIONS INC				
111832	06/04/2024	BEACH STAFF UNIFORMS	40-54-10-53990 BEACH MISCELLANEOUS	1,011.34
Total PFI FASHIONS INC:				1,011.34
POMP'S TIRE SERVICE INC				
2100012092	06/03/2024	TIRE REPLACEMENT-TRACTOR	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	2,015.23
2100012093	06/03/2024	TIRE REPLACEMENT	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	3,739.03
Total POMP'S TIRE SERVICE INC:				5,754.26
PONTEM SOFTWARE				
00013076	06/01/2024	CEMETERY PONTEM SOFTWA	48-00-00-58100 CEM EQUIPMENT OUTLAY	3,750.00
Total PONTEM SOFTWARE:				3,750.00
QUILL LLC				
38812126	05/23/2024	TIME CARDS	40-54-10-53100 BEACH OFFICE SUPPLIES	25.98
Total QUILL LLC:				25.98
R&R INSURANCE SERVICES INC				
3032364	05/30/2024	STORAGE TANKS	11-10-10-55130 BOILER & MACHINERY INS	554.14
3032364	05/30/2024	STORAGE TANKS	11-00-00-16100 PREPAID EXPENSES	1,662.42
Total R&R INSURANCE SERVICES INC:				2,216.56

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
RHYME BUSINESS PRODUCTS				
36585316	05/17/2024	TASKALFA 508CI-MAY/JUNE 202	11-12-00-53610 EQUIPMENT MAINT SERVICE COSTS	155.54
36710272	06/04/2024	SHARP COPIER-APR/MAY	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	892.61
Total RHYME BUSINESS PRODUCTS:				1,048.15
ROTE OIL				
241240615	05/03/2024	259.6 GAL OFF ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	812.55
241240616	05/03/2024	166.5 GAL ON ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	572.76
241590414	06/07/2024	225.2 GAL ON ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	674.70
Total ROTE OIL:				2,060.01
RUSSO AUTOMOTIVE				
6903	05/30/2024	PARKING VEHICLE- INTERLOC	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	257.35
Total RUSSO AUTOMOTIVE:				257.35
SANTA CAUSE				
REIMB JUNE 2	06/03/2024	TOURISM GRANT-BALLOON EV	47-70-00-57150 PROMOTIONAL GRANT	30,000.00
Total SANTA CAUSE:				30,000.00
SHRED-IT				
8007249502	05/25/2024	SHREDDING SVC-MAY	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	85.08
Total SHRED-IT:				85.08
STATE OF WISCONSIN				
64-246 05/24	06/06/2024	COURT FINES-MAY 2024	11-12-00-24240 COURT FINES-STATE	6,443.83
Total STATE OF WISCONSIN:				6,443.83
T2 SYSTEMS INC				
UPS00053540	05/31/2024	LICENSE PLATE LOOK-UPS	42-34-50-54500 SUPPORT CONTRACTS	680.00
Total T2 SYSTEMS INC:				680.00
TOTAL PARKING SOLUTIONS INC				
106765	05/07/2024	ADD'L PLACARDS FOR KIOSKS	42-34-50-52500 KIOSK REPAIRS/SUPPLIES	200.00
106816	06/04/2024	KEYS	42-34-50-52500 KIOSK REPAIRS/SUPPLIES	35.00
106822	06/05/2024	PAY BY TEXT FEES JAN-MAY 20	42-34-50-54500 SUPPORT CONTRACTS	3,807.30
TOTAL PARKING SOLUTIONS INC:				4,042.30
UNIQUE MANAGEMENT SERVICES INC				
6127115	06/01/2024	COLLECTION FEES-MAY	99-00-00-55110 CIRCULATION SUPPLIES & SERVICE	61.80
Total UNIQUE MANAGEMENT SERVICES INC:				61.80
WALWORTH COUNTY SHERIFF				
132087	06/03/2024	PRISONER CONFINEMENT-MAY	11-12-00-52900 CARE OF PRISONERS	495.00
Total WALWORTH COUNTY SHERIFF:				495.00
WALWORTH COUNTY TREASURER				
64-246 05/24	06/06/2024	COURT FINES-MAY 2024	11-12-00-24200 COURT FINES-COUNTY	2,825.40

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total WALWORTH COUNTY TREASURER:				2,825.40
WELDERS SUPPLY CO				
3084413	05/31/2024	SMALL OXYGEN	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	9.61
Total WELDERS SUPPLY CO:				9.61
WI DEPT OF AG TRADE & CONSUMER PROTECTIO				
115-000000338	05/23/2024	2024 ANNUAL WEIGHTS/MEASU	11-24-00-52180 CONTRACTS-WEIGHTS & MEASURES	4,500.00
Total WI DEPT OF AG TRADE & CONSUMER PROTECTIO:				4,500.00
YMCA				
REIMB JUNE 2	06/04/2024	TOURISM GRANT-YMCA BBALL	47-70-00-57150 PROMOTIONAL GRANT	16,281.60
Total YMCA:				16,281.60
Grand Totals:				284,377.76

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "06192024","06192024A"

Invoice Detail.GL account (2 Characters) = {<>} "61"

Invoice Detail.GL account (2 Characters) = {<>} "62"