



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

**FINANCE, LICENSING, AND REGULATION COMMITTEE
TUESDAY, MAY 20, 2025 - 4:30 PM
LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)**

Members:

Chairperson - Sherri Ames. Members - JaNelle Powers, Mary Jo Fesenmaier, Linda Frame and Brian Smith.

Watch this meeting on the City of Lake Geneva's live stream:

<https://cityoflakegeneva.gov/319/City-Meetings-Video-Stream>

AGENDA

1. Call to Order
2. Roll Call
3. Comments from the public limited to 5 minutes, limited to items on this agenda
4. Approval of the minutes from May 6, 2025
5. Discussion/Recommendation regarding Licenses & Permits
 - a. Original Class "A" Beer / "Class A" Liquor License application filed by Gage Marine Corp dba Lake Life Store, 803 Main St Unit 1E, William Gage, Agent
 - b. Original Class "A" Beer / "Class A" Liquor License application filed by Gage Marine Corp dba Lake Geneva Cruise Line Store, 812 Wrigley Dr Center Pier Bldg, William Gage, Agent
 - c. Resolution 25-R34 authorizing and directing the proper city official(s) to issue Alcohol License renewals for the period of July 1, 2025, to June 30, 2026
 - d. Class "B" Beer / "Class B" Liquor License renewal application filed by D&D Restaurant Group Inc dba Flat Iron Tap, 150 Center St, Robert Lopez, Agent
 - e. Public Event Permit Application filed by Mt Zion Church for Worship in the Park & Beach Baptism
6. Discussion/Recommendation regarding items from Piers, Harbors and Lakefront Committee May 13, 2025
 - a. Approval of Lakefront Fee Schedule increases and additions
 - b. Approval of Library issued Beach Passes
 - c. Approval of Lagoon Lessee's season launch pass
7. Discussion/Recommendation regarding the MOU for Storm Sirens between Walworth County

Sheriff's Department and the City of Lake Geneva

8. Review and possible recommendation regarding archiving and access of prior years' meeting video recordings
9. Presentation of Accounts
 - a. Pre-Paid Checks: \$125,471.83
 - b. Regular Checks: \$245,814.78
10. Adjournment

*A quorum of the Council may be present; however, no official Council action will be taken.
Requests from persons with disabilities who need assistance to participate in this meeting should be made to the City Clerk's
office in advance so that the appropriate accommodations can be made.*

**CITY OF LAKE GENEVA FINANCE, LICENSING, AND REGULATION
COMMITTEE MINUTES
TUESDAY, MAY 6, 2025 - 4:30 PM
LAKE GENEVA CITY HALL; COUNCIL CHAMBERS (MAIN LEVEL)**

Members: Chairperson - Sherri Ames. Members - JaNelle Powers, Mary Jo Fesenmaier, Linda Frame and Brian Smith.

Call to Order

by Alderperson Ames at 4:30 pm.

Roll Call

Present: Sherri Ames, JaNelle Powers, Mary Jo Fesenmaier, Linda Frame and Brian Smith (via zoom). Others present: City Administrator Dave De Angelis, City Clerk Lacey L. Reynolds, City Attorney Dan Draper, Finance Director Laura Pisarcik, Brie Pacey and other interested persons.

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

Kristen Stone of Melges Real Estate informed the committee she is available for questions regarding the event Pink the Lake.

Approval of the minutes from April 15, 2025

Motion by Fesenmaier to approve, second by Powers. Voice vote, approved, motion carried.

Financial Reports

Finance Director Pisarcik reviewed items in the reports. Alder Fesenmaier requested the dates for paid parking and winterfest be reviewed.

Discussion/Recommendation regarding Licenses & Permits

Public Event Permit Application for Pink the Lake on August 2, 2025

Motion by Frame to approve, second by Powers. Alder Fesenmaier requested a map be included. Voice vote, approved, motion carried.

Public Event Permit Application for the St Francis de Sales Roadrunner 5K on May 24, 2025

Motion by Powers to approve, second by Frame. Voice vote, approved, motion carried.

Public Event Permit Application for the Downtown Business Improvement District's Spring Wine Walk on May 18, 2025

Motion by Frame to approve, second by Powers. Voice vote, approved, motion carried.

Temporary "Class B" Wine License Application filed by the Downtown Business Improvement District for the Spring Wine Walk on May 18, 2025

Motion by Frame to approve, second by Fesenmaier. Voice vote, approved, motion carried.

Public Event Permit filed by VISIT Lake Geneva for Concerts in the Park 2025

Motion by Frame to approve, second by Powers. Alder Ames asked about how long the food trucks will be in the area. Motion by Fesenmaier to suspend the rules, so Brie Pacey can speak, second by Frame. Voice vote, approved, motion carried. Brie informed the committee the year was incorrect on the application. Main motion - Voice vote, approved, motion carried.

Public Event Permit filed by VISIT Lake Geneva for Winterfest 2026

Motion by Frame to approve, second by Powers. Alder Fesenmaier asked about the Riviera comp form and why it was not included in the packet. Main motion - Voice vote, approved, motion carried.

Temporary Class "B" Beer / "Class B" Wine License application filed by the Geneva Lake Arts Foundation, Inc for an Open House on June 6, 2025

Motion by Frame to approve, second by Fesenmaier. Voice vote, approved, motion carried.

Discussion/Recommendation regarding the bid award for Project 2025-04, Joint & Crack Cleaning and Sealing

Alder Powers made a motion to approve and discussion took place regarding the recommendation from the Public Works department, the low bidder and a scrivener's error in the bid posting. Motion by Frame to approve the bid from Fahrner Asphalt Sealers, second by Powers. Voice vote, approved, motion carried.

Review and recommend approval of Amendment #3 to the SafeBuilt contract regarding the change in fee arrangement and the addition of providing building permit tracking software

City Administrator De Angelis reviewed updates to the contract. Alder Fesenmaier requested a copy of the contract be included in the Council packet. Motion by Frame to approve, second by Powers. Voice vote, approved, motion carried.

Presentation of Accounts

Pre-Paid Checks:\$ 93,046.10

Motion by Frame to approve, second by Powers. Voice vote, approved, motion carried.

Regular Checks:\$ 249,360.60

Motion by Fesenmaier to approve, second by Frame. Voice vote, approved, motion carried.

Adjournment

Motion by Frame to adjourn, second by Powers. Voice vote, approved, motion carried. Adjourned at 4:53 pm.

Lacey L. Reynolds
City Clerk

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	5/28/25-6/30/25

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

- ☒ Class "A" Beer \$100.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$50.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

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

pd
4/30

Part A: Premises/Business Information

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

Gage Marine Corp

2. Business Trade Name or DBA

Lake Life Store

4. Wisconsin Seller's Permit Number

456-0000299972-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

02/04/1958

8. Wisconsin DFI Registration Number

1604231

9. Premises Address

803 Mainst. Unit 1E

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

762-248-6206

17. Premises Email

citen.burling@gagemarine.com

18. Website

gagemarine.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.

Small Store front with sales of this item as well as merchandise and ticket sales. Store is one large, open room with small restroom, exit to back vent and front windows.

20. Mailing Address (if different from premises address)

PO Box 68

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Gage	William	Owner/President	

Part D: Attestation

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

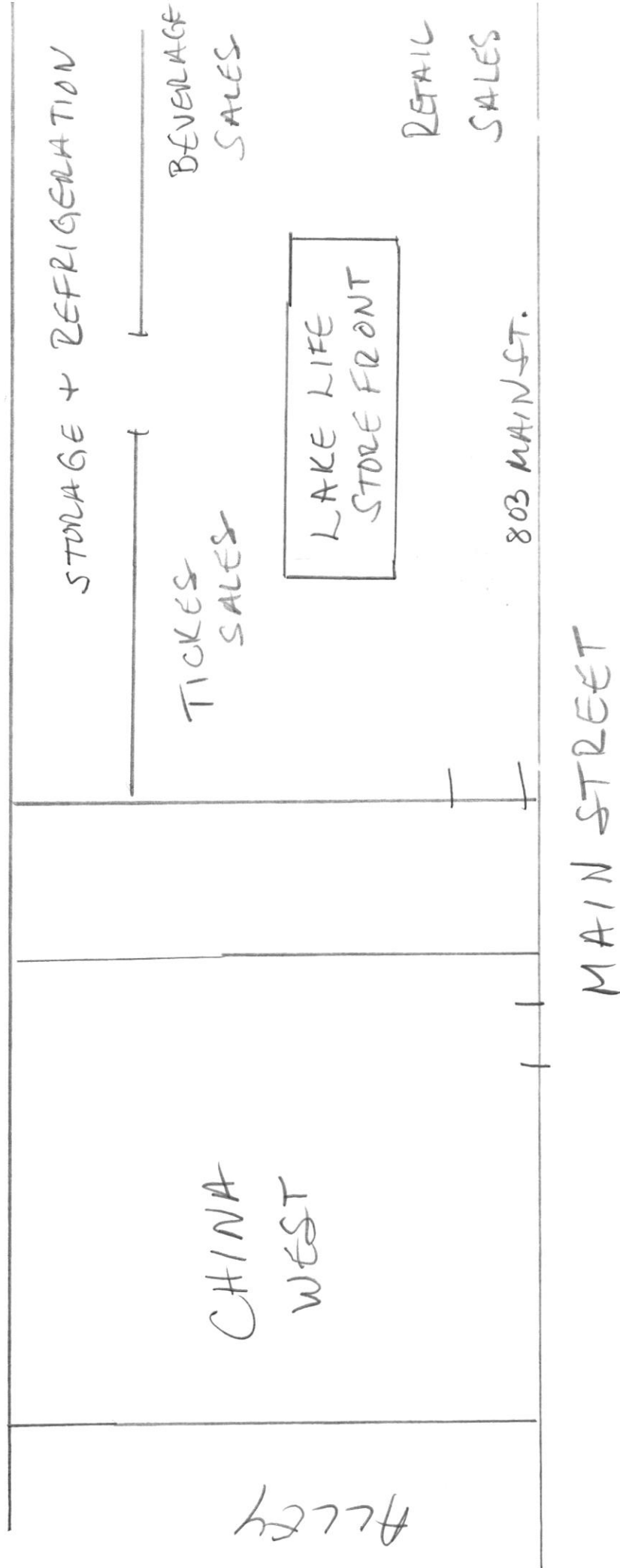
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name	First Name	M.I.
Gage	William	B
Title	Owner/President	
Signature		
4/30/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/30/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Form

AB-101

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)

Gage Marine Corp

2. Business Trade Name or DBA

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

Gage

2. First Name

William

3. M.I.

B

8. State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion. NA☐ Yes ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

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>Eage</i>	First Name <i>William</i>	M.I. <i>B</i>
Title <i>Owner / President</i>		
Signature <i>[Signature]</i>		Date <i>4/30/25</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>Eage</i>	First Name <i>William</i>	M.I. <i>B</i>
Signature <i>[Signature]</i>		Date <i>4/30/25</i>

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	5/28/25-6/30/26

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

- ☒ Class "A" Beer \$ 100.00 ☐ Class "B" Beer \$ _____
- ☒ "Class A" Liquor \$ 500.00 ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

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

pd
4130

Part A: Premises/Business Information

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

Gage Marine Corp

2. Business Trade Name or DBA

Lake Geneva Cruise Line Store

4. Wisconsin Seller's Permit Number

456-0000299972-03

3. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

02/04/1958

8. Wisconsin DFI Registration Number

1604231

9. Premises Address

812 Wrigley Dr. Center Pier Bldg

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

262-248-6206

17. Premises Email

ellen.burling@gagemarine.com

18. Website

gage marine.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.

Small stone front in existing building at center pier. Doors open onto pier with storage and refrigeration inside. Doors on side of building as well. Concourse stand to sell product.

20. Mailing Address (if different from premises address)

PO Box 68

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Gage	William	Owner/President	

Part D: Attestation

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

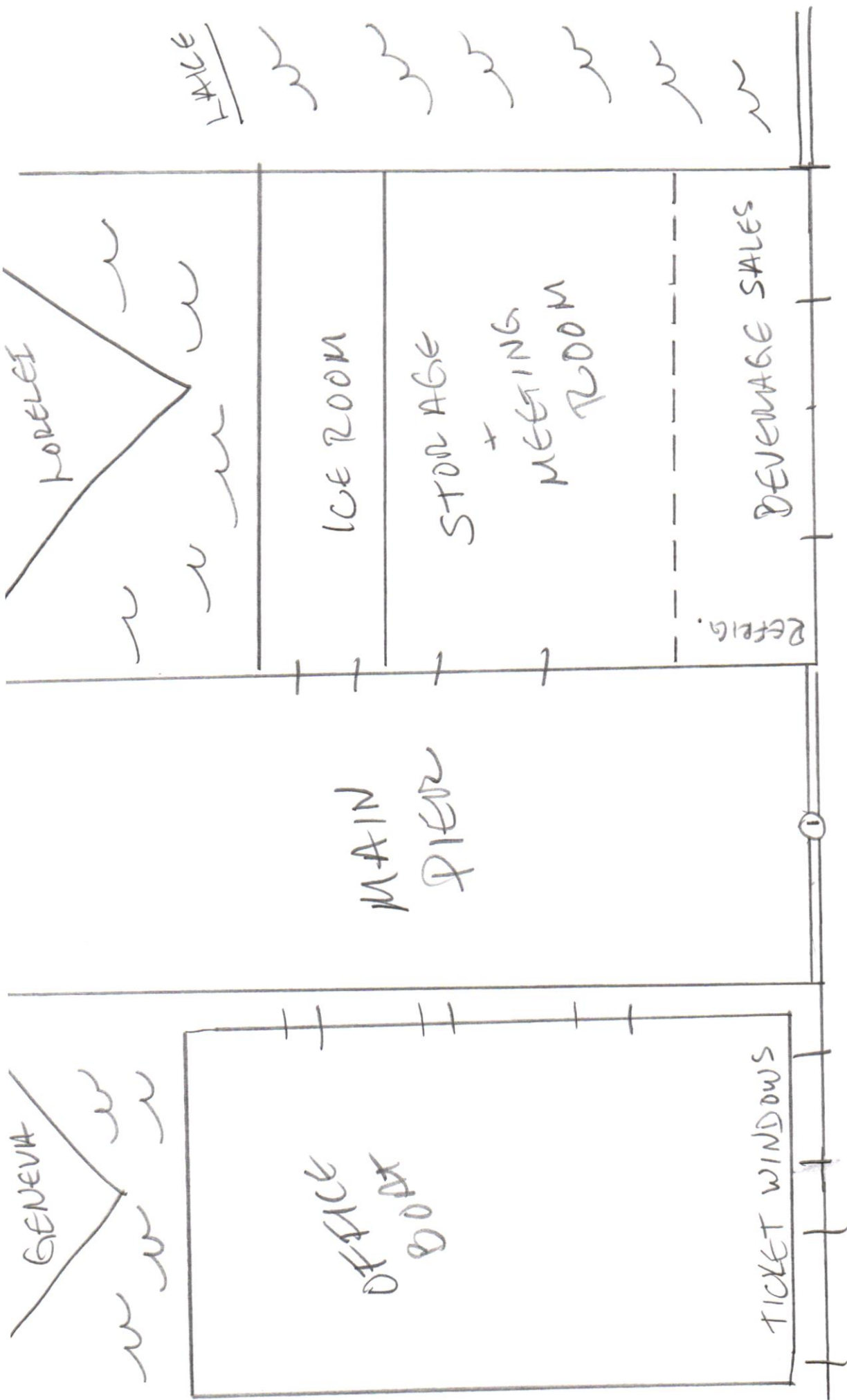
- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name	First Name	M.I.
Gage	William	B
Title		
Owner/President		
Signature		
		
4/30/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/30/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



RIVIERA DOCK

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)

Eagle Marine Corp

2. Business Trade Name or DBA

Lake Geneva Cruise Line

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

Agar

2. First Name

William

3. M.I.

B

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? *JA* ☐ Yes ☐ No
Submit proof of completion.
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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>Gage</i>	First Name <i>William</i>	M.I. <i>B</i>
Title <i>Owner / President</i>		
Signature <i>[Signature]</i>		Date <i>4/30/25</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>Gage</i>	First Name <i>William</i>	M.I. <i>B</i>
Signature <i>[Signature]</i>		Date <i>4/30/25</i>

RESOLUTION OF THE COMMON COUNCIL			
Authorizing and directing the proper city official(s) to issue the Alcohol License renewals for the period of July 1, 2025, to June 30, 2026			
Committee Action: Finance, Licensing, and Regulation Committee to consider May 20, 2025			
Fiscal Impact: Class A Beer=\$100; Class A Liquor=\$500; Class B Beer=\$100; Class B Liquor=\$500; Class C Wine=\$100; Publication fee=\$25			
File Number:	25-R34	Date Introduced:	May 27, 2025

WHEREAS the City Clerk’s office has received applications for Alcohol License renewals for the period of July 1, 2025, to June 30, 2026, for the following businesses:

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

- Aldi Inc (Wisconsin) d/b/a Aldi #56, 200 N Edwards Blvd, Briel Holmes, Agent
- Queso Corp dba The Cheese Box, 801 S Wells St, Zbigniew Borowiec, Agent
- Queso Corp dba The Cheese Box Too, 812 Wrigley Dr Space B, Zbigniew Borowiec, Agent
- Tridev LLC dba Gevena Gas Mart, 1231 Grant St, Pradipkumar, Patel, Agent
- Kwik Trip, Inc d/b/a Kwik Trip 219, 710 Williams St, Laura Meinen, Agent
- Kwik Trip, Inc dba Kwik Trip #1520, 850 W Wells St, Ashley Richmond, Agent
- Kelley Williamson Company d/b/a Lake Geneva Mobil, 350 N Edwards Blvd, Suzanne Dorsey-Sterling, Agent
- Maya Geneva Inc dba Maya Geneva, 605 Williams St, Alma Castaneda, Agent
- Fontana Petro Inc dba Northside Mobil, 501 Interchange N, Prabh Thind, Agent
- Simple Bakery and Market LLC dba Simple Bakery and Market, 521 Broad St, Thomas Hartz, Agent
- Stinebrink’s Lake Geneva Foods LLC dba Stinebrink’s Piggly Wiggly, 100 E Geneva Sq, David Stinebrink, Agent
- Target Corporation dba Target Store T-2348, 660 N Edwards Blvd, Katherine Fiedler, Agent
- Walgreen Co dba Walgreens #05600, 351 N Edwards Blvd, Suzanne Tiedke, Agent
- Wal-Mart Stores East, LP dba Walmart #910, 201 Edwards Blvd, Brianna Sheperd, Agent

Class “A” Fermented Malt Beverage:

- Evergreen BP Operating Corp dba Evergreen BP, 300 Peller Rd, Judith Schwartz, Agent

Combination “Class B” Liquor & Class “B” Fermented Malt Beverage:

- American Legion Post 24 dba American Legion Post 24, 735 Henry St, Charles Schlehle, Agent
- Mercedes or Bust, LLC dba The Bottle Shop, 617 W Main St, Elizabeth Tumas, Agent
- 422 S Wells Ltd dba Celebration on Wells, 422 S Wells St, Henri Lorenzi, Agent
- Chubby Kitty, LLC dba Fat Cat’s, 104 Broad St, Tai Serna, Agent
- Harrys Café & Place Inc d/b/a Harrys Café, 808-806 Main St, Harry Chironis, Agent
- Hogs & Kisses, Inc d/b/a Hogs & Kisses, 149 Broad St, Linda Chironis, Agent
- Capitol Geneva, LLC dba Lake City Social, 111 Center St, Stephen Schroeder, Agent
- Sandal, Inc dba Lake Geneva Lanes, 192 E Main St, Franklin Guske Jr, Agent
- Samson Enterprises, LLC dba Magpie’s Den & Pen, 642 W Main St, Tai Serna, Agent

- Maxwell Pub, LLC dba Maxwell Mansion, 304 S Wells, Monica Pfeifer, Agent
- DCR Restaurant Group, LLC d/b/a Next Door Pub & Pizzeria, 411 Interchange N, Chad Bittner, Agent
- Oakfire LLC dba Oakfire Pizzeria & Bar, 831 Wrigley Dr, David Scotney, Agent
- Popeye's Galley & Grog, LTD d/b/a Popeye's, 811 Wrigley Dr, Dimitrius Anagnos, Agent
- Gleneagles LLC d/b/a Sopra, 724 Main St, Alastair Cumming, Agent
- Two Thumbs Up LLC dba Thumbs Up, 260 Broad St, Kimberly Dawson, Agent
- LG Hospitality Group LLC d/b/a Tuscan Tavern & Grill, 430 Broad St, James Georgalus, Agent

Combination Reserve "Class B" Liquor & Class "B" Fermented Malt Beverage:

- Beachside Hospitality Inc d/b/a Barrique Bistro & Wine Bar, 835 Wrigley Dr, Dana Trilla, Agent
- Bella Vista Suites on the Shores of Lake Geneva Hotel Condominium Association, INC d/b/a Bella Vista Suites, 335 Wrigley Dr, Charles B Lorenzi, Agent
- Guac Star LLC dba Guac Star, 120-122 Broad St, Elena Stecko, Agent
- Harborside Pub & Grill LLC d/b/a Harborside Pub & Grill, 100 Broad St, Spyro Condos, Agent
- Lake Aire LLC d/b/a Lake Aire Restaurant, 804 W Main St, George Argiropoulos, Agent

Class "B" Fermented Malt Beverage & Class "C" Wine:

- Cheese & Crafters LLC dba Board & Brush Lake Geneva, 262 Center St, Chelsea Rudig, Agent
- Buona Beef, LLC d/b/a Buona, 393 Edwards Blvd, Prokopios Vassos, Agent
- The Candle Mercantile, LLC d/b/a The Candle Mercantile, 870 W Main St, Elizabeth Doyle, Agent
- Veridico LLC dba Creative Forces Art Studio LG, 647 W Main St Ste 1000, Paula Verducci, Agent
- Lake Geneva Egg Harbor, LLC dba Egg Harbor Café, 827 Main St, Kayla Hauser, Agent
- Plaza Media LLC d/b/a Geneva Stage, 244 Broad St, Shad Branen, Agent
- Geneva Tap House, LLC dba Geneva Tap House, 252 Broad St, Heidi McGraw, Agent
- LG Axe Throwing LLC d/b/a LG Axe Throwing, 253 Center St #900, Madelyna Kelly, Agent
- Lake Geneva Billiard Club Inc dba Lake Geneva Billiard Club, 772 W Main St Ste 1, Kurt Jennison, Agent
- Lake Geneva Billiard Club Inc dba Lake Geneva Billiard Club High Rollers Suite, 772 W Main St Ste 4, Kurt Jennison, Agent
- O2 Lounge LLC dba O2 Lounge, 234 Broad St, Lindsey Guerrero, Agent
- Porch LG, LLC d/b/a The Porch, 832 Geneva St, Thomas George, Agent
- Simple Café LLC d/b/a Simple Café, 525 Broad St, Thomas Hartz, Agent
- Tristan Crist Magic Theater LLC d/b/a Tristan Crist Magic Theater, 100 N Edwards Blvd, Tristan Christ, Agent

WHEREAS, the Finance, Licensing, and Regulation Committee met on May 20, 2025, to consider the terms of the Alcohol License renewal applications and, upon advisement from the Police Chief, recommends approval of all licenses; now therefore

BE IT RESOLVED by the Common Council of the City of Lake Geneva that the proper city official(s) be hereby authorized and directed to issue the Alcohol Licenses to these businesses contingent upon payment of all outstanding liabilities and delinquencies with the City of Lake Geneva and wholesaler invoices, and clearance of any Department of Revenue holds.

Approved this 27th day of May 2025.

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

Date _____

Date _____



**CITY OF LAKE GENEVA
CITY CLERK'S OFFICE**

626 Geneva Street
Lake Geneva, WI 53147
262.248.3673

Date: May 16, 2025

To: Finance, Licensing, & Regulation Committee

Re: 2025-2026 Alcohol License Renewals

The majority of the renewal applications for the 2025-2026 licensing period are before you for consideration and recommendation today.

All applications included in Resolution 25-R34 have been reviewed and necessary background checks have been passed. The notice of application was published in the Lake Geneva Regional News, as required by state statute. The applicants have no outstanding debt with the City that would affect the granting and issuance of their alcohol licenses.

Any applications for establishments that do have outstanding debt or departmental concerns have been itemized separately on the agenda.

Additional renewal applications are forthcoming on future agendas depending on the date the applications are submitted.

If the Committee has no concerns, Resolution 25-R34 can be recommended to the Council for approval.

Questions regarding alcohol licensing in general or specific application can be directed to the Clerk's office. I would request that questions be directed prior to the meeting so that answers can be researched and provided during the meeting.

Respectfully submitted,

Vanessa Jahns
Deputy City Clerk

Form
AB-200

Alcohol Beverage License Application

OAX # 56

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

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

ALDI, INC. (WISCONSIN)

2. Business Trade Name or DBA

ALDI #56

3. FEIN

4. Wisconsin Seller's Permit Number

4560000089014-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/02/1986

8. Wisconsin DFI Registration Number

A025780

9. Premises Address

200 NORTH EDWARDS BLVD

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

(262) 581-4107

17. Premises Email

christine.fischer@aldi.us

18. Website

N/A

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

SINGLE STORY BRICK BUILDING. ALCOHOL WILL BE SOLD ON THE SALES FLOOR AND STORED IN THE BACKROOM. ALCOHOL SALES RECORDS WILL BE KEPT IN THE OFFICE AT THE STORE.

20. Mailing Address (if different from premises address)

9342 S 13th Street

21. City

Oak Creek

22. State

WI

23. Zip Code

53154

Part B: Questions

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

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

Law/Ordinance Violated

N/A

Location

Trial Date

Penalty Imposed

N/A

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

N/A

Location

Trial Date

Penalty Imposed

N/A

Was sentence completed? ☐ Yes ☐ No

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

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

N/A

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

N/A

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

4a. Name of Business Entity ALDI INC. (BATAVIA, IL)	4b. Business Entity FEIN 42-1051659
--	--

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

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

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

Part C: Individual Information

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

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

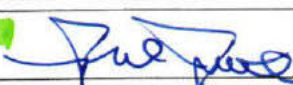
Last Name	First Name	Title	Phone
BEHM	DAVID K.	CFO	
BEATTIE	PHILIP J.	ASST. TREASURER	
HOLMES	BRIEL J.	MANAGER	

Part D: Attestation

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

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

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

Last Name BEATTIE	First Name PHILIP	M.I. J
Title ASSISTANT TREASURER	Phone [REDACTED]	
Signature 	Date 3/21/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/13/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

OAK 56

Form
AB-101Alcohol 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)

ALDI INC. (WISCONSIN)

2. Business Trade Name or DBA

ALDI #56

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.

N/A

Part B: Agent Information

1. Last Name

Holmes

2. First Name

Briel

3. M.I.

J

4. Email

5. Phone

6. State

WI

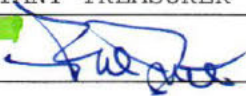
Part C: Agent Questions

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 BEATTIE	First Name PHILIP	M.I. J
Title ASSISTANT TREASURER	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 3/21/2025	

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 Holmes	First Name Briel	M.I. J
Signature 	Date 3/29/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25.00</u> <i>pd 4/1/4</i>
Total Fees	\$ <u>625</u>

Part A: Premises/Business Information

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

Queso Corp

2. Business Trade Name or DBA

The Cheese Box To Go

4. Wisconsin Seller's Permit Number

4561028621165102

3. Entity type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

812 Wrigley Drive

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

262-206-5826

17. Premises Email

info@cheesebox.com

18. Website

www.cheesebox.com

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

Retail Floor

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

Part D: Attestation

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

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

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

Last Name Borowiec	First Name Zbigniew	M.I. J
Title Owner/President	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 4/9/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	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: 9/8/25

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)

Queso Corp

2. Business Trade Name or DBA

The Cheese Box Too

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

Borowiec

2. First Name

Zbigniew

3. M.I.

J

8. State

WI

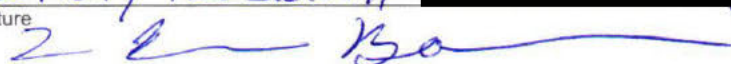
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Borowiec	First Name Zbigniew	M.I. J
Title Owner/President		
Signature 		Date 4/9/25

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 Borowiec	First Name John Zbigniew	M.I. J
Signature 		Date 4/9/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
4/1/14

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		
<u>Queso Corp</u>		
2. Business Trade Name or DBA		
<u>The Cheese Box</u>		
3. FEIN		4. Wisconsin Seller's Permit Number
[REDACTED]		<u>4561028621165102</u>
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
<u>Wisconsin</u>		
9. Premises Address		
<u>801 S Wells St</u>		
10. City	11. State	12. Zip Code
<u>Lake Geneva</u>	<u>WI</u>	<u>53147</u>
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village	15. Aldermanic District
<u>Walworth</u>	of: <u>Lake Geneva</u>	
16. Premises Phone	17. Premises Email	18. Website
<u>262-248-3440</u>	<u>info@cheesebox.com</u>	<u>Cheesebox.com</u>
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.		
<u>Retail floor and upstairs Storage room</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

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

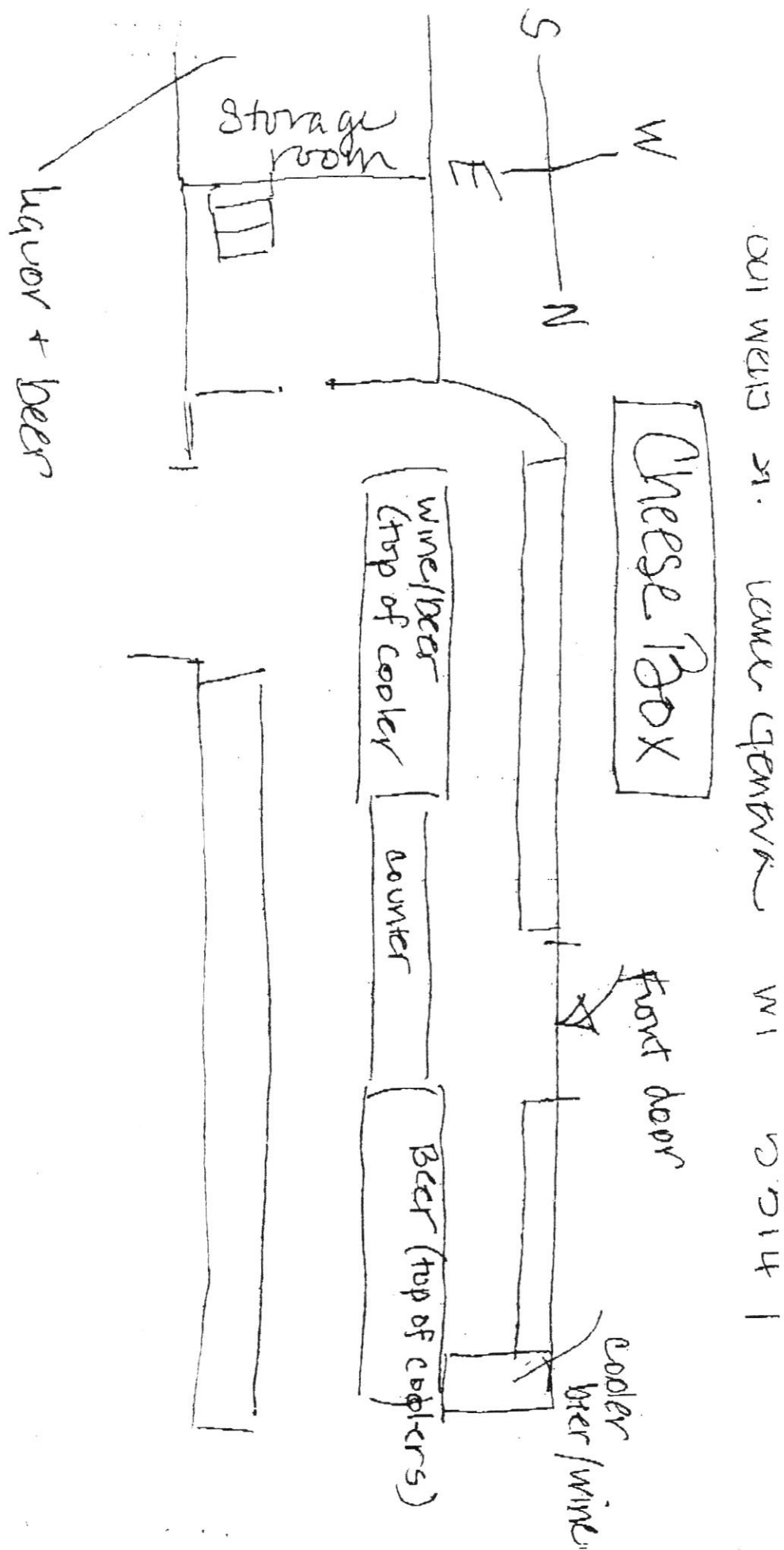
• one member of an LLC

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.
Barowiec	Cheryl	A
Title		
Owner		
Signature		Date
Cheryl Barowiec		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Alcohol Beverage
Appointment of Agent

Date 4/9/25

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)

Queso Corp

2. Business Trade Name or DBA

The Cheese Box

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

Borowicz

2. First Name

Zbigniew

3. M.I.

J

6. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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	Borowiec	First Name	Zbigniew	M.I.	J
Title	Owner				
Signature				Date	4/9/27

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	Borowiec	First Name	Zbigniew	M.I.	J
Signature				Date	4/9/27

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

pd 3/26

Part A: Premises/Business Information

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

EVERGREEN BP OPERATING CORP

2. Business Trade Name or DBA

EVERGREEN BP

4. Wisconsin Seller's Permit Number

456-1020055137-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

01/01/2006

8. Wisconsin DFI Registration Number

E035068

9. Premises Address

300 PELLER RD

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 203-5375

17. Premises Email

evergreenbp@roteoil.com

18. Website

N/A

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

Building located at 300 Peller Rd. Beer in beer cooler, endcaps, and center cooler. Invoices kept in office

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

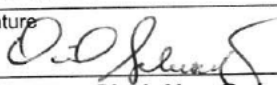
Last Name	First Name	Title	
Schwartz	David	President	
Schwartz	Kelly	Vice President	
Schwartz	Judith	Agent	

Part D: Attestation

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

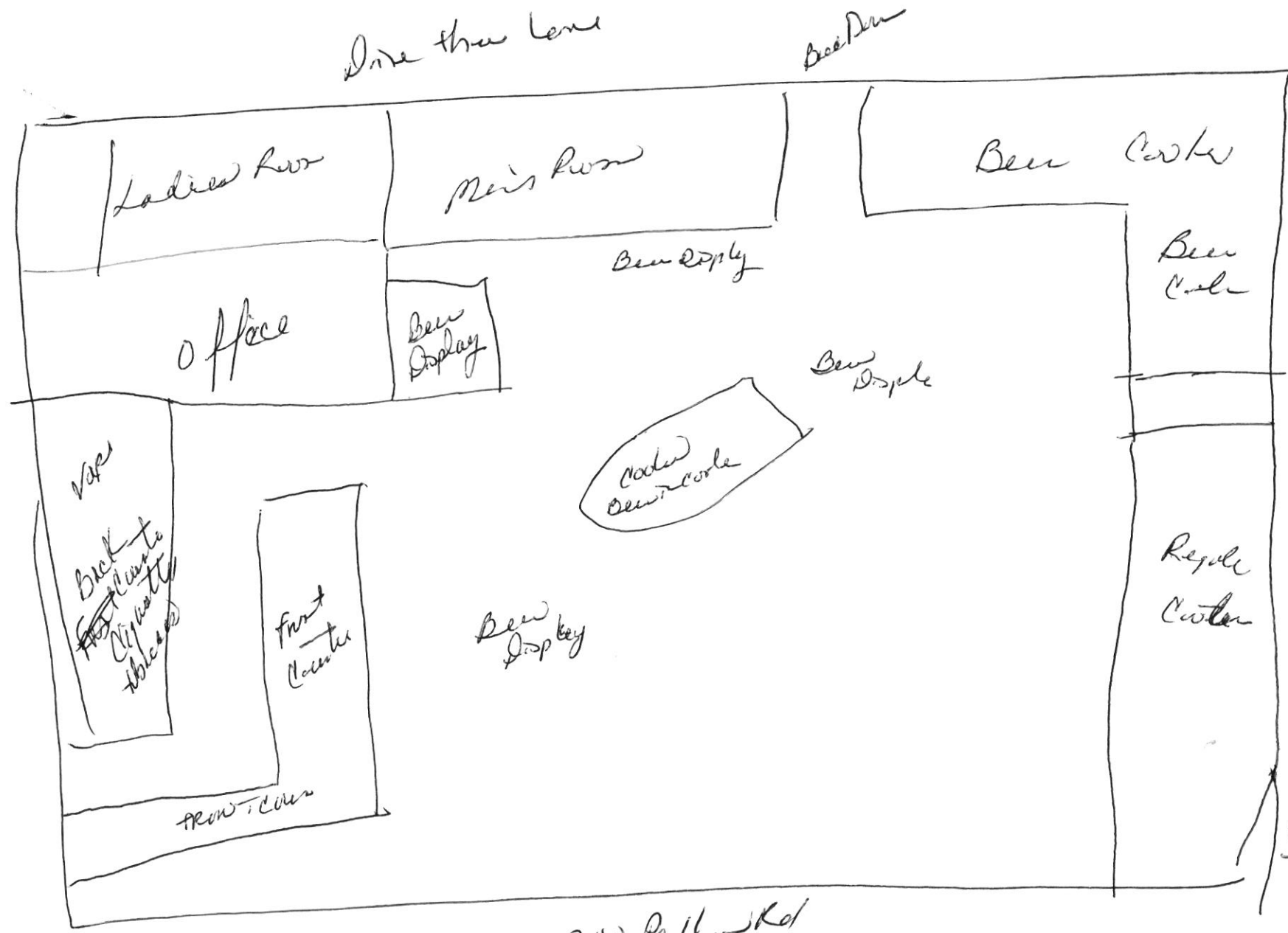
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name	First Name	M.I.
Schwartz	David	C
Title		
President		
Signature	Date	
	03/17/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/28/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



300 Pelham Rd
European BP

Alcohol Beverage
Appointment of AgentDate
03/17/2025

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)

EVERGREEN BP OPERATING CORP.

2. Business Trade Name or DBA

EVERGREEN BP

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

SCHWARTZ

2. First Name

JUDITH

3. M.I.

A

8. State

WI

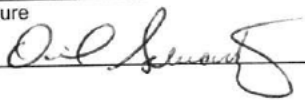
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

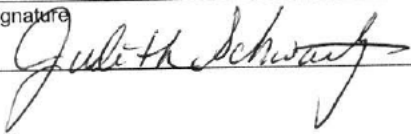
Part D: Business Attestation

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 SCHWARTZ	First Name DAVID	M.I. C
Title PRESIDENT		
Signature 		Date 03/17/25

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 SCHWARTZ	First Name JUDITH	M.I. A
Signature 		Date 03/17/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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	\$ <u>25</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u> Pd 4/11

Part A: Premises/Business Information

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

TRIDEV LLC

2. Business Trade Name or DBA

GENEVA GAS MART

4. Wisconsin Seller's Permit Number

456-1031877032-04

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

11-18-2024

8. Wisconsin DFI Registration Number

9. Premises Address

1231 GRANT ST.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

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

15. Aldermanic District

16. Premises Phone

262-203-5562

17. Premises Email

tristarinc2@gmail.com

18. Website

N/A

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

Located in the office, Backroom shelves, on counter, Below counter, By NORTH ENTRANCE SHELVES, CENTER SHELVES ACROSS REGISTER, IN COOLER, ON FLOOR BY ENTRANCES, NEAR SIDE WALL ON BACK, ETC.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

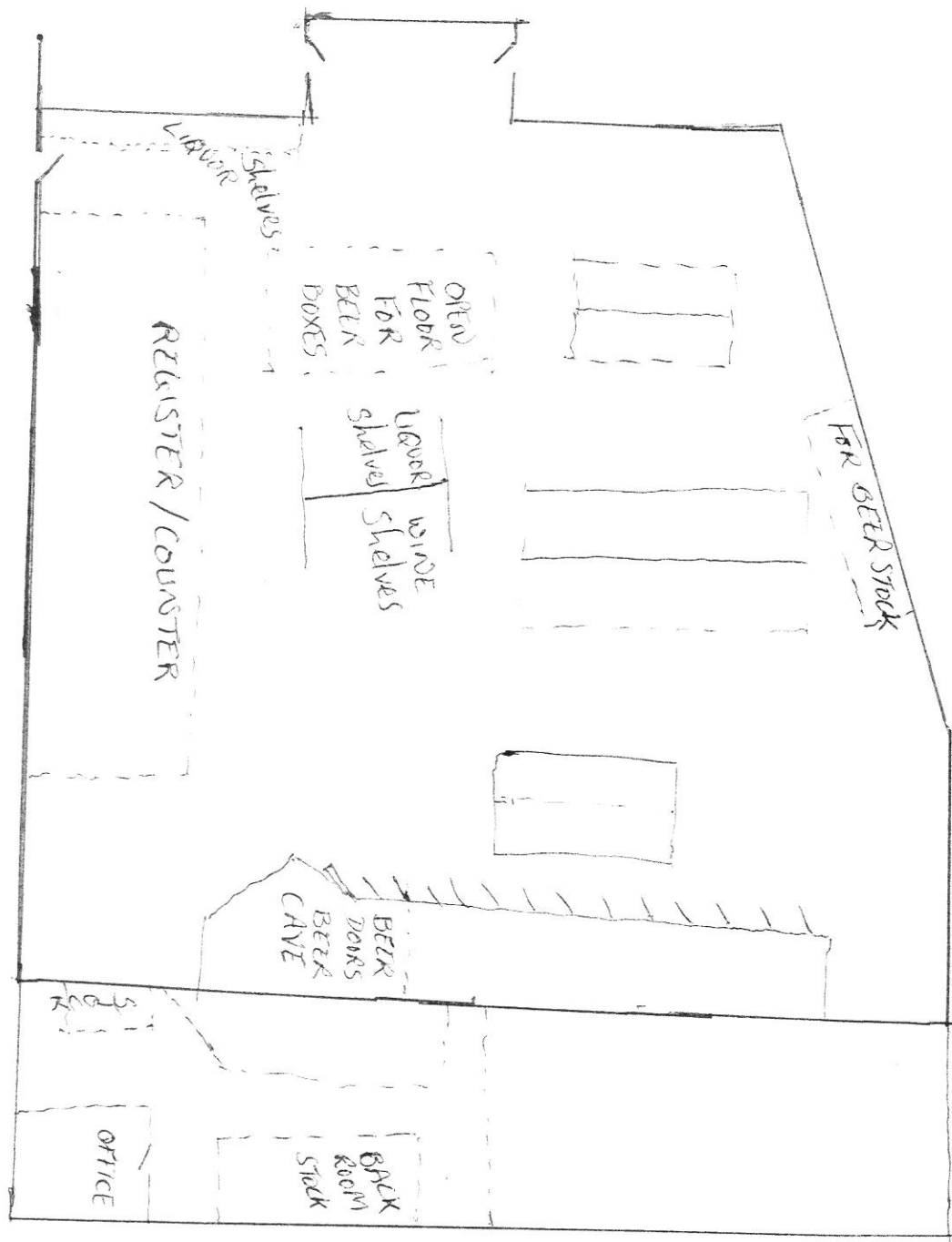
Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☐ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
PATEL	PRADIPKUMAR	PRESIDENT/OWNER	
PATEL	CHETNA	OWNER	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
PATEL	PRADIPKUMAR	S	
Title	Email	Phone	
PRESIDENT			
Signature		Date	
Pradip Patel		04/07/2025	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

GENEVA GAS MART 1231 GRANT ST.



Alcohol Beverage
Appointment of AgentDate
4/7/2025

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)

TRIDEV LLC

2. Business Trade Name or DBA

GENEVA GAS MART

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

PATEL

2. First Name

PRADIPKUMAR

3. M.I.

S

8. State

WI

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 PATEL	First Name PRADIPKUMAR	M.I. S
Title PRESIDENT		
Signature <i>Pradip Patel</i>		Date 04/07/2025

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 PATEL	First Name PRADIPKUMAR	M.I. S
Signature <i>Pradip Patel</i>		Date 04/07/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Lake Geneva City of
License Period July 1, 2025 – June 30, 2026

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

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

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

pd
4/18

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 219

4. Wisconsin Seller's Permit Number
456-000028761403

5. Entity Type (check one)

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

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
1K04801

9. Premises Address
710 Williams St

10. City
Lake Geneva

11. State
WI

12. Zip Code
53147

13. County
Walworth

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

15. Aldermanic District

16. Premises Phone
262-249-0523

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.com

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

One-story frame construction with storage in lockable walk-in cooler & cabinetry.

20. Mailing Address (if different from premises address)
Kwik Trip – Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

Part B: Questions

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

Law/Ordinance Violated
**Please see enclosed list of retail store violations.

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

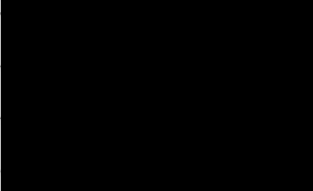
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
----------------------	---------------------	-----------

Title
CEO & President

Signature *Scott P. Zietlow*

Date
March 1, 2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4/8/25</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: 3/24/25

AB-101**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)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 219

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.

- N/A -

Part B: Agent Information

1. Last Name

Meinen

2. First Name

Laura

3. M.I.

Lee

8. State

WI

Part C: Agent Questions1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

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 Zietlow	First Name Scott	M.I. Paul
Title CEO/President		
Signature <i>Scott P. Zietlow</i>		Date 03/01/2025

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 Meinen	First Name Laura	M.I. Lee
Signature <i>Laura Meinen</i>		Date 3-24-25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality Lake Geneva City of
License Period July 1, 2025 – June 30, 2026

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	\$ <u>—</u>
Publication Fee	\$ <u>25⁻</u>
Total Fees	\$ <u>625⁻</u> <i>pd 4/18</i>

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)
Kwik Trip, Inc.

2. Business Trade Name or DBA
Kwik Trip 1520

4. Wisconsin Seller's Permit Number
456-000028761403

5. Entity Type (check one)

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

6. State of Organization
Wisconsin

7. Date of Organization
October 7, 1964

8. Wisconsin DFI Registration Number
1K04801

9. Premises Address
850 S Wells St

10. City
Lake Geneva

11. State
WI

12. Zip Code
53147

13. County
Walworth

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

15. Aldermanic District

16. Premises Phone
262-248-4582

17. Premises Email
LicensingDept@kwiktrip.com

18. Website
www.KwikTrip.com

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

One-story building with storage in lockable walk-in cooler, on sales floor, behind sales counter.

20. Mailing Address (if different from premises address)
Kwik Trip – Legal Dept., P.O. Box 2107

21. City
La Crosse

22. State
WI

23. Zip Code
54602-2107

Part B: Questions

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

Law/Ordinance Violated
**Please see enclosed list of retail store violations.

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ 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
Zietlow	Scott	CEO & President	
Wagner	David	CFO & Treasurer	
Richmond	Ashley	Agent	

Part D: Attestation

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

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

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

Last Name Zietlow	First Name Scott	M.I. P
Title CEO & President		
Signature <i>Scott P. Zietlow</i>	Date March 1, 2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>4/8/25</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



KWIK TRIP, Inc.
P.O. BOX 2107
1626 OAK STREET
LA CROSSE, WI 54602-2107
PH. (608) 781-8080
FAX (608) 781-8060

24 HOUR REMODEL PLAN
CONVENIENCE STORE #1520
PHASE 1
896 WELLS ST
LAKE GENEVA, WI

[illegible]

**Alcohol Beverage
Appointment of Agent**

Date: 3/19/25

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)

Kwik Trip, Inc.

2. Business Trade Name or DBA

Kwik Trip 1520

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.

- N/A -

Part B: Agent Information

1. Last Name

Richmond

2. First Name

Ashley

3. M.I.

Kay

8. State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.

☒ Yes ☐ No

2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)?

☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.

☒ Yes ☐ No

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 Zietlow	First Name Scott	M.I. Paul
Title CEO/President		
Signature <i>Scott P. Zietlow</i>		Date 03/01/2025

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 Richmond	First Name Ashley	M.I. Kay
Signature <i>Ashley Kay Richmond</i>		Date 3/19/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
3/24

Part A: Premises/Business Information

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

KELLEY WILLIAMSON COMPANY

2. Business Trade Name or DBA

LAKE GENEVA MOBIL

4. Wisconsin Seller's Permit Number

456000032206903

5. Entity Type (check one)

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

6. State of Organization

IL

7. Date of Organization

02/09/1924

8. Wisconsin DFI Registration Number

9. Premises Address

350 N EDWARDS BLVD

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 248-2305

17. Premises Email

DEBBIEV@KW-OIL.COM

18. Website

WWW.KELLEYSMARKET.COM

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

CONVENIENCE STORE/WALK-IN/REACH-IN COOLER

20. Mailing Address (if different from premises address)

1132 HARRISON AVE

21. City

ROCKFORD

22. State

IL

23. Zip Code

61104

Part B: Questions

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ 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
SEE ATTACHED			

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Morris	Clif	R
Title		
PRESIDENT		
Signature		Date
<i>Clif Morris</i> Clif Morris (Mar 17, 2025 15:30 CDT)		03/17/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/17/25			
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)

KELLEY WILLIAMSON COMPANY

2. Business Trade Name or DBA

LAKE GENEVA 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

DORSEY-STERLING

2. First Name

SUZANNE

3. M.I.

A

5. Phone

8. State

WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement?
Submit proof of completion.☒ Yes ☐ No2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire?
Submit a completed Form AB-100 with this form.☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions.☒ Yes ☐ No

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 MORRIS	First Name CLIFTON	M.I. R
Title PRESIDENT		
Signature <i>Clif Morris</i> Clif Morris (Mar 17, 2025 15:30 CDT)		Date 03/17/2025

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 DORSEY - STERLING	First Name SUZANNE	M.I. A
Signature <i>SD</i> Suzanne Dorsey-Sterling (Mar 17, 2025 15:22 CDT)		Date 03/17/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

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

MAYA GENEVA INC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1029216988-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/15/2016

8. Wisconsin DFI Registration Number

M097645

9. Premises Address

605 WILLIAMS ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

LAKE GENEVA

16. Premises Phone

(262) 203-5244

17. Premises Email

MAYA.INCS@GMAIL.COM

18. Website

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

Behind the counter/Left shelf

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

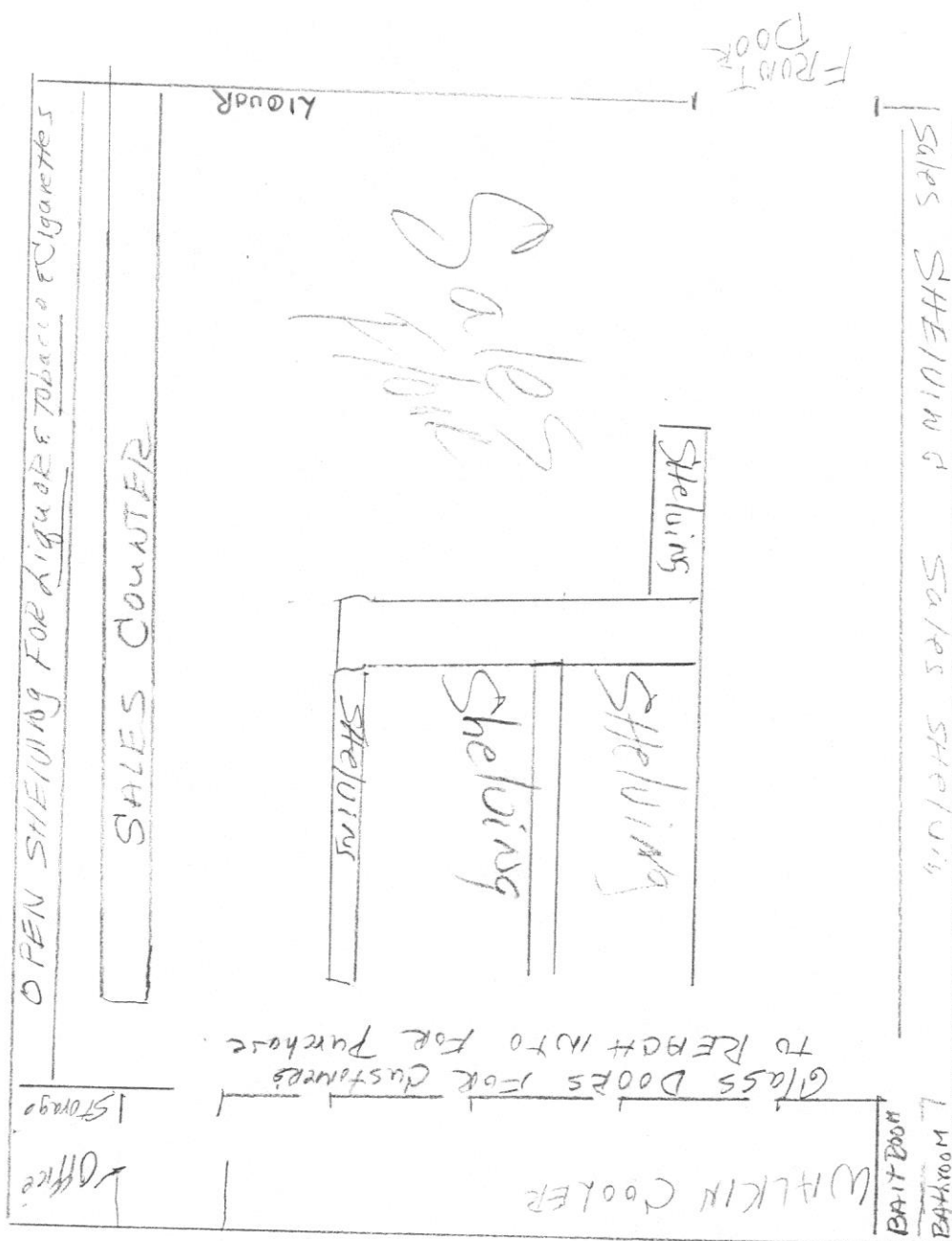
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
DADHWAL	SHIKHA	DIRECTOR	[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.	
DADHWAL	SHIKHA		
Title	[REDACTED]		
DIRECTOR			
Signature	[Signature]		Date
		07/01/25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

605 WILLIAMS STREET



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)

MAYA GENEVA INC

2. Business Trade Name or DBA

MAYA GENEVA INC

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

CASTANEDA

2. First Name

ALMA

3. M.I.

8. State

WI

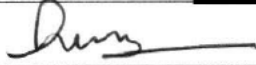
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. 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 DADHWAL	First Name SHKHA	M.I.
Title MANAGER		
Signature 	Date 04/01/25	

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 CASTANEDA	First Name ALMA	M.I.
Signature 	Date 04/01/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
5/9

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>Fontana Petro Inc.</u>			
2. Business Trade Name or DBA <u>NORTHSIDE MOBIL</u>			
3. EIN [REDACTED]		4. Wisconsin Seller's Permit Number <u>456-1029471128-02</u>	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization <u>WISCONSIN</u>		7. Date of Organization <u>05/16/16</u>	
8. Wisconsin DFI Registration Number			
9. Premises Address <u>501 Interchange W</u>			
10. City <u>Lake Geneva</u>		11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County <u>Walworth</u>		14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>Lake Geneva</u>	
15. Aldermanic District		16. Premises Phone <u>262 248 2110</u>	
17. Premises Email <u>phs@hind.com</u>		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>Liquor to Wine Section / Beer Wall in Door Coolers</u>			

20. Mailing Address (if different from premises address)		
21. City		22. State
23. Zip Code		

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

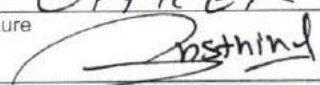
Last Name	First Name	Title	Phone

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 THIND	First Name PRABH	M.I.
Title OFFICER		
Signature 	Date 04/09/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/10/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
04/10/25

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) Fontene Pctvo 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 PHIN	2. First Name KRABH	3. M.I. S
5. Phone		
8. State WI		

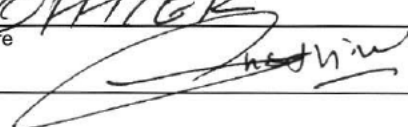
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days?..... See instructions for exceptions.	☒ Yes ☐ No

Continued →

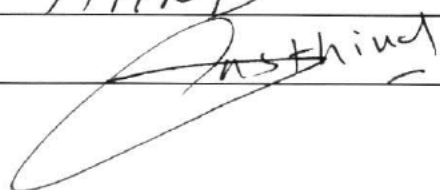
Part D: Business Attestation

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 PRABU	M.I. S
Title OFFICER	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04/10/25

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 PRABU	M.I. S
Signature 		Date 04/10/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
4/1/14

Part A: Premises/Business Information

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

Simple Bakery and Market LLC

2. Business Trade Name or DBA

Simple Bakery and Market

3. SSN

4. Wisconsin Seller's Permit Number

456-1027300590-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

01/28/2011

8. Wisconsin DFI Registration Number

S090427

9. Premises Address

521 Broad Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

1

16. Premises Phone

(262) 248-2190

17. Premises Email

tom@simplefoodgroup.com

18. Website

simplelakegeneva.com

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

see attached map please

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.

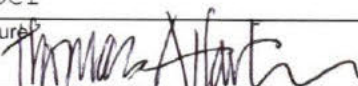
Last Name	First Name	Title	Phone
Hartz	thomas	Member	
Cho	Youngsoo	Member	

Part D: Attestation

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

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

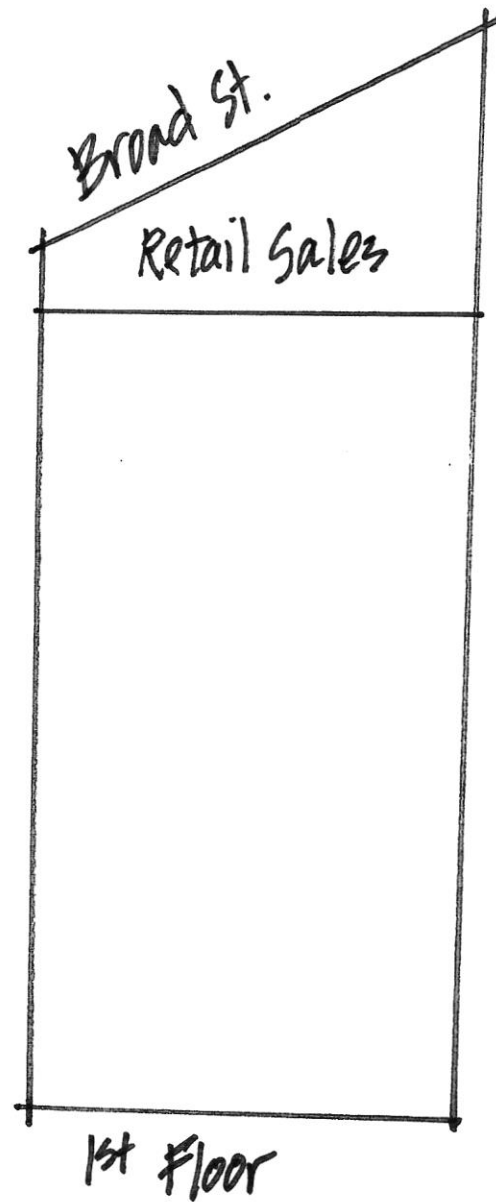
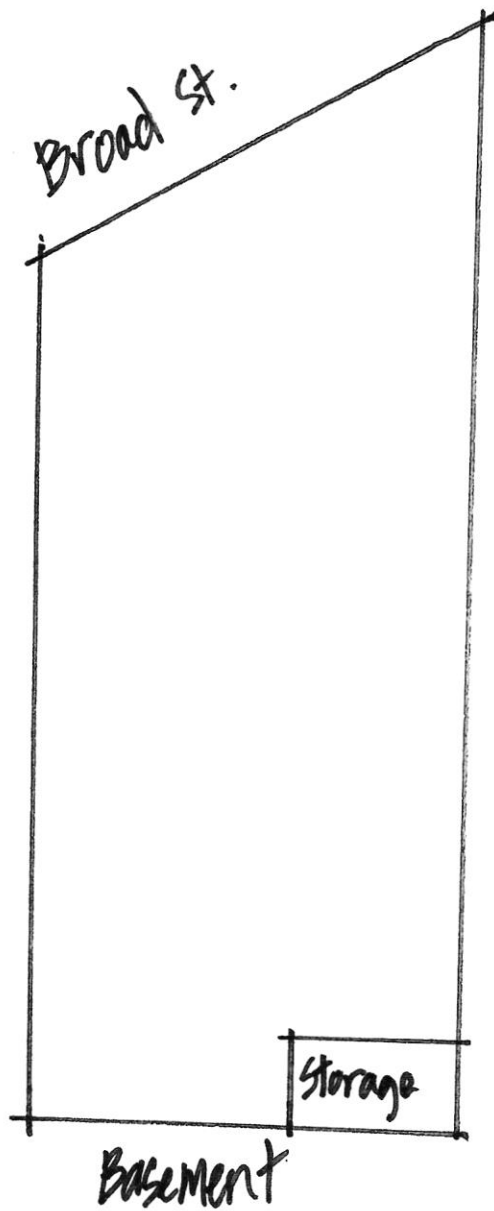
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and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

Last Name	First Name	M.I.
Hartz	Thomas	A
Title	Email	Phone
Member		
Signature	Date	
	04/10/20	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/14/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

521 N. Broad Street
Alcohol Sales and Storage



Simple Bakery & Market

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)

Simple Bakery and Market LLC

2. Business Trade Name or DBA

Simple Bakery and Market

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

Hartz

2. First Name

Thomas

3. M.I.

A

4. Email

5. Phone

8. State

WI

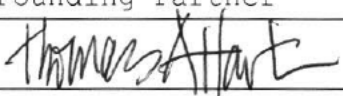
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

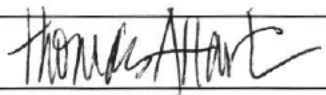
Part D: Business Attestation

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	First Name	M.I.
Hartz	Thomas	A
Title	Email	Phone
Member/Founding Partner		
Signature	Date	
	04/10/20	

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	First Name	M.I.
Hartz	Thomas	A
Signature	Date	
	04/10/20	

Form
AB-200

Alcohol Beverage License Application

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

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

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

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

Part A: Premises/Business Information

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

Stinebrink's Lake Geneva Foods LLC

2. Business Trade Name or DBA

Stinebrink's Piggly Wiggly

4. Wisconsin Seller's Permit Number

456-1026650040-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/31/2008

8. Wisconsin DFI Registration Number

S082665

9. Premises Address

100 E. Geneva SQ

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) 248-8798

17. Premises Email

18. Website

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

Liquor and beer will be available for sale in liquor department and sold at registers. All storage will be in locked liquor cage or back room

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

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

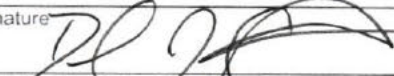
Part D: Attestation Stinebrink Todd Member

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

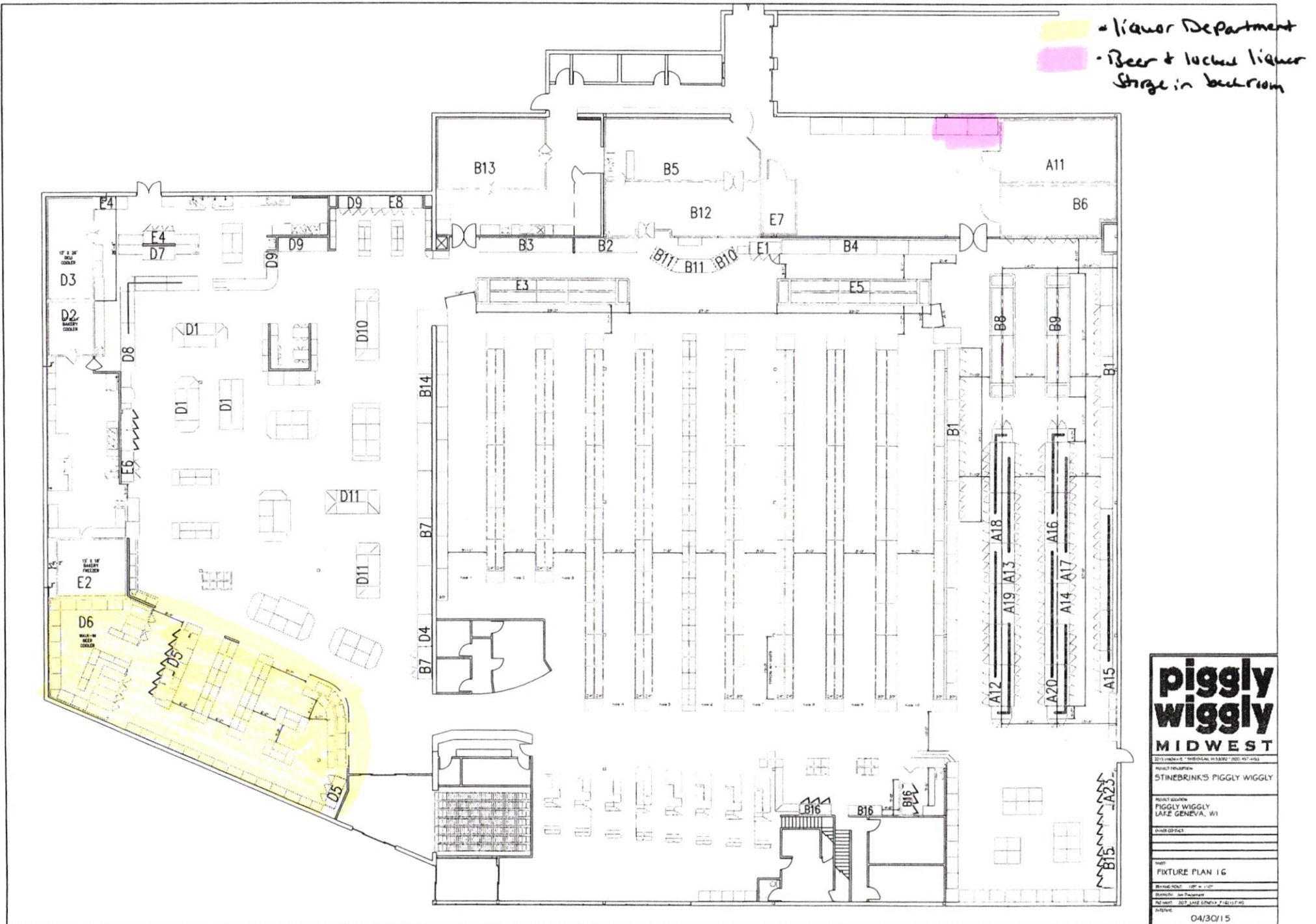
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and 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.
Stinebrink	David	J
Title	Email	Phone
Agent		

Signature	Date
	3-25-2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Alcohol Beverage
Appointment of AgentDate
03/25/2025

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)

Stinebrink's Lake Geneva Foods LLC

2. Business Trade Name or DBA

Stinebrink's Piggly Wiggly

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

Stinebrink

2. First Name

David

3. M.I.

J

8. State

WI

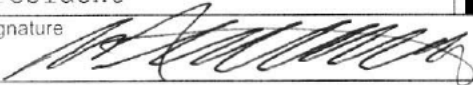
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

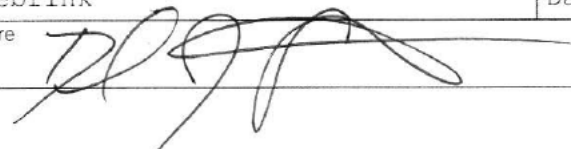
Part D: Business Attestation

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	First Name	M.I.
Stinebrink	Matthew	E
Title		
President		
Signature	Date	
	03/26/2025	

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	First Name	M.I.
Stinebrink	David	J
Signature	Date	
	3-26-2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd 5/6

Part A: Premises/Business Information

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

Target Corporation

2. Business Trade Name or DBA

Target Store T-2348

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000026531-04

5. Entity Type (check one)

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

6. State of Organization

Minnesota

7. Date of Organization

2/11/1902

8. Wisconsin DFI Registration Number

2D00843

9. Premises Address

660 N Edwards Blvd

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

920-731-8605

17. Premises Email

liquor.licensing@target.com

18. Website

www.target.com

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

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

20. Mailing Address (if different from premises address)

PO Box 9471

21. City

Minneapolis

22. State

MN

23. Zip Code

55440-9471

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Galioto	Jamie	Assistant Secretary	

Part D: Attestation

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

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

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

Last Name Galioto	First Name Jamie	M.I. K
Title Assistant Secretary	Email 	Phone
Signature <i>Jamie Galioto</i>	Date 4/11/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/15/25	License Number	Date License Granted	Date License Issued
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)

Target Corporation

2. Business Trade Name or DBA

Target Store T-2348

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

Fiedler

2. First Name

Katherine

3. M.I.

8. State

WI

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 →

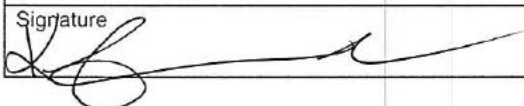
Part D: Business Attestation

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 Galioto		First Name Jamie		M.I. K
Title Assistant Secretary	Email 		Phone 	
Signature 			Date 4/11/2025	

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 Fiedler		First Name Katherine		M.I.
Signature 			Date 4/11/2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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	\$ 600
Background Check Fee	\$
Publication Fee	\$ 2500
Total Fees	\$ 625

+ \$100 cigarettes

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)		WALGREEN CO	
2. Business Trade Name or DBA		WALGREENS #05600	
3. [Redacted]		4. Wisconsin Seller's Permit Number 004-0000455404-01	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization ILLINOIS		7. Date of Organization 02/15/1909	
		8. Wisconsin DFI Registration Number W066585	
9. Premises Address 351 N EDWARDS BLVD			
10. City Lake Geneva		11. State WI	12. Zip Code 53147-4563
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva		15. Aldermanic District
16. Premises Phone (262) 248-7885		17. Premises Email mgr.05600@store.walgreens.com	
		18. Website WWW.WALGREENS.COM	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Retail drug store in a one-story building of 15,796 sq ft w/ sundries			
20. Mailing Address (if different from premises address) PO BOX 901			
21. City DEERFIELD		22. State IL	23. Zip Code 60015

Part B: Questions

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
SEE ATTACHED RIDERS			

Part D: Attestation

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

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

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

Last Name BROWN	First Name BRIAN	M.I. R
Title VICE PRESIDENT AND TREASURER	[REDACTED]	
Signature <i>B. R. Brown</i>	Date 4-14-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/16/25	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) WALGREEN CO

2. Business Trade Name or DBA WALGREENS #05600

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 TUDKE 2. First Name SUZANNE 3. M.I. M

8. State WI

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No

2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? Submit a completed Form AB-100 with this form. ☒ Yes ☐ No

3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

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 BROWN		First Name BRIAN		M.I. R
Title VICE PRESIDENT AND TREASURER		Email [REDACTED]		
Signature B.B.B.		Date 4-14-25		

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 Tiedke		First Name Suzanne		M.I. M
Signature [Signature]		Date 3/1/25		

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only
Municipality City of Lake Geneva
License Period 7/1/2025 - 6/30/2026

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

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

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

pd 4/14

Part A: Premises/Business Information

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

Wal-Mart Stores East, LP

2. Business Trade Name or DBA

Walmart #910

4. Wisconsin Seller's Permit Number

456-1020028180-05

3. Entity Type (check one)

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

6. State of Organization

DE

7. Date of Organization

11/09/2001

8. Wisconsin DFI Registration Number

W042856

9. Premises Address

201 S. Edwards Boulevard

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

(262) 248-2266

17. Premises Email

bln001d.s00910.us@wal-mart.

18. Website

www.walmart.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.

1 room, 1 story, approximately 188,245 sq ft including stalls and/or canopy locations in parking lot specifically designated for online grocery pickup. Product is located in coolers and on shelves and end caps in grocery department and displayed in seasonal aisles and main aisle in grocery. Overstock of beer is located on pallets in receiving area; overstock of alcohol is located in locked room in receiving area (managers and receiving clerk are only employees with access). Records/receipts are located in invoice office in back room.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity Walmart Inc.	4b. Business Entity FEIN 71-0415188
---	--

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
see attached			

Part D: Attestation

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

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

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

Last Name Little	First Name Sarah	M.I. C
Title Assistant Secretary		
Signature 		Date 04/07/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
3-22-2025

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)

Walmart Stores East, LP

2. Business Trade Name or DBA

Walmart #910

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

n/a

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

n/a

Part B: Agent Information

1. Last Name

Shepherd

2. First Name

Brianna

3. M.I.

L

8. State

WI

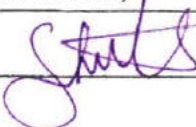
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Little	First Name Sarah	M.I. C
Title Assistant Secretary	E [REDACTED]	
Signature 		Date 4/11/2025

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	First Name	M.I.
Signature		Date

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 Little	First Name Sarah	M.I. C
Title Assistant Secretary	Email [REDACTED]	
Signature		Date 4/10/2025

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 Shepherd	First Name Brianna	M.I. L
Signature Brianna Shepherd		Date 04/08/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 700
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500
- ☐ "Class A" Liquor (cider only) \$ _____ ☐ Reserve "Class B" Liquor \$ _____
- ☐ "Class C" Liquor (wine only) \$ _____

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

pd
4/14

Part A: Premises/Business Information

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

American Legion Post 24

2. Business Trade Name or DBA

American Legion Post 24

4. Wisconsin Seller's Permit Number

456-0000612400-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

735 Henry St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 248-9767

17. Premises Email

18. Website

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

SEE MAP

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.

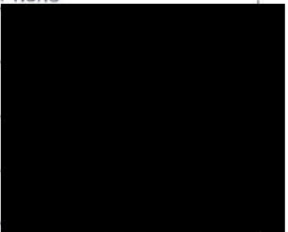
4a. Name of Business Entity	4b. Business Entity FEIN
-----------------------------	--------------------------

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
Schlehelin	Charles	Finnance officer	
Miller	Robert	Commander	
Jegerski	Lenord	1st Vice Comdr	
Cummings	Glenn	2nd Vice Comdr.	

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 Schlehle	First Name Charles	M.I. J
Title Finance Officer	Email 	Phone 
Signature 	Date 04/08/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

AMERICAN LEGION POST #24 LAKE GENEVA

OUTDOOR SEATING AREA

MAIN FLOOR

HALL

BAR
AREA

UP

UP

UP

LOWER LEVEL

STORAGE
AREA

MENS BATHROOM

WOMENS BATHROOM

DN

LIQUOR SERVED FOR OUTDOOR SEATING AREA
LIQUOR SERVED & STORED ON MAIN FLOOR
LIQUOR STORED ON LOWER LEVEL

Alcohol Beverage
Appointment of AgentDate
04/07/2025

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)

American Legion Post 24

2. Business Trade Name or DBA

American Legion Post 24

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

Schlehlein

2. First Name

Charles

3. M.I.

J

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

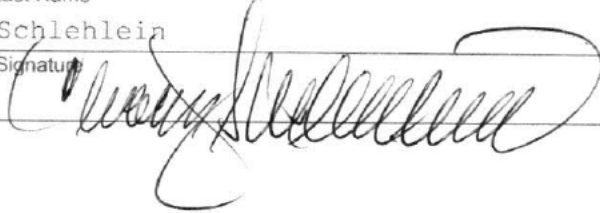
Part D: Business Attestation

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 JEGERSKI	First Name LEONARD	M.I. J
Title 1ST VICE COMMANDER	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04-09-2025

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 Schlehlein	First Name Charles	M.I. J
Signature 		Date 04/09/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

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

Mercedes or Bust, L.L.C.

2. Business Trade Name or DBA

The Bottle Shop

4. Wisconsin Seller's Permit Number

456-1026436119-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/01/2015

8. Wisconsin DFI Registration Number

600-1026436119-03

9. Premises Address

617 W. Main St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

1

16. Premises Phone

(262) 348-9463

17. Premises Email

beth@thebottleshoplakegeneva

18. Website

www.thebottleshoplakegen

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

All of Patio, 609,615, 617 and 621 W. Main St. Including closets

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
DUI	Delafield. WI	08/01/2011
Penalty Imposed	Was sentence completed?	☒ Yes ☐ No
Fine		
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.

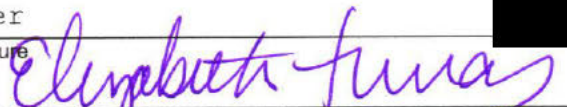
Last Name	First Name	Title	Phone
Tumas	Elizabeth	Owner	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Tumas	Elizabeth	A
Title		
Owner		
Signature	Date	
	04/15/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
05/01/2025

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)
Mercedes or Bust, L.L.C.
2. Business Trade Name or DBA
The Bottle Shop
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
Tumas | 2. First Name
Elizabeth | 3. M.I.
A |
|-----------------------|----------------------------|--------------|

8. State
WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Tumas	First Name Elizabeth	M.I. A
Title owner		
Signature <i>Elizabeth A. Tumas</i>	Date 05/01/25	

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>Tumas</i>	First Name <i>Elizabeth</i>	M.I. <i>A</i>
Signature <i>Elizabeth Tumas</i>	Date <i>5-14-25</i>	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

pd 4/14

Part A: Premises/Business Information

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

422 S Wells Ltd

2. Business Trade Name or DBA

Celebration on Wells

4. Wisconsin Seller's Permit Number

456-0000567764-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

1988

8. Wisconsin DFI Registration Number

F023336

9. Premises Address

422 S Wells St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

(262) 248-2555

17. Premises Email

celebrationonwells@gmail.com

18. Website

celebrationonwells.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.

Entire main floor, alcohol sold in bar area. Alcohol stored in liquor storage room, bar area on main floor & basement

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Lorenzi	Henri	Director of Ops	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Charles	Lorenzi	A
Title		
Owner		
Signature	Date	
	04/14/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/14/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
4/14/25

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)

422 S Wells LTD

2. Business Trade Name or DBA

Celebration on Well

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

Lorenzi

2. First Name

Henri

3. M.I.

A

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Lorenzi	First Name Henri	M.I. A
Title Director of Operations	[REDACTED]	
Signature 	Date 04/14/20	

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 Lorenzi	First Name Henri	M.I. A
Signature 	Date 04/14/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

Part A: Premises/Business Information

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

CHUBBY KETTY, LLC

2. Business Trade Name or DBA

FAT CATS

4. Wisconsin Seller's Permit Number

456-1031459744-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

CO81564

9. Premises Address

104 BROAD ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WAUWATOSH

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

1

16. Premises Phone

N/A

17. Premises Email

FATCATSLAKEGENEVAMN.WA FATCATSLG.BAR

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 IS STORED BEHIND THE BAR ON MAIN LEVEL, ALL OUR STOCK IS DOWNSTAIRS UNDER THE STAIRS/ BEER IS STORED IN THE EAST ELDER DOOR IN THE COOLER

20. Mailing Address (if different from premises address)

642 W. MAIN ST

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No
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	
TREBAC	BRANSON	Investor/Partner	
SILVESTRI	ANTHONY	Managing Partner	
SERNA	TAI	Managing Partner	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
SILVESTRI	ANTHONY	R
Title		
MANAGING PARTNER		
Signature	Date	
	4/4/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date

4/4/25

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)
CHUBBY KITTY, LLC
2. Business Trade Name or DBA
FAT CAT'S
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
SERNA
2. First Name
TAL
3. M.I.
SB

8. State

WI

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 (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

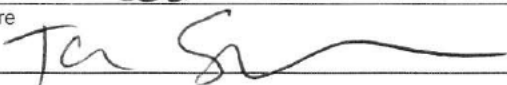
Part D: Business Attestation

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 SILVESTRI	First Name ANTHONY	M.I. R
Title MANAGING PARTNER	[REDACTED]	
Signature 		Date 4/4/25

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 SEENA	First Name TAI	M.I. S
Signature 		Date 4/4/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	11/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

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

HARRYS CAFE & PLACE INC

2. Business Trade Name or DBA

HARRYS CAFE

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000601241-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/05/1984

8. Wisconsin DFI Registration Number

H022041

9. Premises Address

808-806 MAIN ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

(262) 248-3494

17. Premises Email

harryscafe@genevaonline.com

18. Website

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

one story brick building located at 808-806 main st, records stored in office, storage in basement, under bar itself and in office.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name CHIRONIS	First Name LOUIE	M.I.
Title PRESIDENT	Email [REDACTED]	Phone [REDACTED]
Signature <i>Louie Chironis</i>		Date 4/1/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/24/25	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
04/01/2025

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)
HARRYS CAFE & PLACE INC
2. Business Trade Name or DBA
HARRYS CAFE
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
CHIRONIS
2. First Name
HARRY
3. M.I.
4. Email
5. Phone
8. State
WI
9. Zip Code

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

Part D: Business Attestation

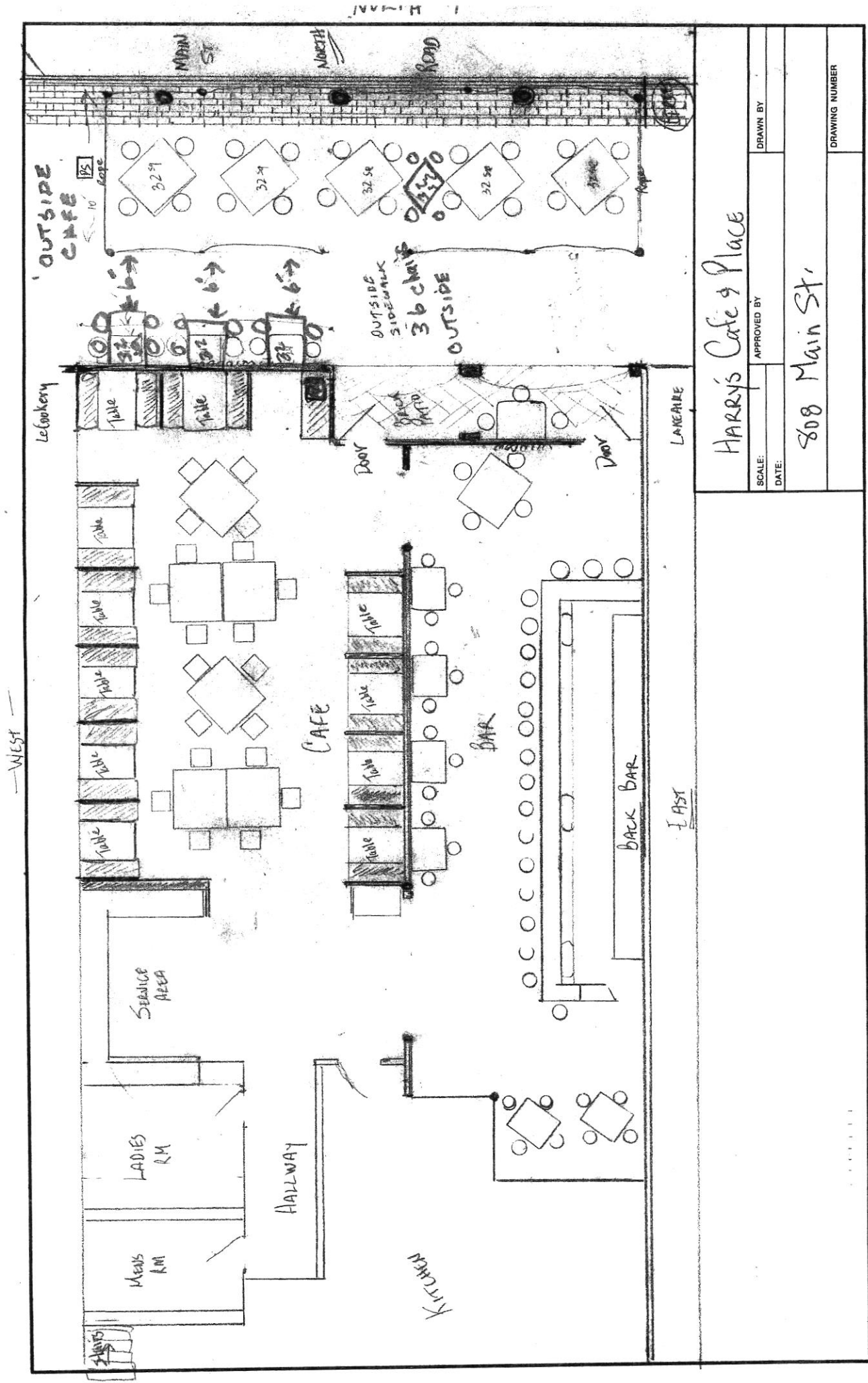
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 CHIRONIS		First Name HARRY	M.I.
Title VICE-PRESIDENT	Email [REDACTED]	Phone [REDACTED]	
Signature		Date	

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 CHIRONIS		First Name HARRY	M.I.
Signature 		Date 4-1-2025	



HARRY'S CAFE & PLACE

808 Main St.

SCALE:	APPROVED BY	DRAWN BY
DATE:		
		DRAWING NUMBER

188A-1117

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ 600
Background Check Fee	\$
Publication Fee	\$ 25 ^{pa 3/19}
Total Fees	\$ 625

Part A: Premises/Business Information

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

HOGS & KISSES, INC

2. Business Trade Name or DBA

HOGS & KISSES

4. Wisconsin Seller's Permit Number

456-0000479358-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

HO28444

9. Premises Address

149 BROAD STREET

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

(262) 248-7447

17. Premises Email

hogs@att.net

18. Website

www.hogsandkisses.com

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

BRICK BUILDING AT 149 BROAD STREET IN LAKE GENEVA, WI. BAR, RESTAURANT, KITCHEN, BASEMENT STORAGE ROOM, COOLERS, FREEZER AND OFFICE

20. Mailing Address (if different from premises address)

PO BOX 536

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
CHIRONIS	LINDA	M

Title

OWNER

Signature

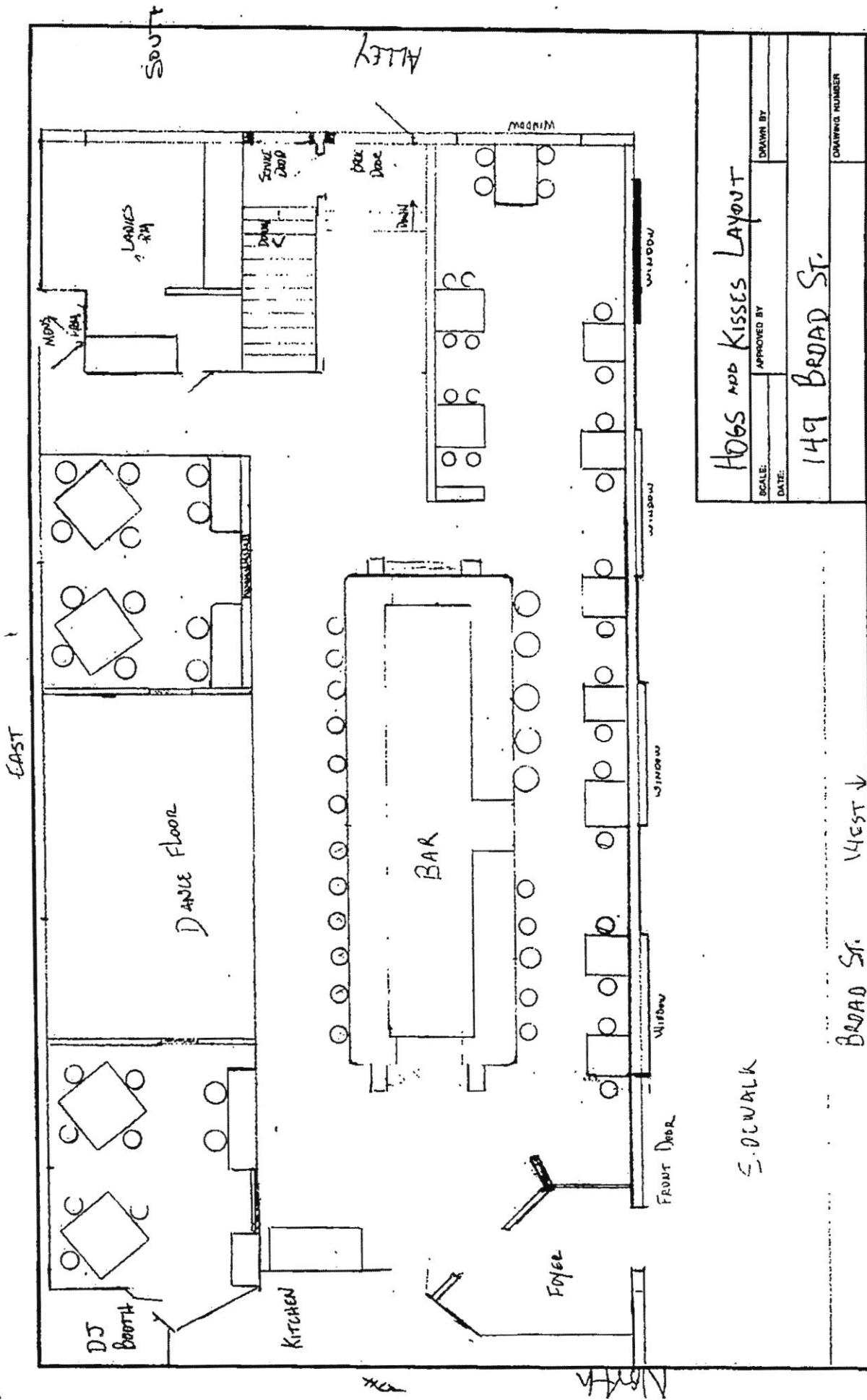
Linda Chironis

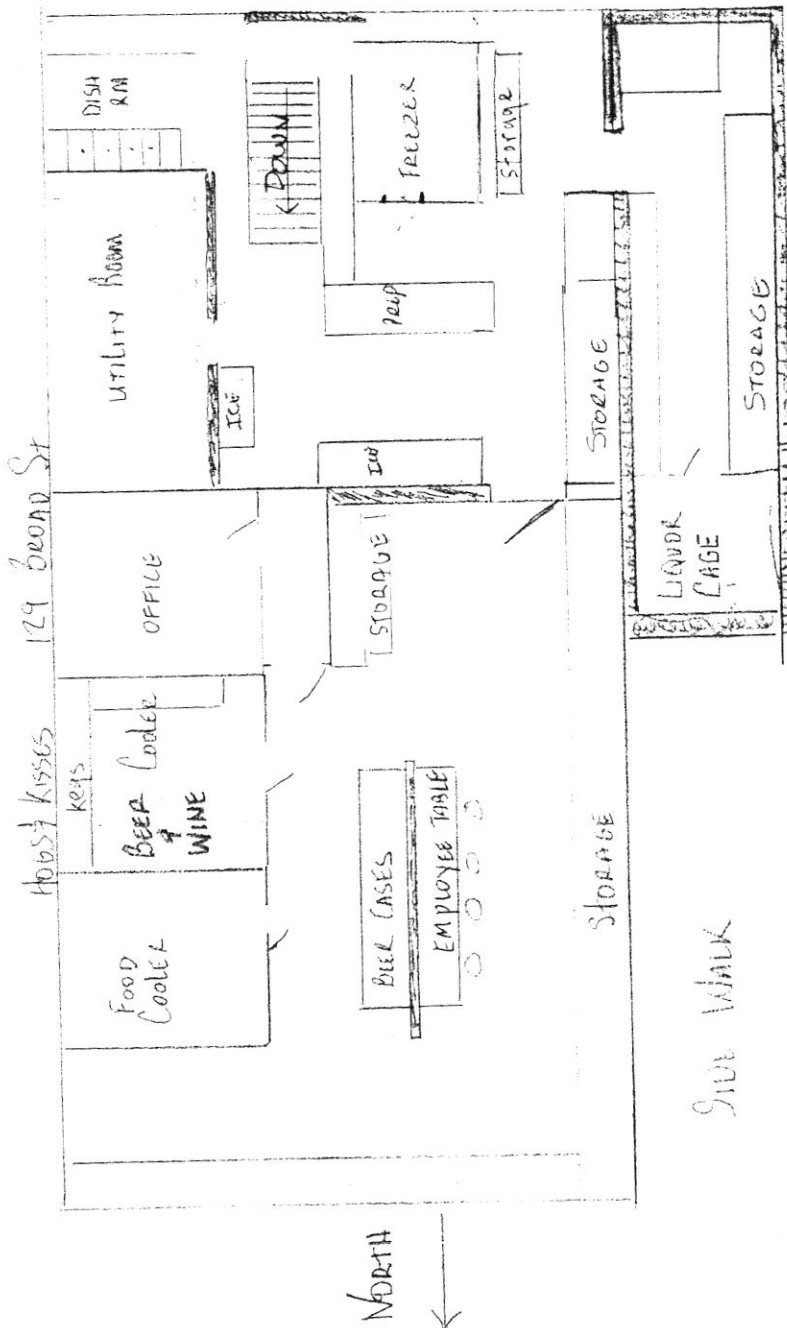
Date

3/19/2025

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/19/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	





Hogs & Kisses	
SCALE:	APPROVED BY:
DATE:	DRAWN BY:
STORAGE "BASEMENT"	
DRAWING NUMBER	

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)

HOGS & KISSES, INC

2. Business Trade Name or DBA

HOGS & KISSES

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.

EXISTING AGENT

Part B: Agent Information

1. Last Name

CHIRONIS

2. First Name

LINDA

3. M.I.

M

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 CHIRONIS	First Name LINDA	M.I. M
Title OWNER		
Signature <i>Linda Chironis</i>	Date 3/19/2025	

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>Chironis</i>	First Name <i>Linda</i>	M.I.
Signature <i>Linda Chironis</i>	Date 3/19/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

pd 4/17

Part A: Premises/Business Information

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

Capitol Geneva LLC

2. Business Trade Name or DBA

Lake City Social

3. SSN

4. Wisconsin Seller's Permit Number

456-1027263323-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

10/01/2010

8. Wisconsin DFI Registration Number

C076737

9. Premises Address

111 Center Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

1

16. Premises Phone

(262) 248-7047

17. Premises Email

stephen@lakecitysociallg.co

18. Website

www.lakecitysociallg.co

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.

Main level dining room, lower level banquet room, office, lower level liquor room, back utility room in lower level. Back parking lot for event on 10/26/2025 for LG Jaycees Trunk or Treat & Cars & Company fundraiser in back parking lot on Sunday 9/14/2025

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Labor Law Violation (2021)

Location

Trial Date

Penalty Imposed

Fine

Was sentence completed? ☒ Yes ☐ No

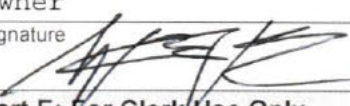
Law/Ordinance Violated

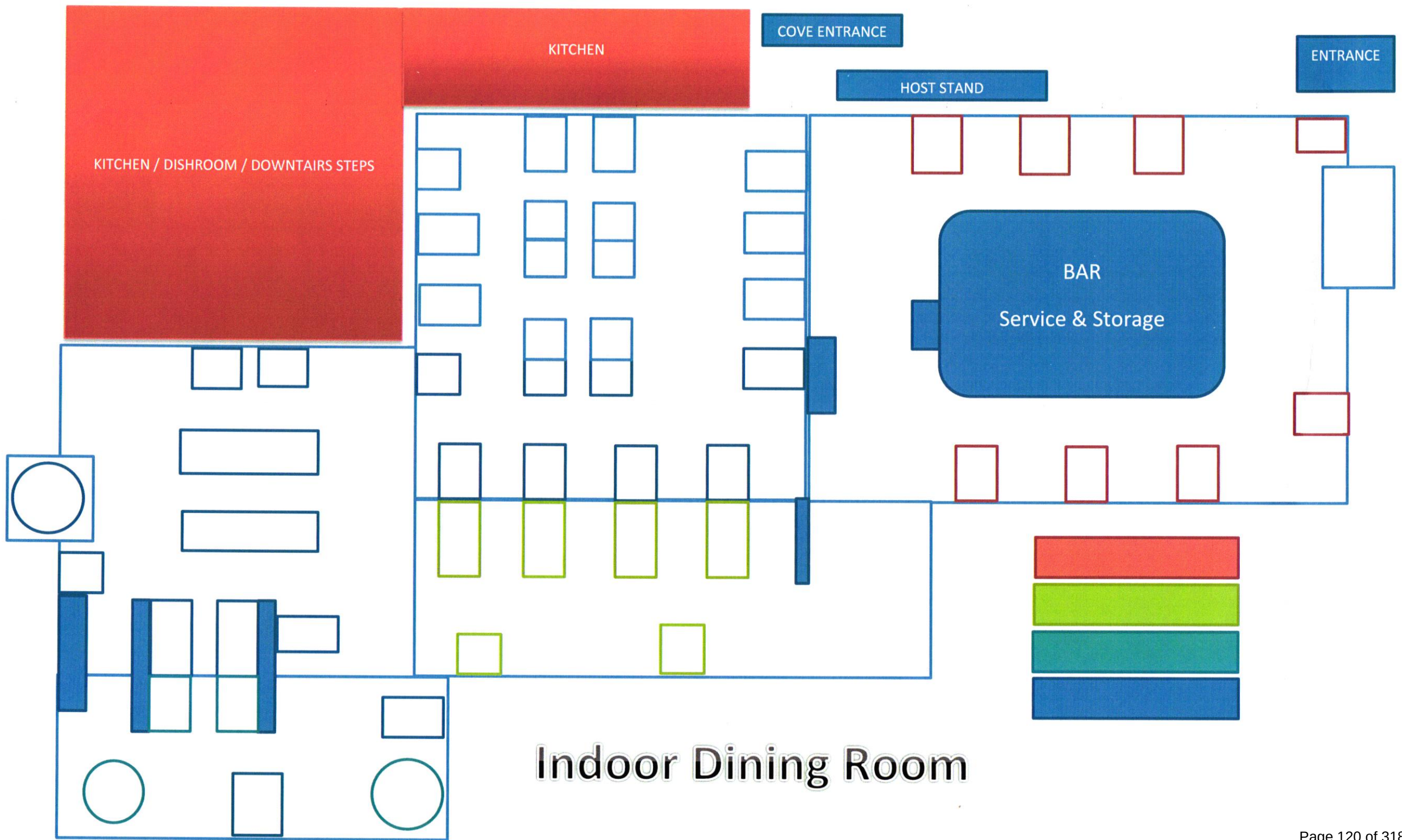
Location

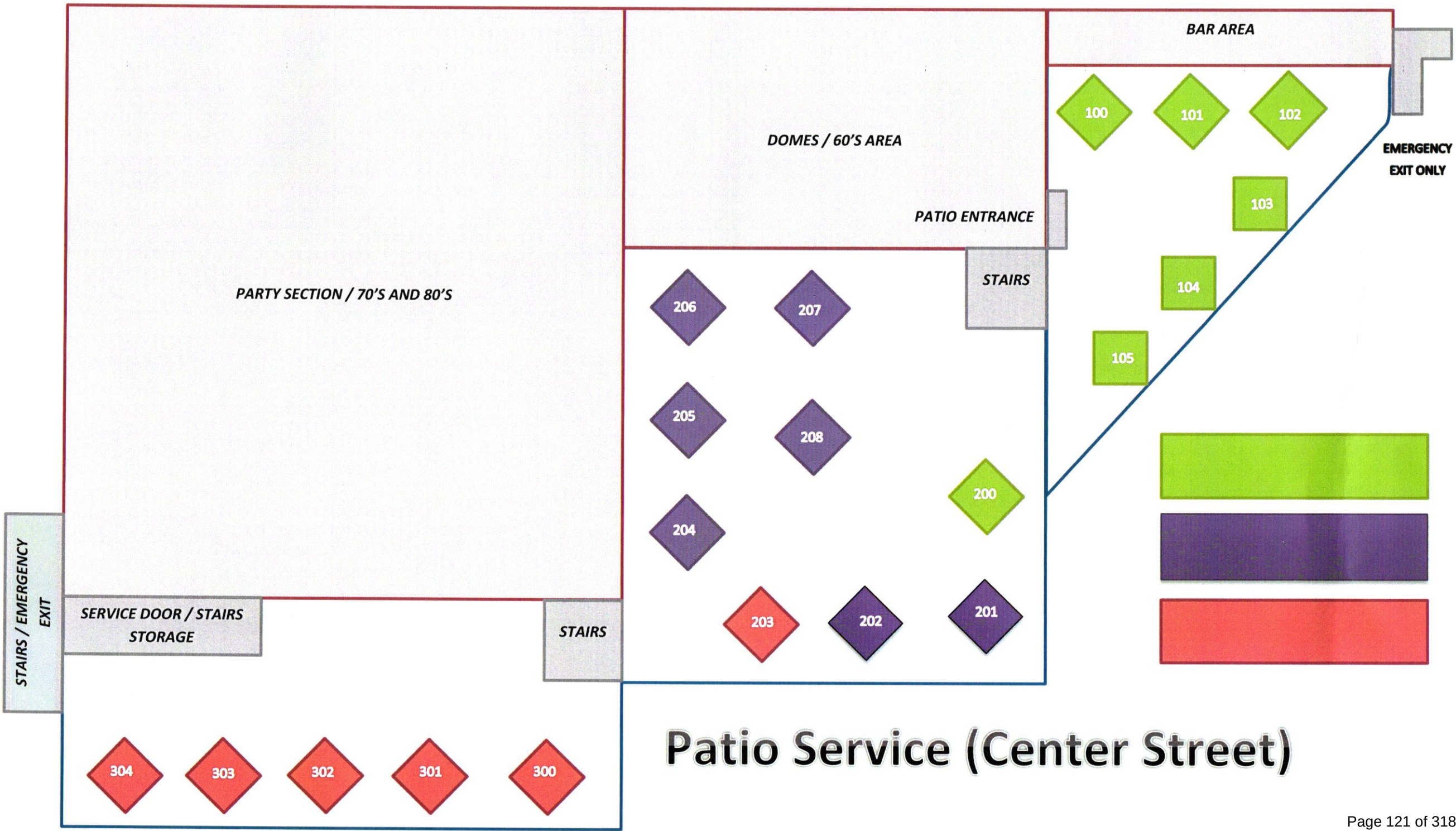
Trial Date

Penalty Imposed

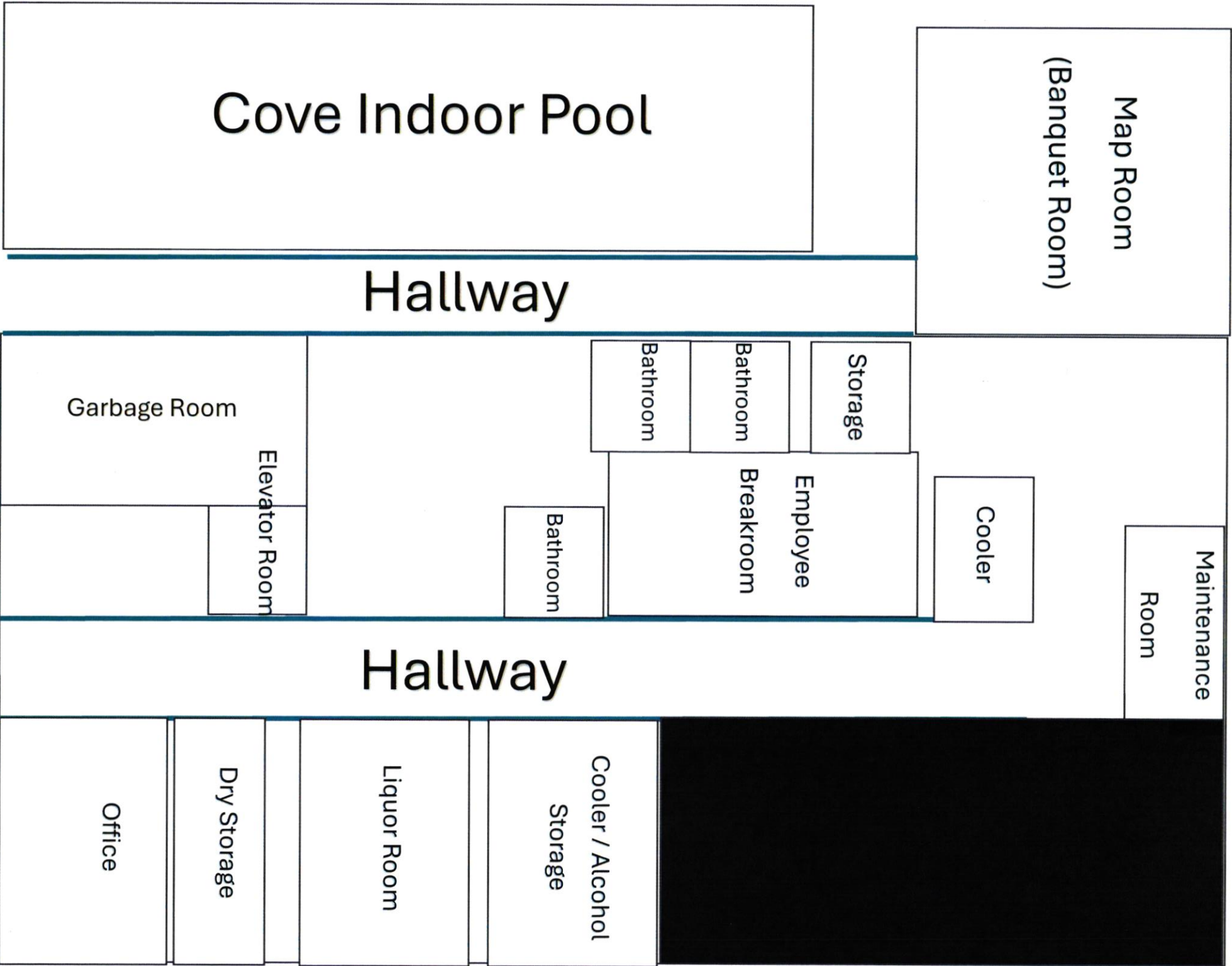
Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol ... ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ... ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ... ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ... ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ... ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ... ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Schroeder	Stephen	Sole Owner	[REDACTED]
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Schroeder	Stephen	J	
Title	Email	Phone	
Owner	[REDACTED]	[REDACTED]	
Signature	Date		
	4/14/2025		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	





Patio Service (Center Street)



Alcohol Beverage
Appointment of AgentDate
04/14/2025

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)

Capitol Geneva LLC

2. Business Trade Name or DBA

Lake City Social

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

Schroeder

2. First Name

Stephen

3. M.I.

J

5. Phone

8. State

WI

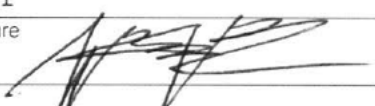
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion. ☒ Yes ☐ No
2. Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions. ☒ Yes ☐ No

Continued →

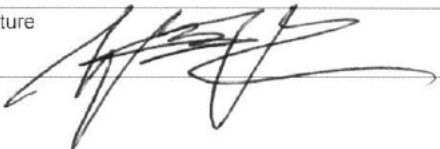
Part D: Business Attestation

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	First Name	M.I.
Schroeder	Stephen	J
Title	Email	Phone
Owner		
Signature	Date	
	4/14/2025	

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	First Name	M.I.
Schroeder	Stephen	J
Signature	Date	
	4/14/2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

pd 4/15

Part A: Premises/Business Information

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

Sandal, Inc.

2. Business Trade Name or DBA

Lake Geneva Lanes

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000060940-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

05/13/1975

8. Wisconsin DFI Registration Number

1S18488

9. Premises Address

192 E. Main Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

(262) 248-4805

17. Premises Email

jaurbahn@wellsautoservice.co

18. Website

www.lakegenevalanes.com

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

Please see attached diagram and description

20. Mailing Address (if different from premises address)

PO Box 366

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

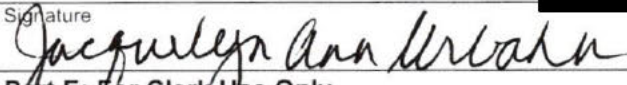
Law/Ordinance Violated

Location

Trial Date

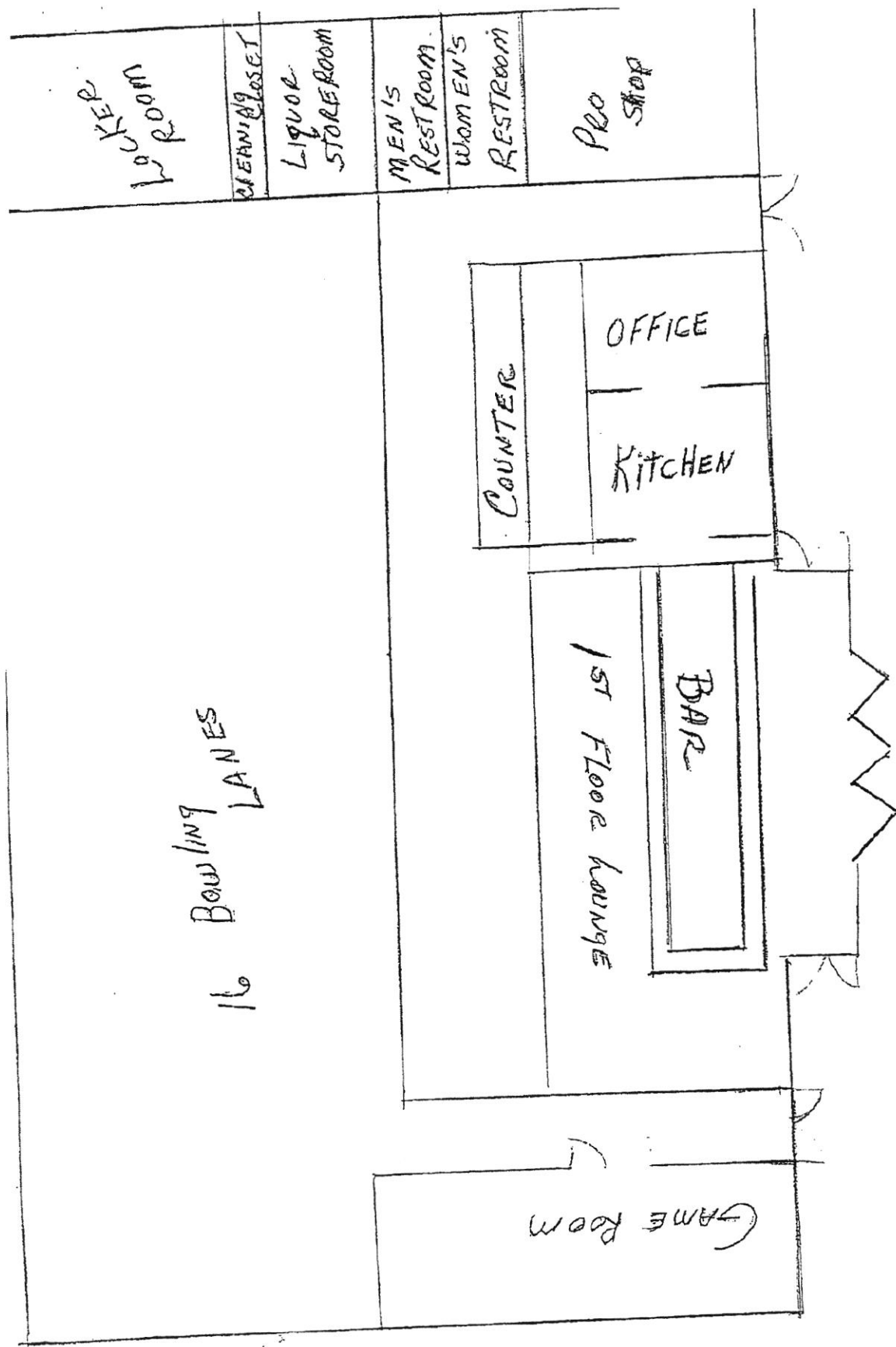
Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol or beverages. ☐ Yes ☒ No If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B. Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.			
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	Phone
Guske	Anna	CEO	
Urbahn	Jacquelyn	VP	
Guske	Franklin	VP	
Guske	Michael	VP	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Urbahn	Jacquelyn	A	
Title			
VP			
Signature		Date	
		04/08/2025	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

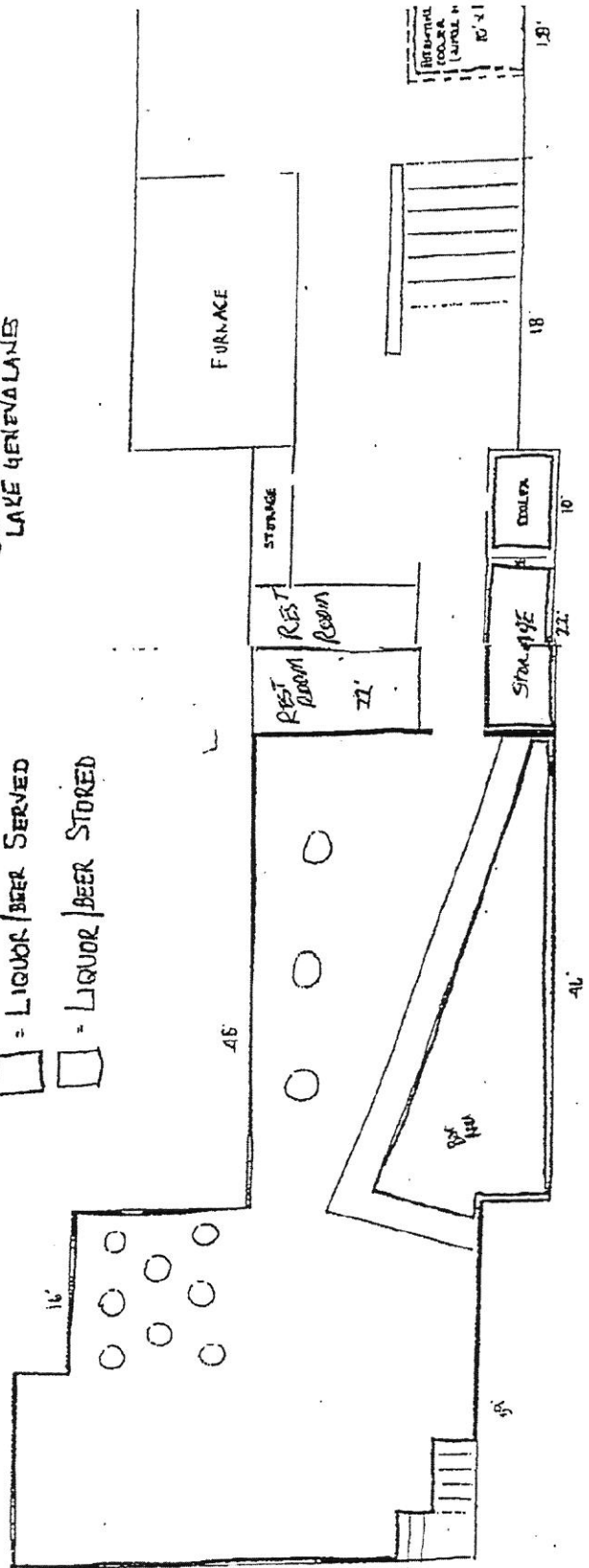
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only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

Building has 16 bowling lanes with a bar, kitchen, arcade area and rental (resale shop).
Storage of alcohol is in the bar area, dry storage on main level and walk-in cooler(basement). Basement also stores soda for soda system and liquor for liquor system.



BASEMENT LEVEL LAKE GENEVAN LAKES

 = LIQUOR / BEER SERVED
 = LIQUOR / BEER STORED



Alcohol Beverage
Appointment of AgentDate
4/15/25

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)

Sandal, Inc.

2. Business Trade Name or DBA

Lake Geneva Lanes

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.

Agent remains the same

Part B: Agent Information

1. Last Name

Guske

2. First Name

Franklin

3. M.I.

D

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

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

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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.

Signature



Date

4/15/2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
4/1/14

Part A: Premises/Business Information

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

Maxwell Pub, LLC

2. Business Trade Name or DBA

Maxwell Mansion

4. Wisconsin Seller's Permit Number

456-1030482224-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

09/23/2020

8. Wisconsin DFI Registration Number

M112453

9. Premises Address

304 S Wells St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

2nd

16. Premises Phone

(262) 248-9711

17. Premises Email

info@staymaxwell.com

18. Website

staymaxwell.com

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

Alcohol will be sold from the bars and event space within the mansion building, seasonal & temporary outdoor bar located in the garage & gazebo, and portable bars on the grounds for special events. Alcohol will be stored in the bar locations, kitchen, and locked storerooms in the basement. Records are stored in the above locations, digitally, at guests services, and in the office on the 2nd floor.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity Maxwell Mansion, LLC	4b. Business Entity FEIN 85-3181666
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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
Pfeifer	Luke	Member
Pfeifer	Monica	Member

Part D: Attestation

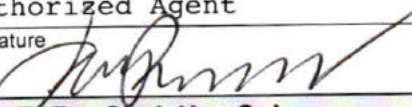
One of the following must sign and attest to this application:

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

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

Last Name Pfeifer	First Name Luke	M.I. W
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Title Authorized Agent	
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Signature 	04/07/25
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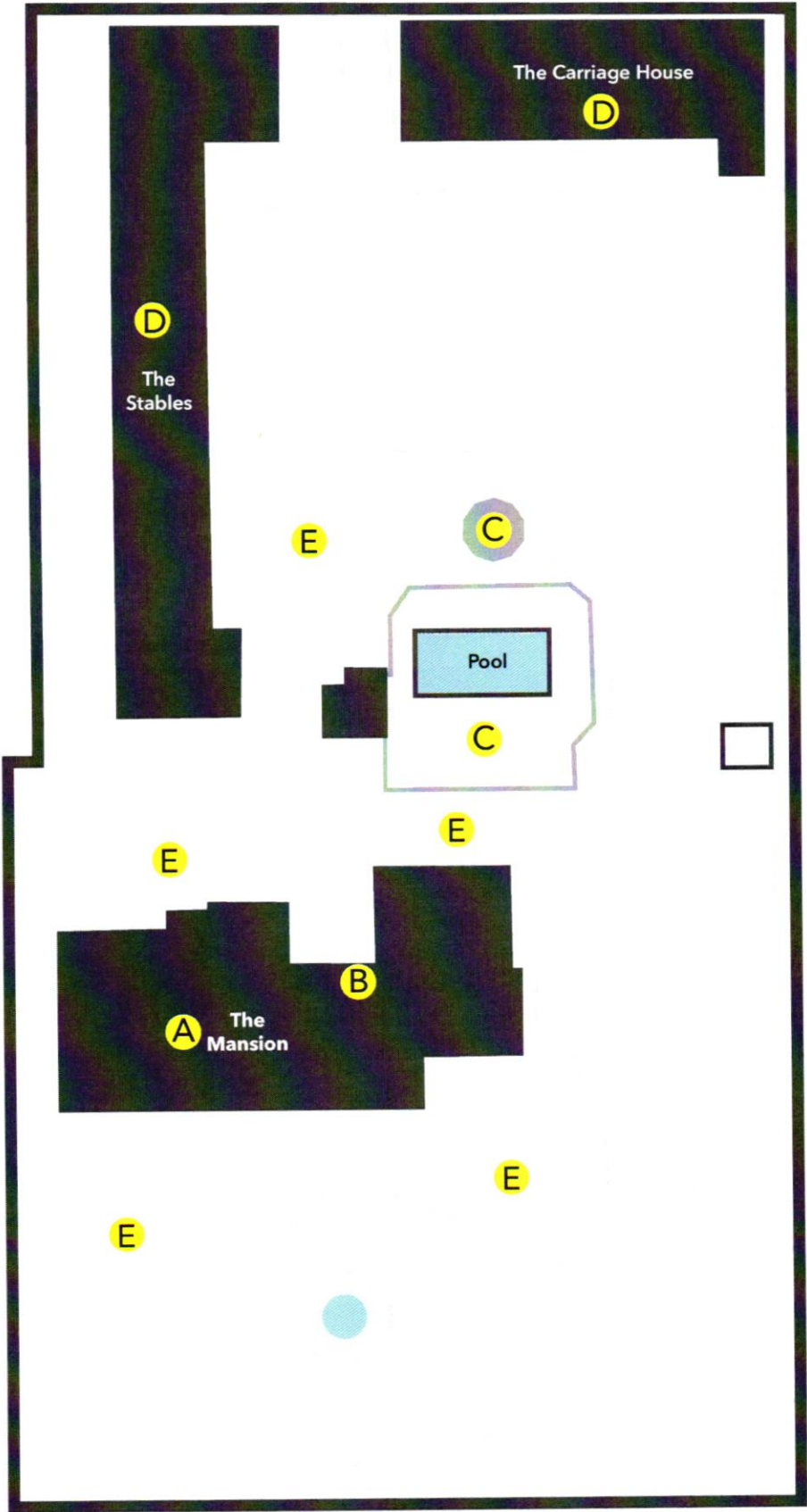
Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	License Number	Date License Granted	Date License Issued
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Signature of Clerk/Deputy Clerk	Date Provisional License Issued (if applicable)
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Maxwell Mansion Alcohol License - Map of Premises

Updated September 30, 2020



- A** Mansion - Entire First Floor (Apothecary, Event Spaces, Kitchen, etc.), Basement Bar - Speakeasy, & Guest rooms
- B** Mansion Basement - Liquor Storage
- C** Pool Area
- D** Guest rooms and apartment
- E** Outdoor Event and Socialization Space

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)

Maxwell Pub, LLC

2. Business Trade Name or DBA

Maxwell Mansion

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

Pfeifer

2. First Name

Monica

3. M.I.

J

8. State

WI

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 →

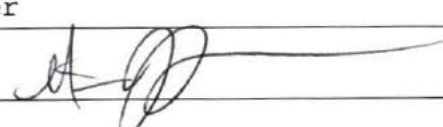
Part D: Business Attestation

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 Pfeifer	First Name Luke	M.I. W
Title Officer		
Signature 		Date 04/07/25

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 Pfeifer	First Name Monica	M.I. J
Signature 		Date 04/07/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

- ☐ Class "A" Beer \$ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ ☒ "Class B" Liquor \$ 600
- ☐ "Class A" Liquor (cider only) \$ ☐ Reserve "Class B" Liquor \$
- ☐ "Class C" Liquor (wine only) \$

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

pd
4/14

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)			
SAMSON ENTERPRISES, LLC			
2. Business Trade Name or DBA			
MAGNET'S DEN & PEN			
4. Wisconsin Seller's Permit Number			
456-1030826793-07			
3. Entity type (check one)			
☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization		7. Date of Organization	
WI			
8. Wisconsin DFI Registration Number			
S067633			
9. Premises Address			
642 W. MAIN ST			
10. City		11. State	12. Zip Code
LAKE GENEVA		WI	53147
13. County		14. Governing Municipality: ☒ City ☐ Town ☐ Village	
WALWORTH		of: LAKE GENEVA	
15. Aldermanic District		16. Premises Phone	
1		262 249 2302	
17. Premises Email		18. Website	
MAGNETSDENANDPEN@gmail.com		MAGNETSLG.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.			
Liquor is stored @ Indoor Bar, Outdoor Bar, Outdoor Beer cooler, Liquor cage to Basement AND Basement Keg Cooler			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

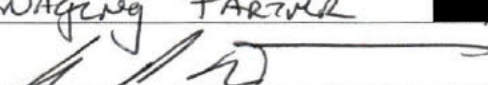
Last Name	First Name	Title	Phone Number
TREBBI	BRODSAN	Investor/owner	
SILVESTRI	ANTHONY	MANAGING PARTNER	
SERNA	TAI	MANAGING PARTNER	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
SILVESTRI	ANTHONY	R
Title		
MANAGING PARTNER		
Signature		Date
		4/4/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of Agent

Date 4/4/25

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) SAMSON ENTERPRISES, LLC		
2. Business Trade Name or DBA MAGPEE'S DEN & PEN		
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 SERNA	2. First Name TAT	3. M.I. S
8. State WI		

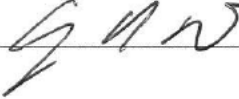
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No
2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

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 SILVESTRI	First Name ANTHONY	M.I. R
Title MANAGING PARTNER		
Signature 		Date 4/4/25

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 SERNA	First Name TAZ	M.I. S
Signature 		Date 4/4/25

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

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

DCR Restaurant Group, LLC

2. Business Trade Name or DBA

Next Door Pub & Pizzeria

4. Wisconsin Seller's Permit Number

456-0002343182-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/01/2005

8. Wisconsin DFI Registration Number

9. Premises Address

411 Interchange N.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

4

16. Premises Phone

(262) 248-9551

17. Premises Email

info@nextdoorpub.com

18. Website

www.nextdoorpub.com

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

Restaurant, Bar, Storage Room, Patio, Office, Outdoor Waiting Area,
Basement, Fall Anniversary Party

20. Mailing Address (if different from premises address)

Same as Above

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Bittner	Chad	President	
Bittner	Rick	Vice President	

Part D: Attestation

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

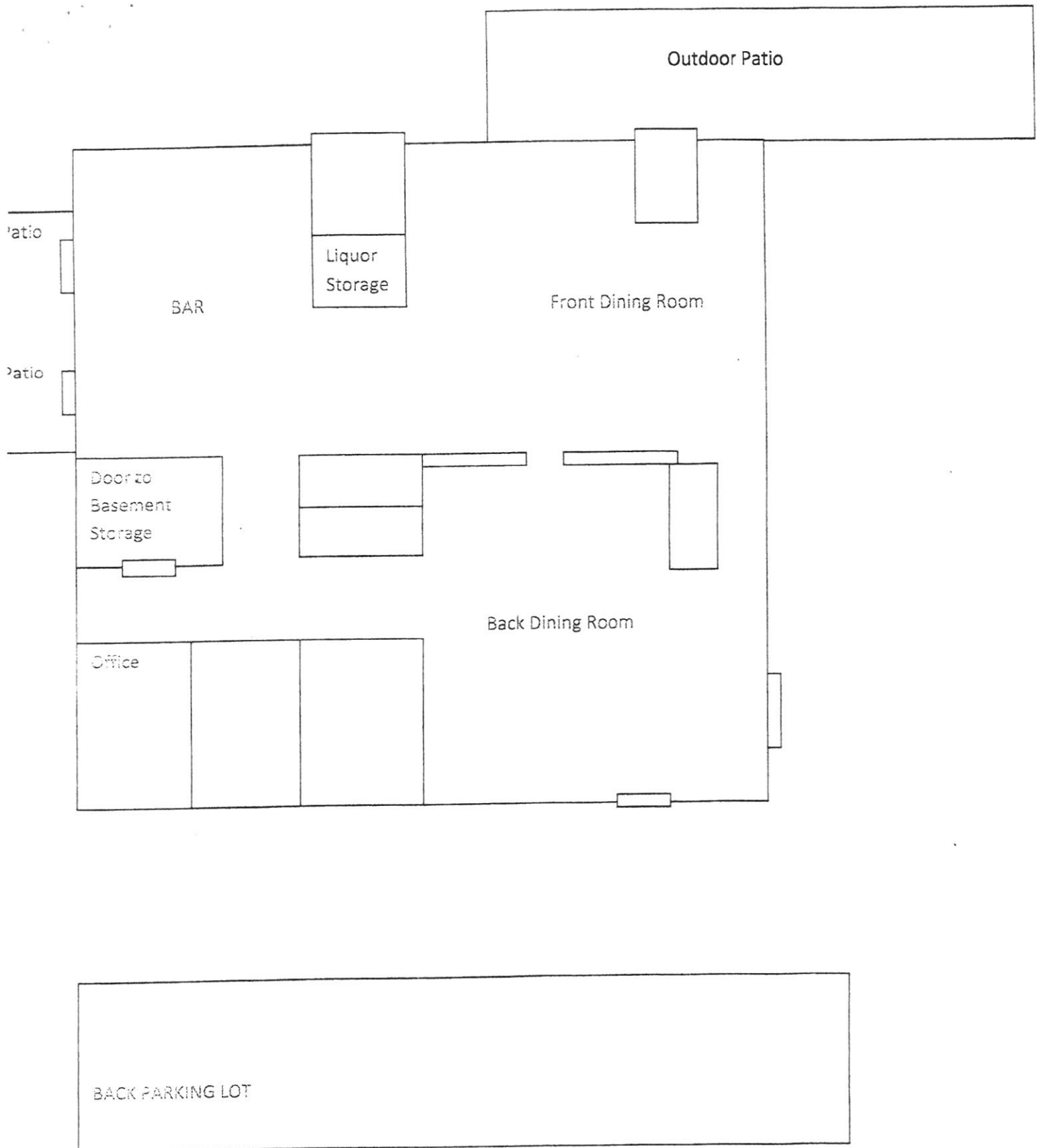
- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name	First Name	M.I.
Bittner	Chad	
Title		
President		
Signature		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
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)

DCR Restaurant Group, LLC

2. Business Trade Name or DBA

Next Door Pub & Pizzeria

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

Bittner

2. First Name

Chad

3. M.I.

R.

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Bittner	First Name Chad	M.I. R.
Title President		
Signature	Date	

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 Bittner	First Name Chad	M.I. R.
Signature 	Date 4/3/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd 4/29

Part A: Premises/Business Information

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

Oakfire LLC

2. Business Trade Name or DBA

Oakfire Pizzeria & Bar

3. FEIN

4. Wisconsin Seller's Permit Number

456-1028656597-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

831 Wrigley Dr.

10. City

Kenosha

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

17. Premises Email

18. Website

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

1st Floor & Second Floor Bar, Liquor Room, Walk-in Cooler, Outdoor Beer Cooler

20. Mailing Address (if different from premises address)

PO Box 967

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

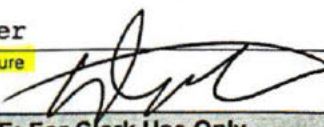
Law/Ordinance Violated

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
Scotney	David	Owner	
Part D: Attestation			
One of the following must sign and attest to this application: • sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name	First Name	M.I.	
Scotney	David	R	
Title	Phone		
Owner			
Signature	Date		
	4/5/25		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form

AB-101

Alcohol Beverage
Appointment of Agent

Date

04/09/25

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)

Oakfire LLC

2. Business Trade Name or DBA

Oakfire Pizzeria & Bar

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

Scotney

2. First Name

David

3. M.I.

R

8. State

WI

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 (licensee) or
Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ☒ Yes ☐ No3. 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 Scotney	First Name David	M.I. R
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 	Date 4/5/25	

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 Scotney	First Name David	M.I. R
Signature 	Date 4/5/25	

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u> pd 3/26

Part A: Premises/Business Information

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

POPEYE'S GALLEY & GROG, LTD.

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1027844309-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

02/10/2012

8. Wisconsin DFI Registration Number

P058737

9. Premises Address

811 WRIGLEY DR

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

1

16. Premises Phone

(262) 248-4381

17. Premises Email

POPEYES@POPEYESLKG.COM

18. Website

WWW.POPEYESLKG.COM

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

PLEASE SEE ATTACHED

20. Mailing Address (if different from premises address)

PO BOX 1117

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ 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.

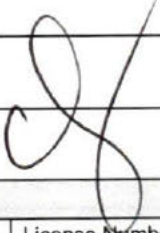
Last Name	First Name	Title	Phone
ANAGNOS	DIMITRIUS	OWNER	[REDACTED]

Part D: Attestation

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

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

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

Last Name ANAGNOS	First Name DIMITRIUS	M.I.
Title OWNER		[REDACTED]
Signature 		Date 3/20/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/25/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

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



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

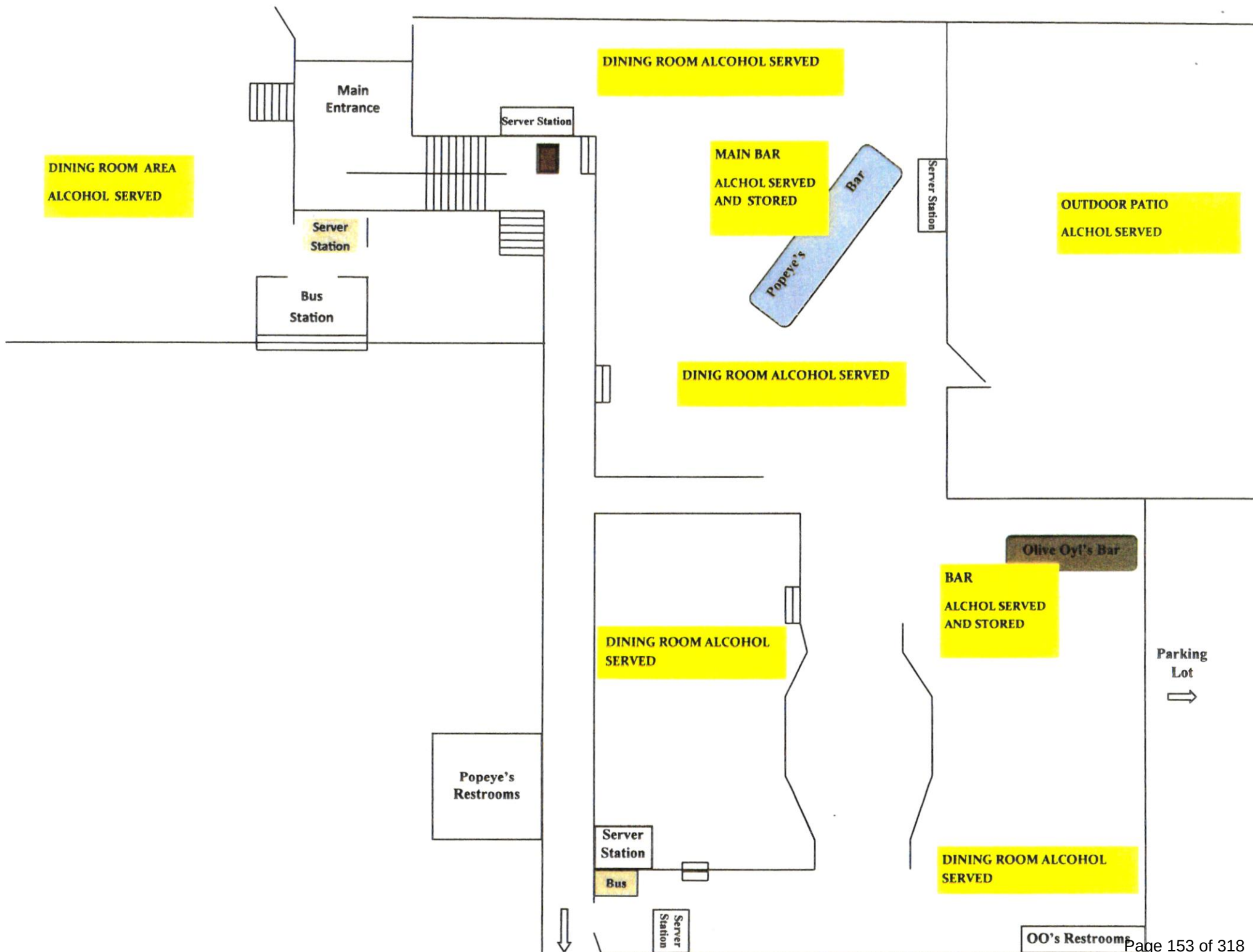
The applicant, Popeye's Galley & Grog, Ltd., is a dining facility located on the lakefront at 811 Wrigley Drive in a 18,900 square foot building at 811 Wrigley Dr. The business operates between the hours of:

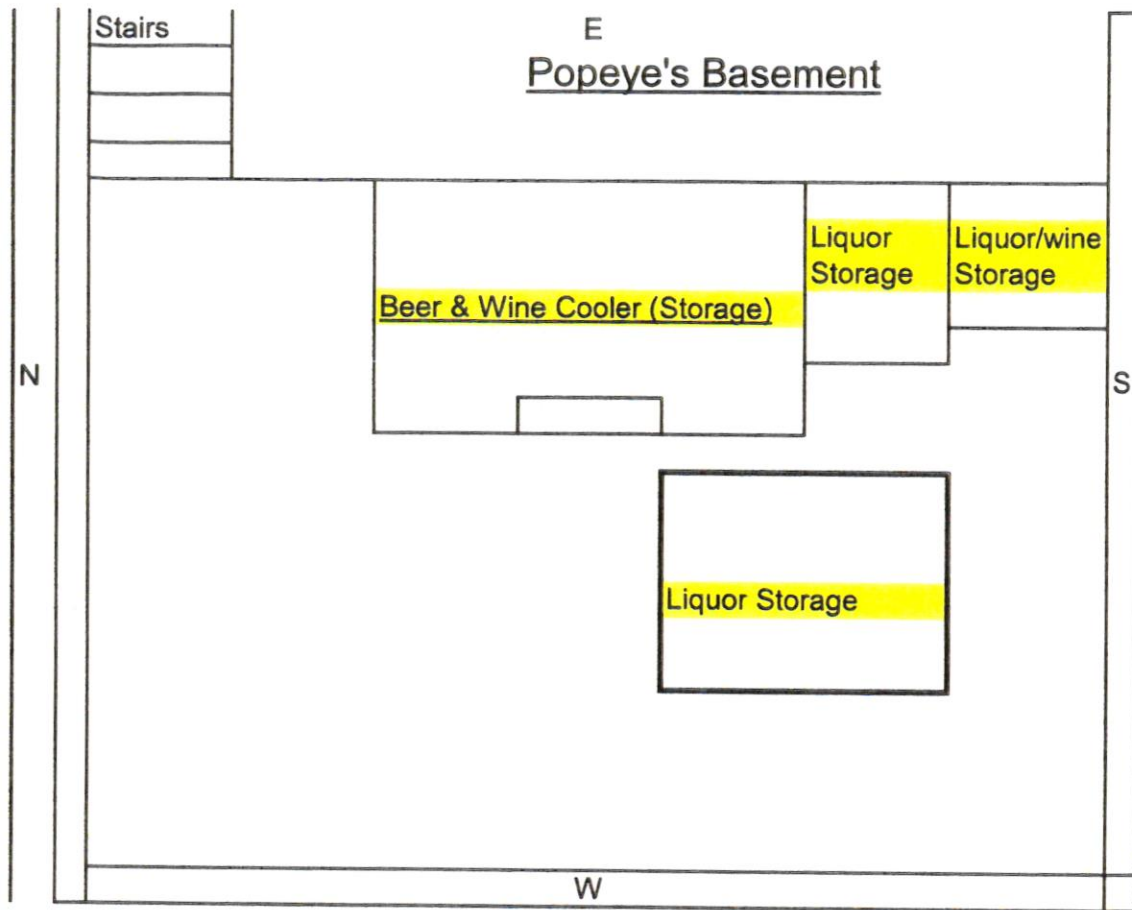
7 Days a Week 11:00 AM to 11:30 PM

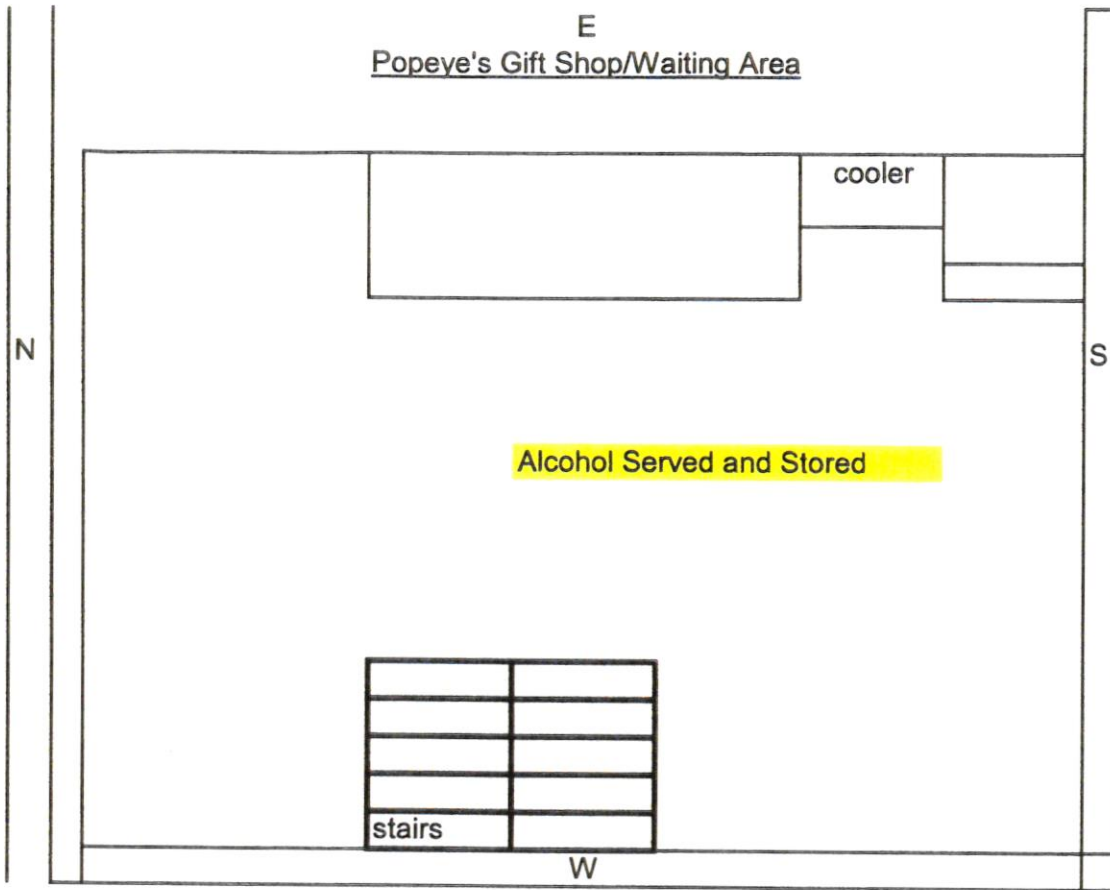
Specific areas pertaining to the sale, service and storage of alcoholic beverages on the premises are included as follows:

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

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







Alcohol Beverage
Appointment of AgentDate
03/17/2025

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)

POPEYE'S GALLEY & GROG, LTD.

2. Business Trade Name or DBA

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

ANAGNOS

2. First Name

DIMITRIUS

3. M.I.

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 ANAGNOS	First Name DIMITRIUS	M.I.
Title OWNER	[REDACTED]	
Signature 	Date 3/20/25	

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 ANAGNOS	First Name DIMITRIUS	M.I.
Signature 	Date 3/20/25	

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ See
- ☐ "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	\$ 625

pd 4/1

Part A: Premises/Business Information

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

GLENEAGLES LLC

2. Business Trade Name or DBA

SOPRA

4. Wisconsin Seller's Permit Number

456-1026406069 - 02

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

10/16/2007

8. Wisconsin DFI Registration Number

6040592

9. Premises Address

724 MAIN ST.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

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

15. Aldermanic District

16. Premises Phone

262 249 0800

17. Premises Email

ACUMMING@WI-RR.COM

18. Website

SOPRABISTRO.COM

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

RESTAURANT, BASEMENT, BEHIND BAR
'RECORDS IN' BASEMENT

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

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

Part D: Attestation

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

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

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

Last Name	CUMMING	First Name	ALASTAIR	M.I.	M
Title	AGENT/CO-OWNER		Email		
Signature			Date	3/22/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

[illegible]

W. H. K. 1915

80

Exhibit
Listed
CPL 15

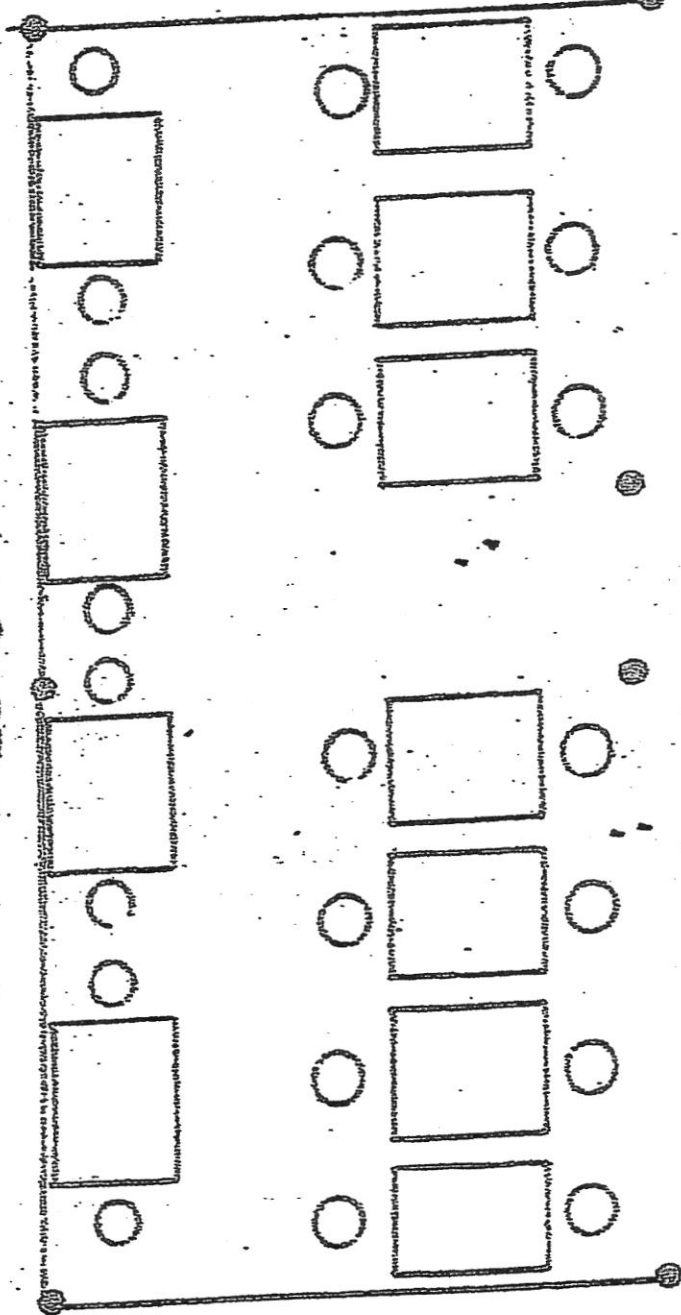
ಪ್ರತಿ ಸಾರ್ವಜನಿಕ ಸಭೆಗೆ ಸಹಜವಾಗಿ ಸೇರಲು ಅವಕಾಶವಿದೆ. 1966

7th Ave St.

64A SOPRA
124 Main St.
Little Geneva.

2'

20' 6"



10'

EXISTING
LAYOUT

6' 3" Sidewalk

6' 3" Sidewalk

Sofa

7 DOOR FRONT OF SOPRA RESTAURANT

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) **GLENEAGLES LLC**
2. Business Trade Name or DBA **SOPRA**
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 **CUMMING** 2. First Name **ALASTAIR** 3. M.I. **M.**
4. Address [REDACTED] 5. Phone [REDACTED]
6. Social Security Number [REDACTED]
7. Date of Birth [REDACTED]
8. State **WI**

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

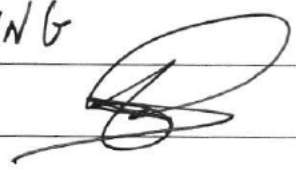
Part D: Business Attestation

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	CUMMING	First Name	ALASTAIR	M.I.	M.
Title	AGENT / CO-OWNER	Email	[REDACTED]		
Signature				Date	3/22/25

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	CUMMING	First Name	ALASTAIR	M.I.	M.
Signature				Date	3/22/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>600</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>625</u> ^{PA} _{4/10}

Part A: Premises/Business Information

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

Two Thumbs Up LLC

2. Business Trade Name or DBA

Thumbs Up

3. SSN

4. Wisconsin Seller's Permit Number

456-1027919

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

5/2/2013

8. Wisconsin DFI Registration Number

T059699

9. Premises Address

260 Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

1

16. Premises Phone

262-248-6111

17. Premises Email

thumbsuplg3@gmail.com

18. Website

thumbsuplakegeneva.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.

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

20. Mailing Address (if different from premises address)

W3942 Old Farm Rd.

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Dawson	Kimberly	Owner	[REDACTED]

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Dawson	Kimberly	C
Title	Email	Phone
Owner	[REDACTED]	[REDACTED]
Signature	Date	
Kim Dawson	4/8/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/9/25			
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)

Two Thumbs Up LLC

2. Business Trade Name or DBA

Thumbs Up

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

Dawson

2. First Name

Kimberly

3. M.I.

C

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

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 Dawson	First Name Kimberly	M.I. C
Title Owner		
Signature Kim Dawson	Date 4/8/25	

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 Dawson	First Name Kimberly	M.I. C
Signature K. Dawson	Date 4/9/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) WG Hospitality LLC			
2. Business Trade Name or DBA TUSCON TAVERN and Grill			
3. [Redacted]		4. Wisconsin Seller's Permit Number 456102706172503	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization WISCONSIN		7. Date of Organization 3/30/2010	
8. Wisconsin DFI Registration Number L047349			
9. Premises Address 430 BROAD ST			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth		14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____	
15. Aldermanic District		16. Premises Phone	
17. Premises Email		18. Website	
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Restaurant, bar dining Area, outdoor seating Area, first floor storage, lower level storage, lower level dining area			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
ROMANO	THOMAS	President	

Part D: Attestation

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

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

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

Last Name Romano	First Name Thomas	M.I. A
Title President		
Signature Thomas Romano	Date 3/21/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/24/25	License Number	Date License Granted	Date License Issued
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)

LG Hospitality

2. Business Trade Name or DBA

TUSCAN TAVERN and GRILL

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

Georgakios

2. First Name

JAMES

3. M.I.

4. Email

8. State

WI

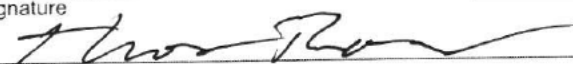
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

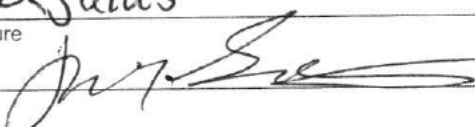
Part D: Business Attestation

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	First Name	M.I.
ROMANUS	THOMAS	A
Title		
President		
Signature		Date
		3/21/05

Part E: Agent Attestation

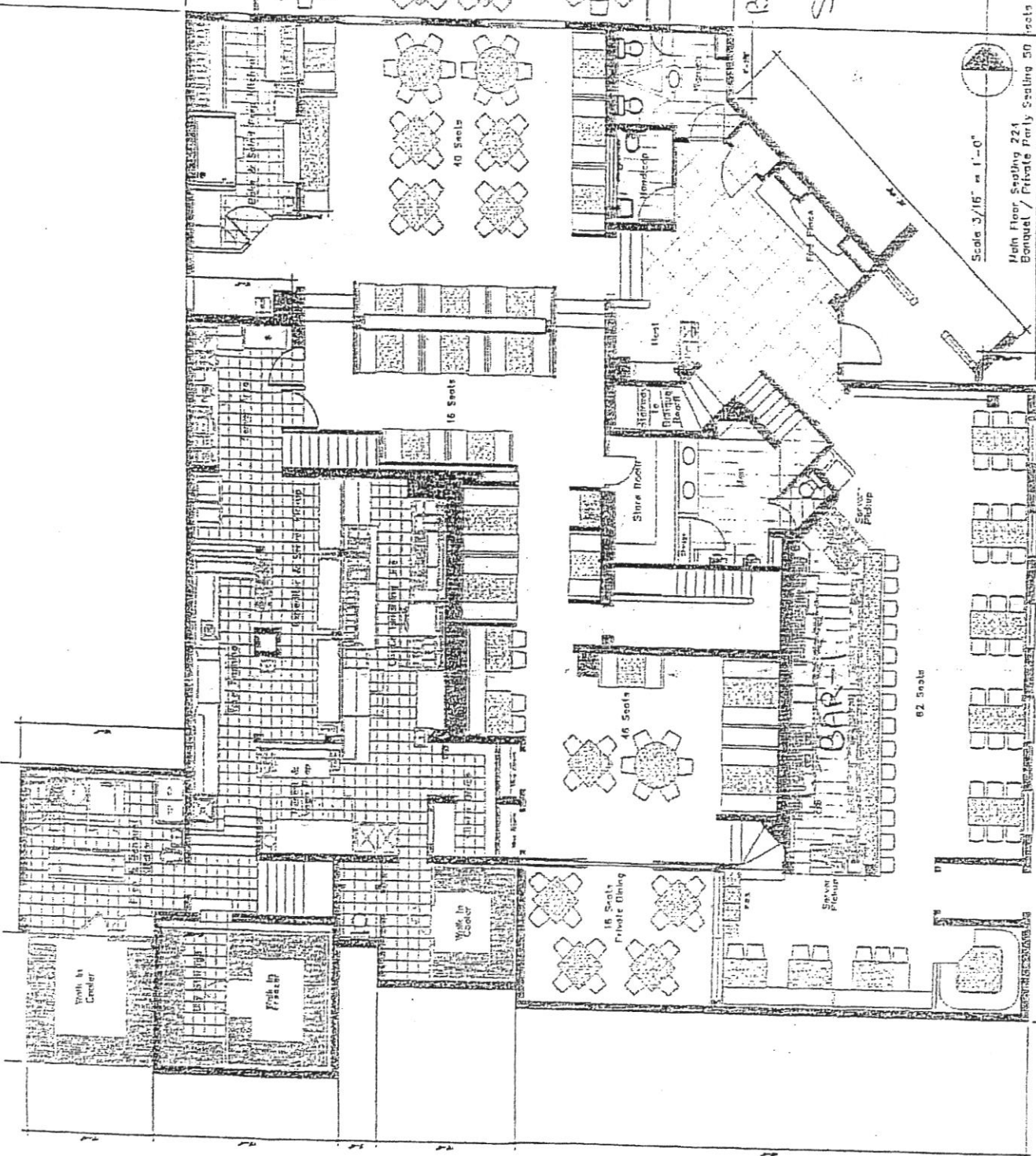
READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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	First Name	M.I.
Georgalus	JAMES	
Signature		Date
		3/21/05

WATER - NEW - 2008
 8' x 10' x 8'

USCAR

BAR-1 Alcohol Sold - SGA
 + DISPENSED
 Seating - Alcohol Dispenser



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

OUTDOOR PAVILION
 Approx 8' x 45'

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100
- ☐ "Class A" Liquor \$ _____ ☐ "Class B" Liquor \$ _____
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ 200.00
- ☐ "Class C" Liquor (wine only) \$ _____

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

Part A: Premises/Business Information

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

Beachside Hospitality Inc

2. Business Trade Name or DBA

Barrique Bistro & Wine Bar

3. FEIN

4. Wisconsin Seller's Permit Number

456-1028134918-02

5. Entity Type (check one)

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

6. State of Organization

IL

7. Date of Organization

4-18-1013

8. Wisconsin DFI Registration Number

B074920

9. Premises Address

835 Wrigley Drive

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

District 1

16. Premises Phone

262-248-1948

17. Premises Email

info@barriquewienbar.com

18. Website

barriquewienbar.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.

1100 Sq Ft Dining, Kitchen, 2 Restrooms, Seasonal Outdoor Patio & Cafe Seating plus
Basement Storage.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

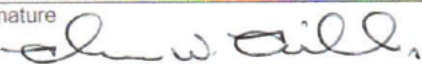
Last Name	First Name	Title	Phone
Trilla	Thomas	Owner	
Trilla	Dana	Owner	

Part D: Attestation

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

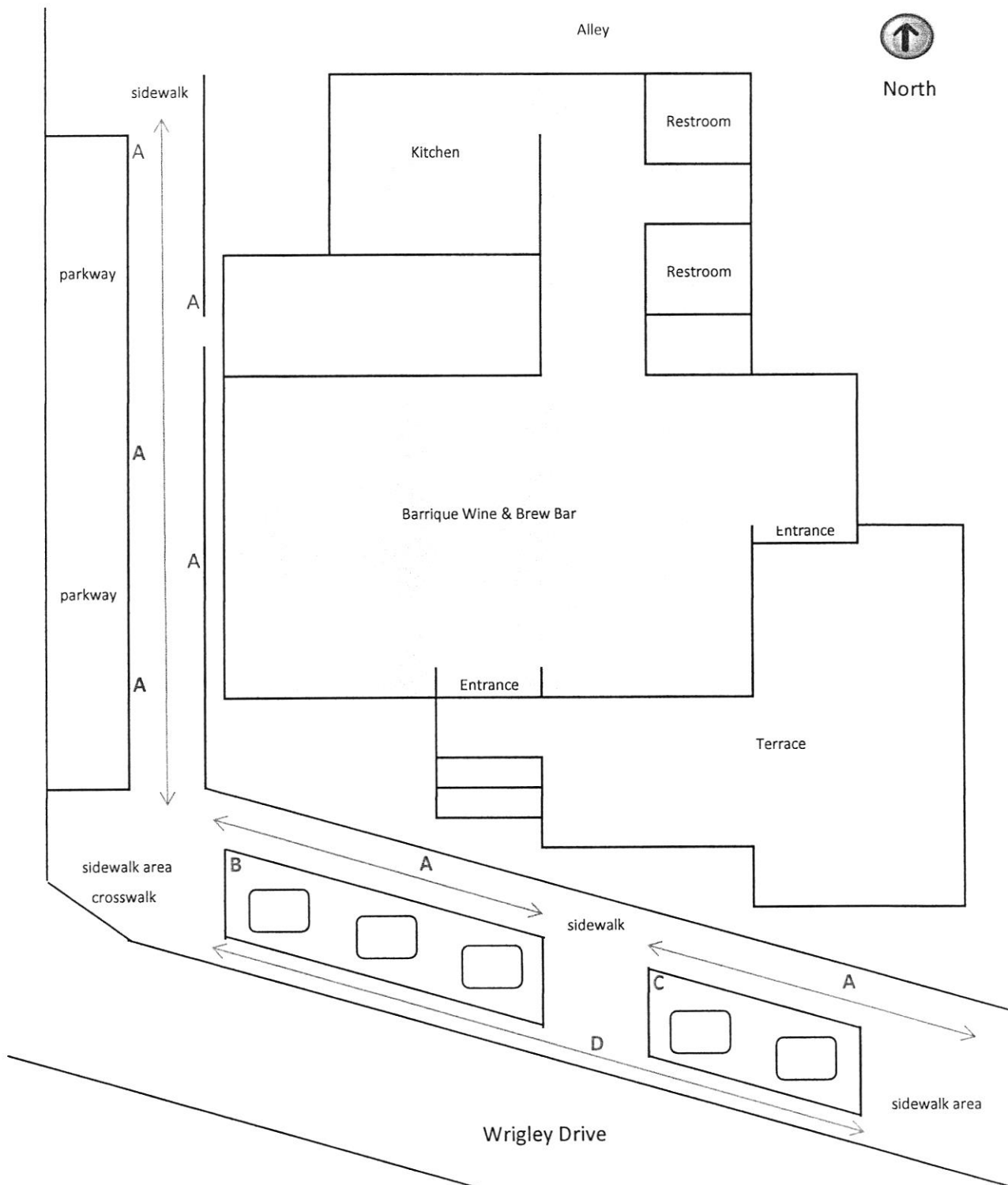
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name	First Name	M.I.
Trilla	Thomas	W
Title	Email	Phone
Owner		
Signature	Date	
	3-20-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/21/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Alcohol Beverage
Appointment of AgentDate

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)

Beachside Hospitality Inc

2. Business Trade Name or DBA

Barrique Bistro & Wine Bar

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

Trilla

2. First Name

Dana

3. M.I.

M

4. Email

5. Phone

8. State

WI

9. Zip Code

10. Date of Birth

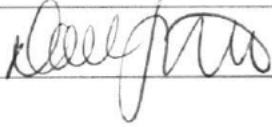
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

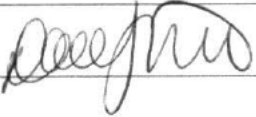
Part D: Business Attestation

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 Trilla	First Name Dana	M.I. M
Title	[REDACTED]	
Signature 	Date 3-20-2025	

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 Trilla	First Name Dana	M.I. M
Signature 	Date 3-25-2025	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) Bella Vista Suites on the Shore of Lake Geneva Hotel Condominium Association INC			
2. Business Trade Name or DBA Bella Vista Suites			
3. SSN [REDACTED]		4. Wisconsin Seller's Permit Number 456-0000087500-03	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization			
6. State of Organization WI		7. Date of Organization 10/28/1996	
8. Wisconsin DFI Registration Number M046762			
9. Premises Address 335 Wrigley Drive			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: Lake Geneva		15. Aldermanic District 1
16. Premises Phone (262) 248-2100		17. Premises Email info@bellavistasuites.com	18. Website bellavistasuites.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol to be stored, consumed, and sold within entire premises of hotel, including guest rooms and outdoor area			
20. Mailing Address (if different from premises address)			
21. City		22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Lorenzi	Charles	Vice President	

Part D: Attestation

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

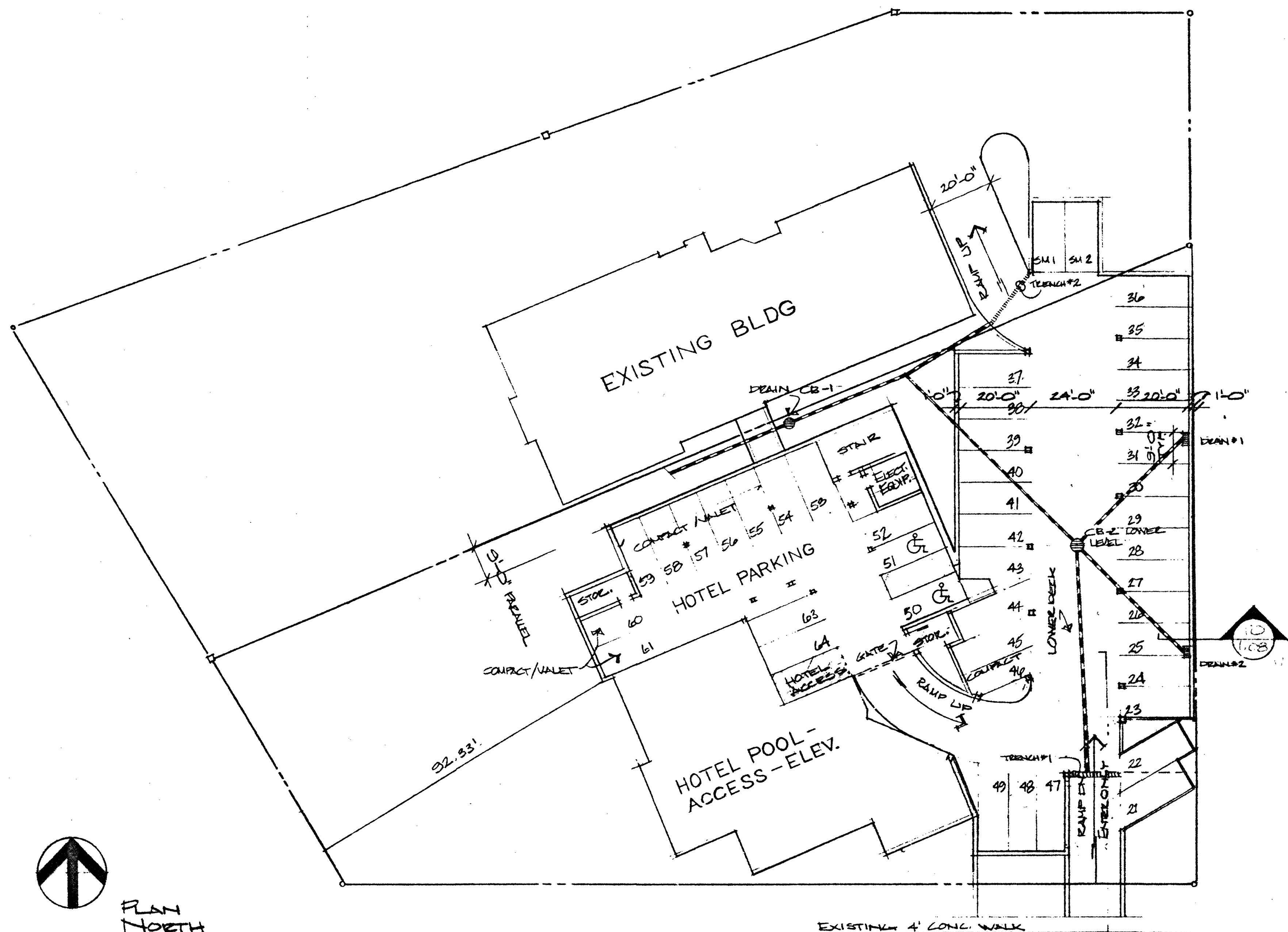
- sole proprietor • one general partner of a partnership • one corporate officer • one member of an LLC

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

Last Name Lorenzi		First Name Charles		M.I. B
Title Vice President		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 4/14/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



PLAN
NORTH

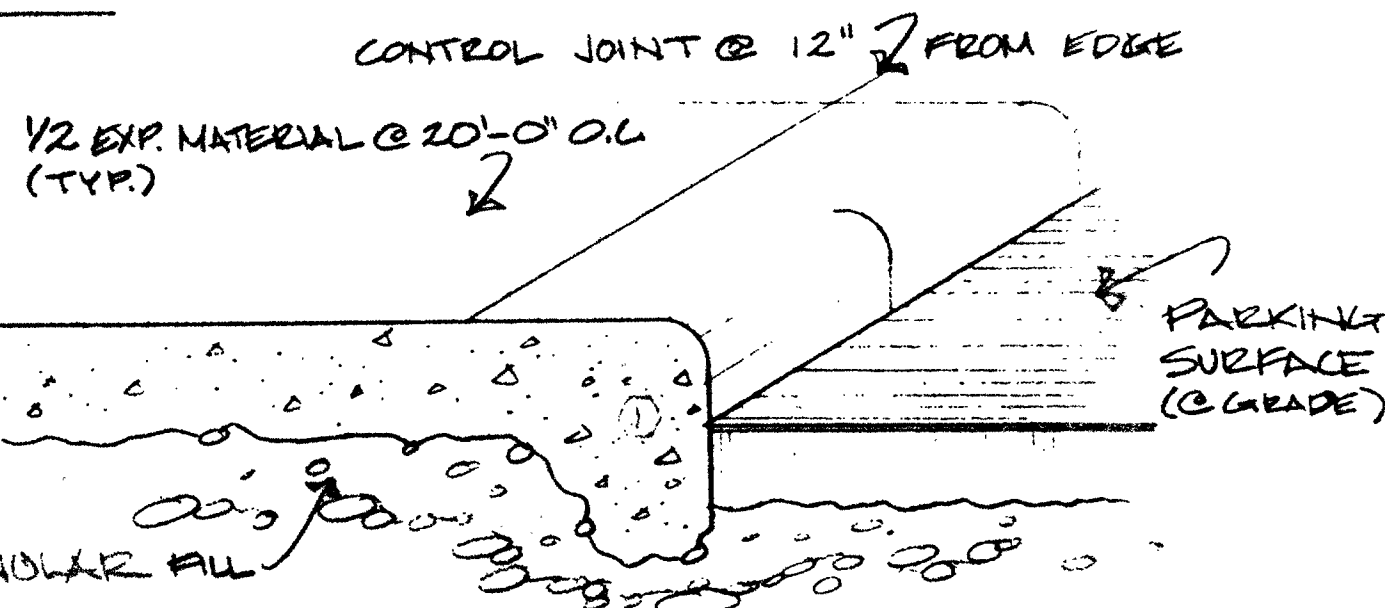
LOWER PARKING PLAN

SCALE: 1" = 20'-0" (INC STORM RUNS)

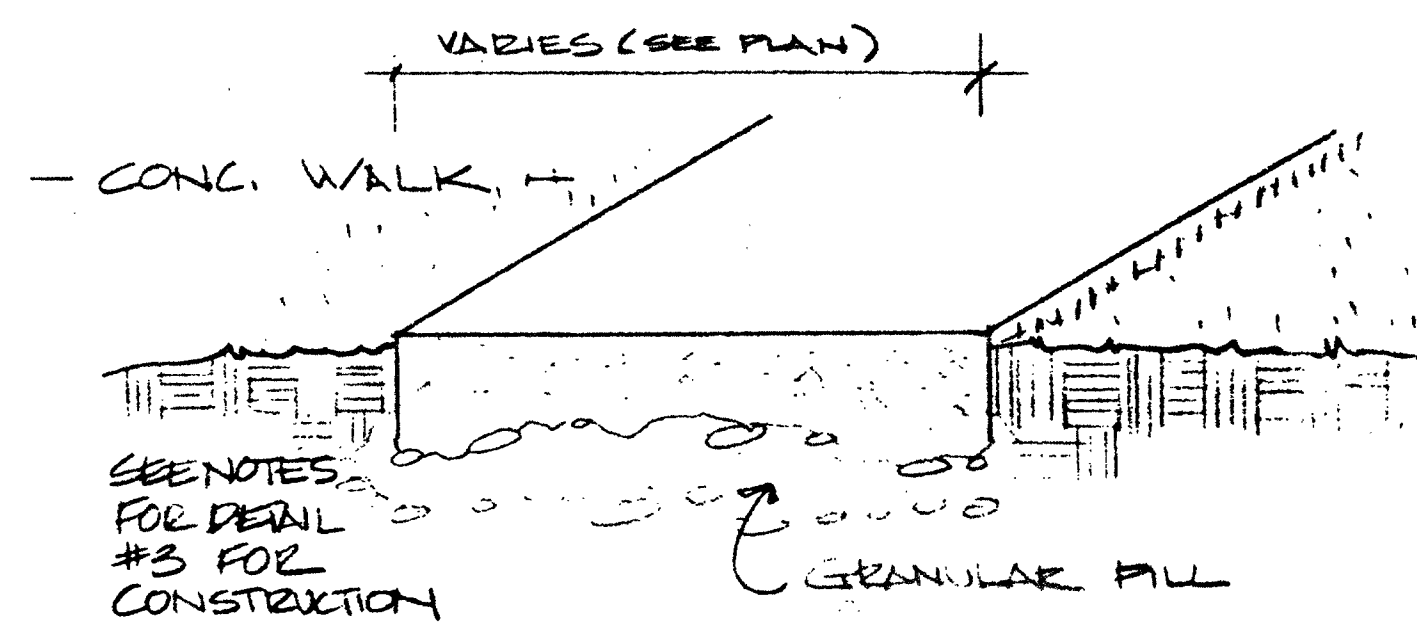
NOTES

INTEGRAL CAR STOP
AND WALK
4" CONC. WALK ON
4" GRAVEL BASE
THICKEN SLAB TO
8" W/4" EXPOSED
VERT. FACE

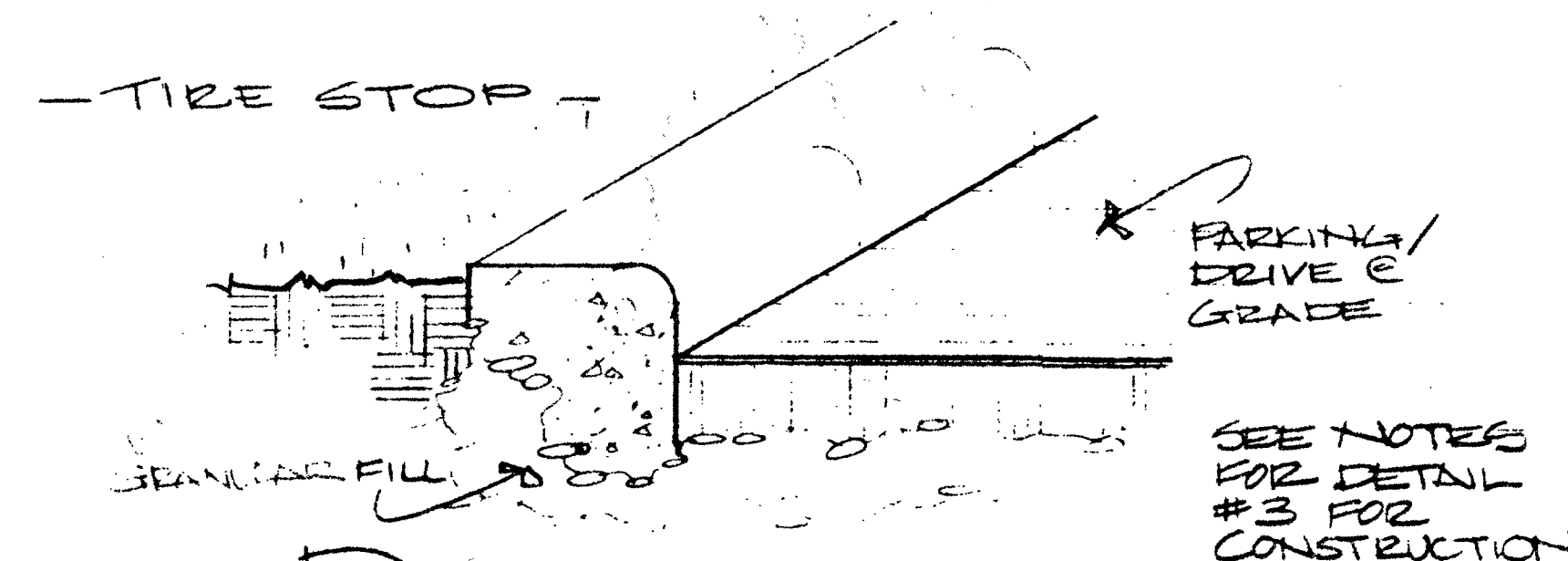
TOOL JOINTS @ 5'-0" O.C.
BROOM FINISH
TROWEL JOINTS



③ DETAIL
NO SCALE



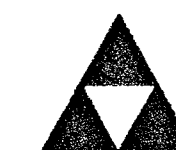
④ DETAIL
NO SCALE



⑤ DETAIL
NO SCALE

STELLING & ASSOCIATES
ARCHITECTS, LTD.

101 W. CHESTNUT STREET
BURLINGTON, WI. 53005
(608) 765-8725
FAX 765-4971



**GRAEF
ANHALT
SCHLOEMER**
and Associates Inc.

345 North 95th Street
Milwaukee, Wisconsin 53226
414 259-1500
FAX 259-0037



1033 W. BURLEIGH STREET
P.O. BOX 25918 MILWAUKEE, WI. 53225
MILWAUKEE, WI. 53222
TEL. (414) 774-2490
FAX (414) 774-7652

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ARCHITECTS, LTD.

NOTES:

REVISIONS:

DRAWING DESCRIPTION:

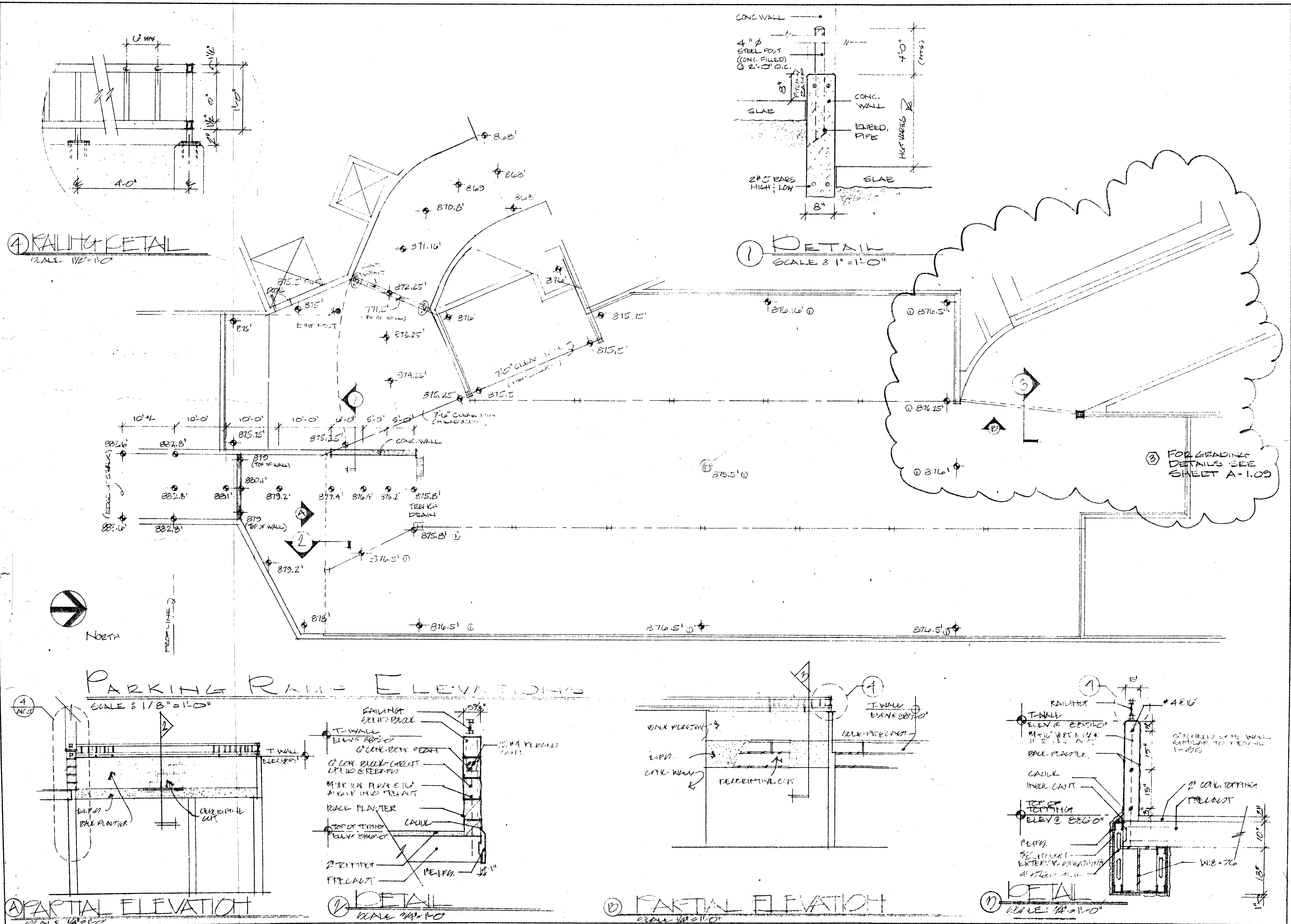
LOWER LEVEL PARKING
DETAILS

PROJECT DESCRIPTION:

THE MERIDIEN
HOTEL & CONDOMINIUM SUITES
327 WRIGLEY DRIVE
LAKE GENEVA, WI.

DRAWN BY: SMW	APPROVED: TS
DATE: 10-28-96	PROJECT NUMBER: 9452
SHEET NUMBER:	

A-1.03



**STELLING & ASSOCIATES
ARCHITECTS, LTD.**
181 W. CHESTNUT STREET
BURLINGTON, WI. 53005
(414) 763-8725
FAX 763-8725

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ANHALT
SCHLOEMER
and Associates Inc.**
345 North 95th Street
Milwaukee, Wisconsin 53226
414 259-1500
FAX 259-0037

AMUL
11033 W. BURLEIGH STREET
P.O. BOX 25918 MILWAUKEE, WI. 53225
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NOTES:

REVISIONS: 6-16-97 ENTIRE SHEET

ADDITIONAL INFORMATION

6-24-97 ① GRADES

7-4-97 ② DETAILS

③ 12-8-97

DRAWING DESCRIPTION:

**LOWER LEVEL
PARKING**

PROJECT DESCRIPTION:

**THE MERIDIEN
HOTEL & CONDOMINIUM SUITES**
335 WRIGLEY DRIVE
LAKE GENEVA, WI.

DRAWN BY: M.T.S.
APPROVED: TS
DATE: 6-16-97
PROJECT NUMBER: 9452
SHEET NUMBER:

A-2.01A

INTERIOR WALLS (TYPICAL)

5/8" GYPSUM DRYWALL ON BOTH SIDES
SOUND BOARD ON ONE SIDE OF 3-5/8"
AND 6" - 25 GAUGE METAL STUDS
@24" O.C. WITH FULL BATT FIBERGLASS
ACoustical INSULATION INSTALLED
IN ACCORDANCE WITH THE
MANUFACTURER'S WRITTEN INSTRUCTIONS
CAULK TOP AND BOTTOM FOR
"STC" DESIGN

EXTERIOR WALLS (TYPICAL)

EIFS (EXTERIOR INSULATION AND FINISHING SYSTEM) INSTALLED IN ACCORDANCE WITH MANUFACTURER'S PRINTED INSTRUCTIONS. ON 1/2" EXTERIOR REINFORCED SHEATHING ON EAST, WEST AND SOUTH WALLS AND TWO (2) 1/2" OR ONE (1) 5/8" TYPE X (EXTERIOR GYPSUM REINFORCED SHEATHING) ON NORTH WALL. 1 HOUR SYSTEM, ON 6" - 18 GAUGE METAL STUDS @16" O.C. WITH R-19 FIBERGLASS BATT INSULATION 4 MIL VAPOR BARRIER COVERED WITH 5/8" TYPE X DRYWALL. (FINISH AS INDICATED ON SHEETS A-5.03 AND A-5.04).

BEAM DETAIL

2x12 FIRE RATED APPLICATION

COLUMN PROTECTION DETAIL

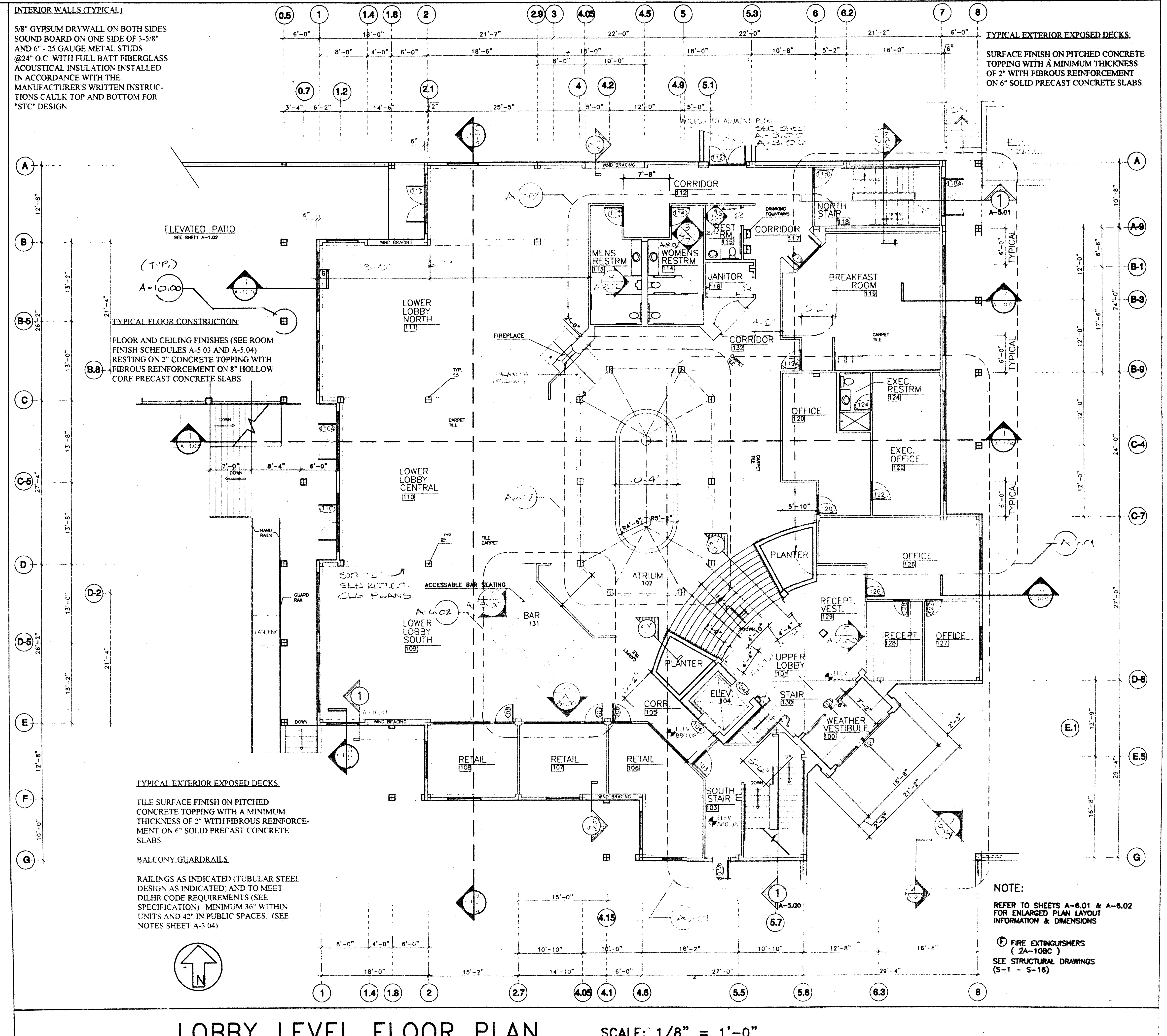
10" DIA. PROTECTION DETAIL

FIRST FLOOR SYSTEM

CARPET FINISH

FIRST FLOOR SYSTEM

TILE FINISH



STELLING & ASSOCIATES ARCHITECTS, LTD.

181 W. CHESTNUT STREET
BURLINGTON, WI. 53005
(414) 763-8725
FAX 763-1971

GRAEF ANHALT SCHLOEMER and Associates Inc.

345 North 95th Street
Milwaukee, Wisconsin 53226
414 259-1500
FAX 259-0037

AMCON

1933 W. BURLING STREET
P.O. BOX 25918 MILWAUKEE, WI. 53225
TEL. (414) 774-2490
FAX (414) 774-7652

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NOTES:

NOTE:

THE GENERAL CONTRACTOR HAS SELECTED 3-5/8" STEEL STUDS IN LIEU OF 4" STEEL STUDS. MAKE THE APPROPRIATE CHANGES.

REVISIONS:

11-27-96	2-21-97 ENTIRE SHEET
12-8-97	

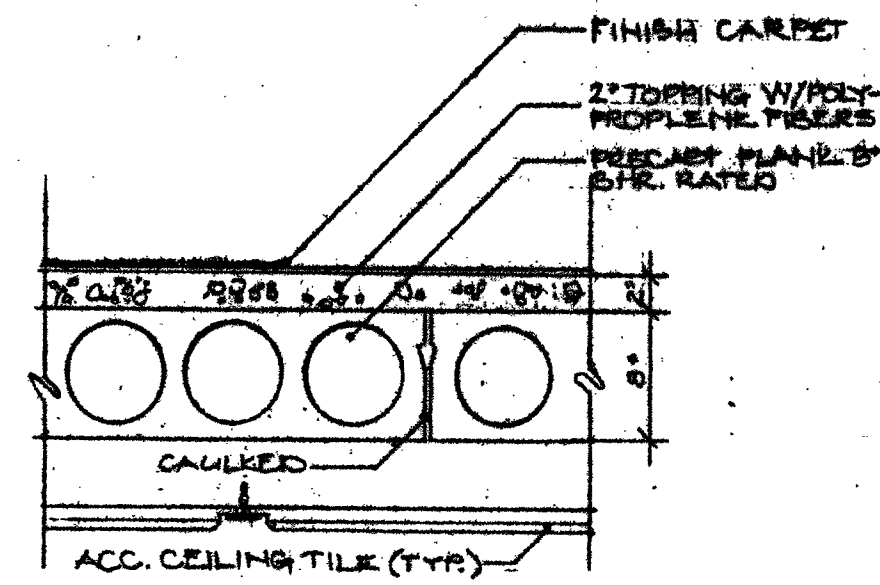
DRAWING DESCRIPTION:

LOBBY LEVEL FLOOR PLAN BUILDING DETAILS

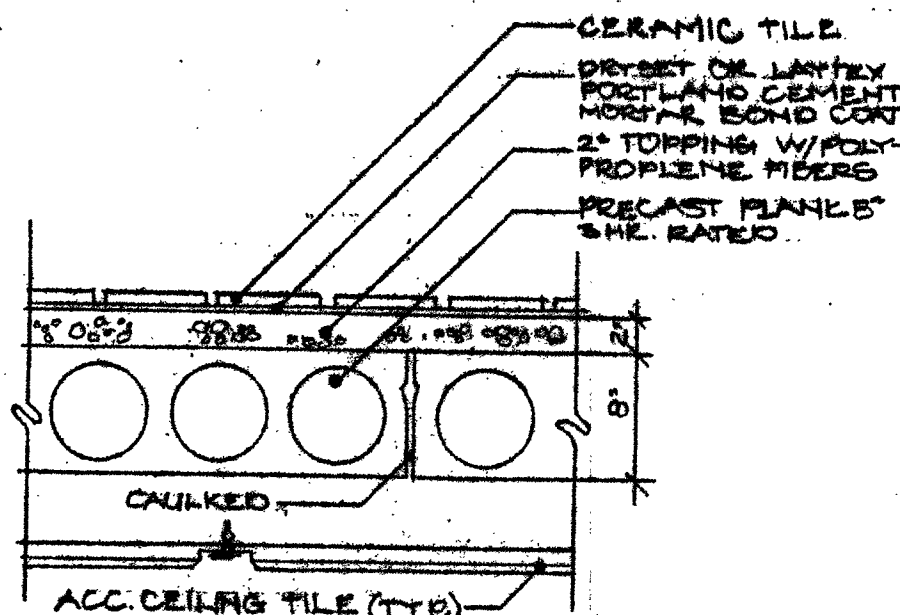
PROJECT DESCRIPTION:

THE MERIDIEN
HOTEL & CONDOMINIUM SUITES
335 WRIGLEY DRIVE
LAKE GENEVA, WI.

DRAWN BY: DJR	APPROVED: TS
DATE: 11-14-96	PROJECT NUMBER: 9452
SHEET NUMBER: A-2.03	



FLOOR SYSTEM
CARPET FINISH



FLOOR SYSTEM
TILE FINISH

TYPICAL FLOOR CONSTRUCTION

FLOOR AND CEILING FINISHES (SEE ROOM FINISH SCHEDULES A-5.03 AND A-5.04) RESTING ON 2\"/>

TYPICAL EXTERIOR EXPOSED DECKS

TILE SURFACE FINISH ON PITCHED CONCRETE TOPPING WITH A MINIMUM THICKNESS OF 2\"/>

BALCONY GUARDRAILS

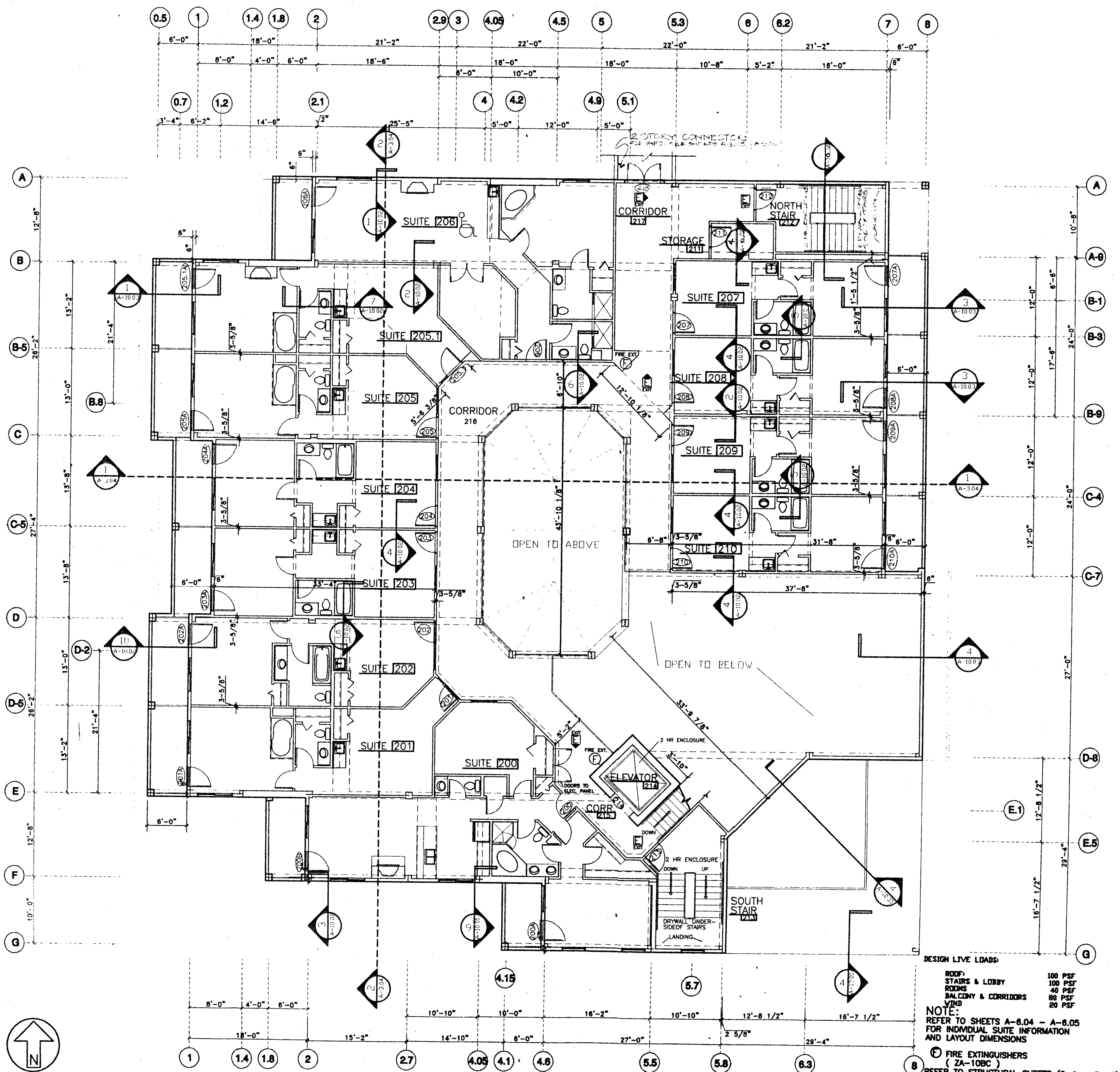
RAILINGS AS INDICATED (TUBULAR STEEL DESIGN AS INDICATED) AND TO MEET DILHR CODE REQUIREMENTS (SEE SPECIFICATION). MINIMUM 36\"/>

EXTERIOR WALLS (TYPICAL)

EIFS (EXTERIOR INSULATION AND FINISHING SYSTEM) INSTALLED IN ACCORDANCE WITH MANUFACTURER'S PRINTED INSTRUCTIONS, ON 1/2\"/>

INTERIOR WALLS (TYPICAL)

5/8\"/>



DESIGN LIVE LOADS:
 ROOF: 100 PSF
 STAIRS & LOBBY: 100 PSF
 ROOMS: 40 PSF
 BALCONY & CORRIDORS: 80 PSF
 VTD: 20 PSF

NOTE:
 REFER TO SHEETS A-6.04 - A-6.05 FOR INDIVIDUAL SUITE INFORMATION AND LAYOUT DIMENSIONS

Ⓢ FIRE EXTINGUISHERS (2A-10BC)
 REFER TO STRUCTURAL SHEETS (S-1 - S-18)

SECOND FLOOR PLAN SCALE: 1/8" = 1'-0"

STELLING & ASSOCIATES ARCHITECTS, LTD.
 181 W. CHESTNUT STREET
 BURLINGTON, WI. 53105
 (414) 763-8725
 FAX 763-1971

GRAEF ANHALT SCHLOEMER and Associates Inc.
 345 North 95th Street
 Milwaukee, Wisconsin 53226
 414 259-1500
 FAX 259-0037

AMCON
 11933 W. BURLING STREET
 P.O. BOX 25918 MILWAUKEE, WI. 53225
 WILMINGTON, WI. 53222
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NOTES:
 SEE SHEETS A-6.04 & A-6.05 FOR ADDITIONAL DETAILS

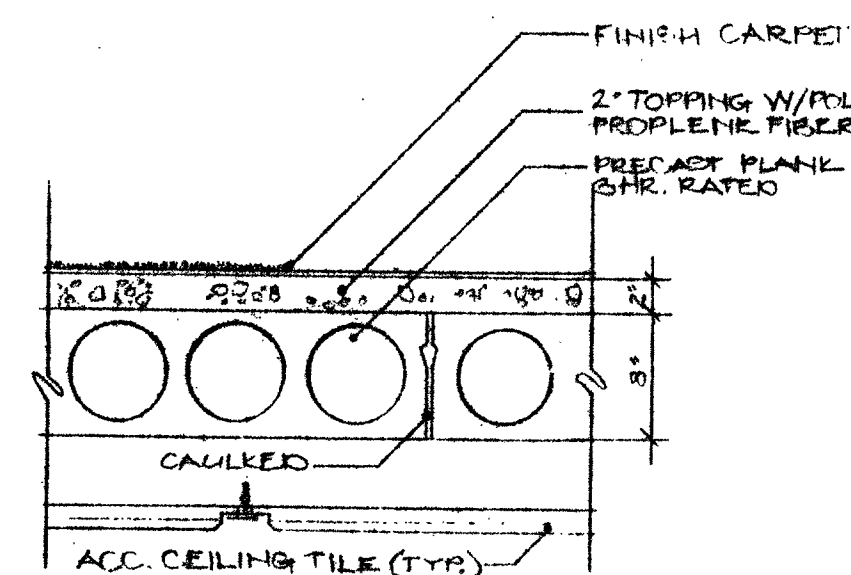
REVISIONS
11-27-96
2-21-97 ENTIRE SHEET
3-5-97
12-8-97 ENTIRE SHEET

DRAWING DESCRIPTION:
 SECOND FLOOR PLAN
 BUILDING DETAILS

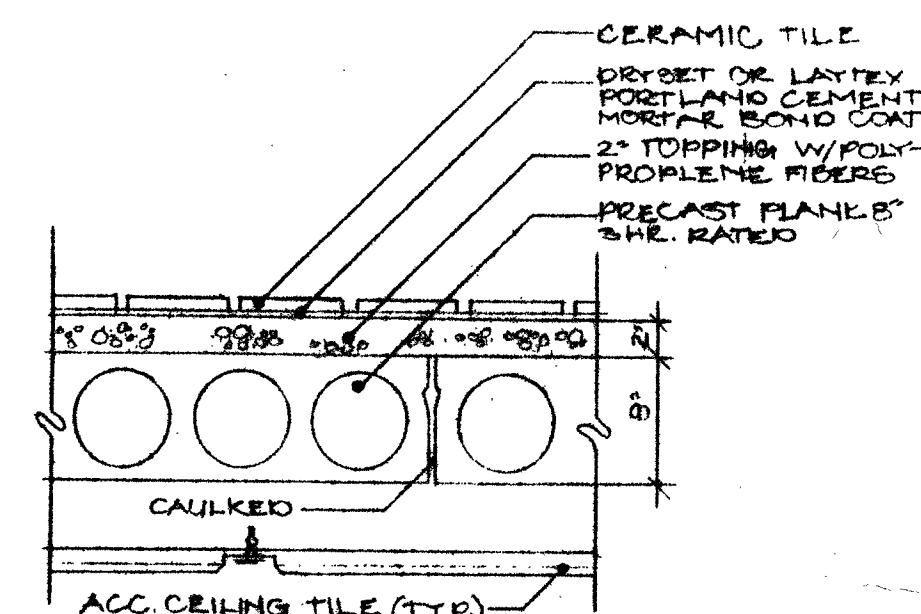
PROJECT DESCRIPTION:
THE MERIDIEN
 HOTEL & CONDOMINIUM SUITES
 335 WRIGLEY DRIVE
 LAKE GENEVA, WI.

DRAWN BY: DJR / ACN	APPROVED: TS
DATE: 11-14-96	PROJECT NUMBER: 9452

SHEET NUMBER:
A-2.04



FLOOR SYSTEM
CARPET FINISH



FLOOR SYSTEM
TILE FINISH

TYPICAL FLOOR CONSTRUCTION:

FLOOR AND CEILING FINISHES (SEE ROOM FINISH SCHEDULES A-5.03 AND A-5.04) RESTING ON 2" CONCRETE TOPPING WITH FIBROUS REINFORCEMENT ON 8" HOLLOW CORE PRECAST CONCRETE SLABS.

TYPICAL EXTERIOR EXPOSED DECKS:

TILE SURFACE FINISH ON PITCHED CONCRETE TOPPING WITH A MINIMUM THICKNESS OF 2" WITH FIBROUS REINFORCEMENT ON 6" SOLID PRECAST CONCRETE SLABS.

BALCONY GUARDRAILS:

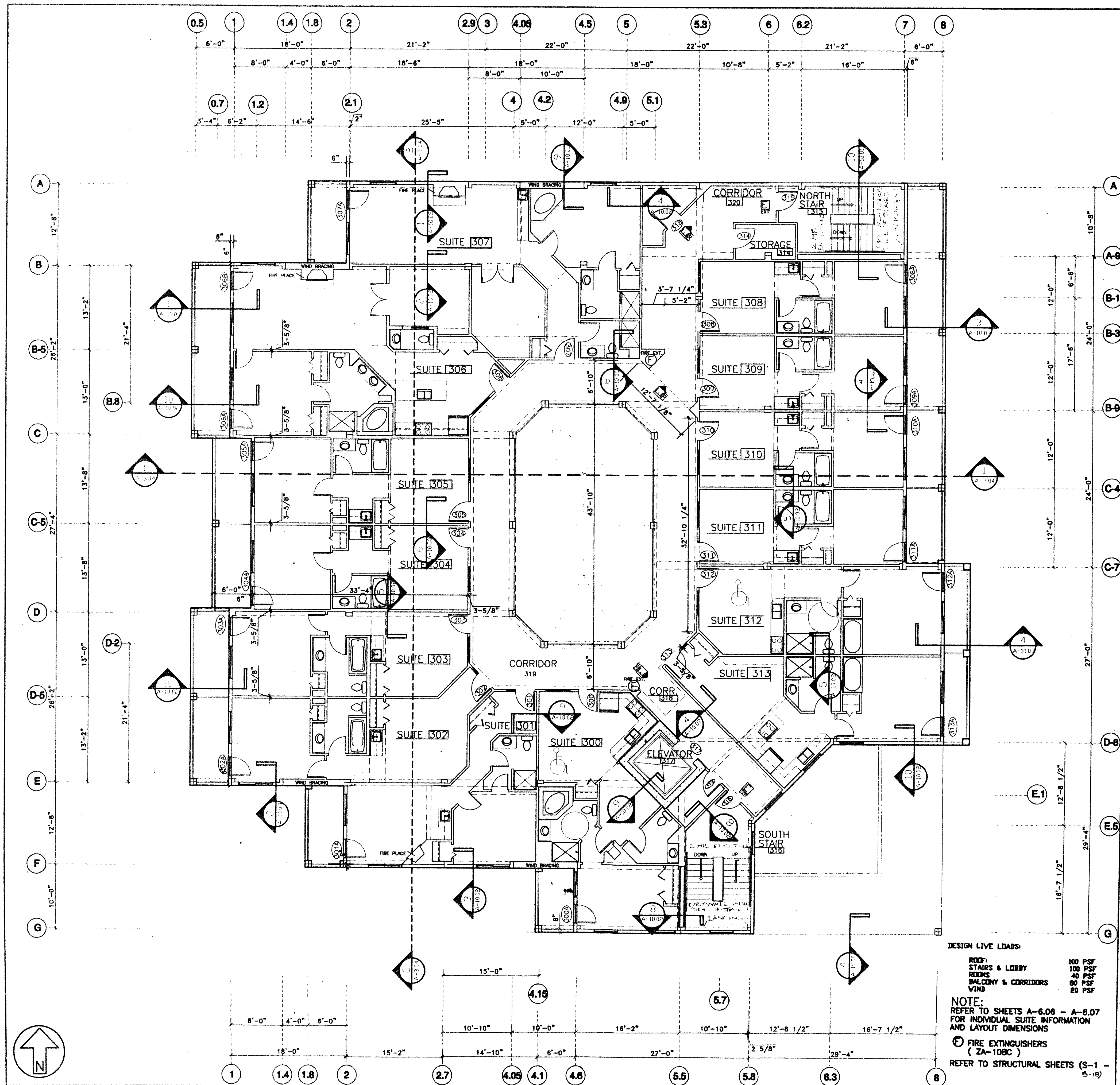
RAILINGS AS INDICATED (TUBULAR STEEL DESIGN AS INDICATED) AND TO MEET DILHR CODE REQUIREMENTS (SEE SPECIFICATION). MINIMUM 36" WITH UNITS AND 42" IN PUBLIC SPACES. (SEE NOTES SHEET A-3.04).

EXTERIOR WALLS (TYPICAL):

EIFS (EXTERIOR INSULATION AND FINISHING SYSTEM) INSTALLED IN ACCORDANCE WITH MANUFACTURER'S PRINTED INSTRUCTIONS, ON 1/2" EXTERIOR REINFORCED SHEATHING ON EAST, WEST AND SOUTH WALLS AND TWO (2) 1/2" OR ONE (1) 5/8" TYPE X (EXTERIOR GYPSUM REINFORCED SHEATHING) ON NORTH WALL, 1 HOUR SYSTEM, ON 6" - 18 GAUGE METAL STUDS @16" O.C. WITH R-19 FIBERGLASS BATT INSULATION 4 MIL VAPOR BARRIER COVERED WITH 5/8" TYPE X DRYWALL. (FINISH AS INDICATED ON SHEETS A-5.03 AND A-5.04).

INTERIOR WALLS (TYPICAL):

5/8" GYPSUM DRYWALL ON BOTH SIDES 3-5/8" AND 6" - 25 GAUGE METAL STUDS @24" O.C. SOUND BOARD ON ONE SIDE AS INDICATED ON SHEET A-6.04 THRU A-6.09 WITH FULL BATT FIBERGLASS ACOUSTICAL INSULATION INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S WRITTEN INSTRUCTIONS CAULK TOP AND BOTTOM FOR "STC" DESIGN.



THIRD FLOOR PLAN

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

DESIGN LIVE LOADS:

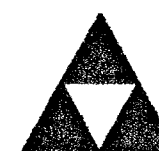
ROOF:	100 PSF
STAIRS & LOBBY:	100 PSF
ROOMS:	40 PSF
BALCONY & CORRIDORS:	80 PSF
WIND:	20 PSF

NOTE: REFER TO SHEETS A-6.06 - A-6.07 FOR INDIVIDUAL SUITE INFORMATION AND LAYOUT DIMENSIONS

© FIRE EXTINGUISHERS (ZA-108C)
REFER TO STRUCTURAL SHEETS (S-1 - S-19)

STELLING & ASSOCIATES
ARCHITECTS, LTD.

181 W. CHESTNUT STREET
BURLINGTON, WI 53105
(414) 763-8725
FAX 763-4971



**GRAEF
ANHALT
SCHLOEMER**
and Associates Inc.

345 North 95th Street
Milwaukee, Wisconsin 53226
414 259-1500
FAX 259-0037



11933 W. BURLEIGH STREET
P.O. BOX 25918 MILWAUKEE, WI 53225
WALWATOSA, WI 53222
TEL. (414) 774-2490
FAX (414) 774-7652

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NOTES:

SEE SHEETS A-6.06 & A-6.07 FOR ENLARGED FLOOR PLANS

REVISIONS:

11-27-96
2-21-97 ENTIRE SHEET
12-8-97 ENTIRE SHEET

DRAWING DESCRIPTION:

THIRD FLOOR PLAN
BUILDING DETAILS

PROJECT DESCRIPTION:

THE MERIDIEN
HOTEL & CONDOMINIUM SUITES
335 WRIGLEY DRIVE
LAKE GENEVA, WI.

DRAWN BY:

DJR / ACN

APPROVED:

TS

DATE:

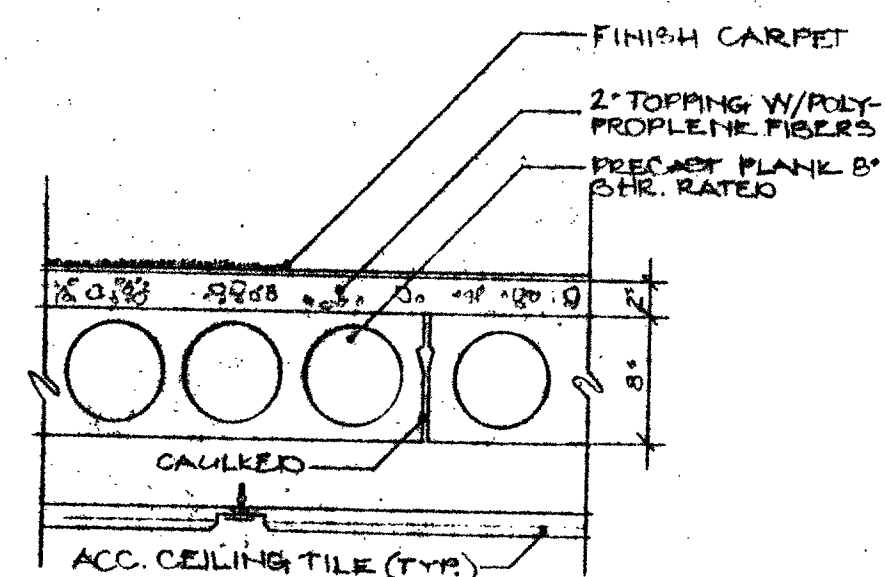
11-14-96

PROJECT NUMBER:

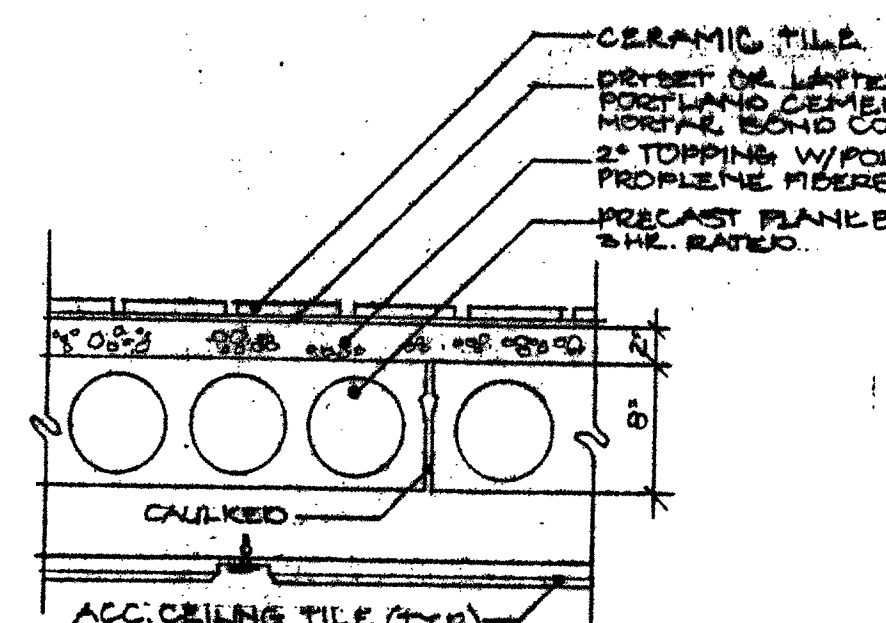
9452

SHEET NUMBER:

A-2.05



FLOOR SYSTEM
CARPET FINISH



FLOOR SYSTEM
TILE FINISH

TYPICAL FLOOR CONSTRUCTION:

FLOOR AND CEILING FINISHES (SEE ROOM FINISH SCHEDULES A-5.03 AND A-5.04) RESTING ON 2\"/>

TYPICAL EXTERIOR EXPOSED DECKS:

TILE SURFACE FINISH ON PITCHED CONCRETE TOPPING WITH A MINIMUM THICKNESS OF 2\"/>

BALCONY GUARDRAILS:

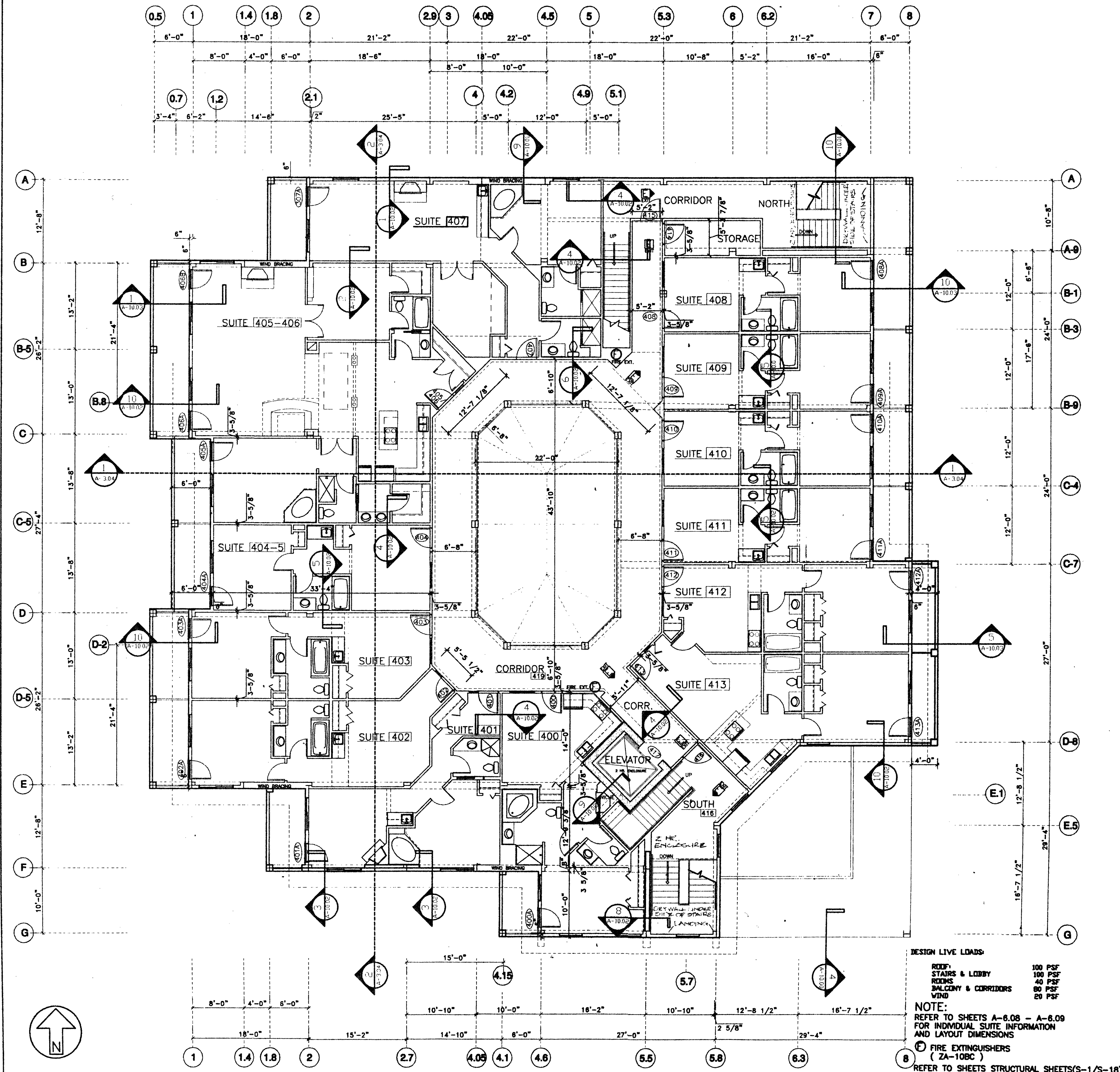
RAILINGS AS INDICATED (TUBULAR STEEL DESIGN AS INDICATED) AND TO MEET DILHR CODE REQUIREMENTS (SEE SPECIFICATION). MINIMUM 36\"/>

EXTERIOR WALLS (TYPICAL):

EIFS (EXTERIOR INSULATION AND FINISHING SYSTEM) INSTALLED IN ACCORDANCE WITH MANUFACTURER'S PRINTED INSTRUCTIONS. ON 1/2\"/>

INTERIOR WALLS (TYPICAL):

5/8\"/>



FOURTH FLOOR PLAN SCALE: 1/8" = 1'-0"

STELLING & ASSOCIATES
ARCHITECTS, LTD.

181 W. CHESTNUT STREET
BURLINGTON, WI. 53105
(414) 763-8725
FAX 763-1971

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FAX 259-0037

AMCON

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NOTES:

SEE SHEET A-6.08 AND A-6.09 FOR ENLARGED SUITE PLANS

REVISIONS:

11-27-96
2-21-97 ENTIRE SHEET
12-8-97 ENTIRE SHEET

DRAWING DESCRIPTION:

FOURTH FLOOR PLAN
BUILDING DETAILS

PROJECT DESCRIPTION:

THE MERIDIEN
HOTEL & CONDOMINIUM SUITES
335 WRIGLEY DRIVE
LAKE GENEVA, WI.

DRAWN BY:

SMW/ACN

APPROVED:

TS

DATE:

11-14-96

PROJECT NUMBER:

9452

SHEET NUMBER:

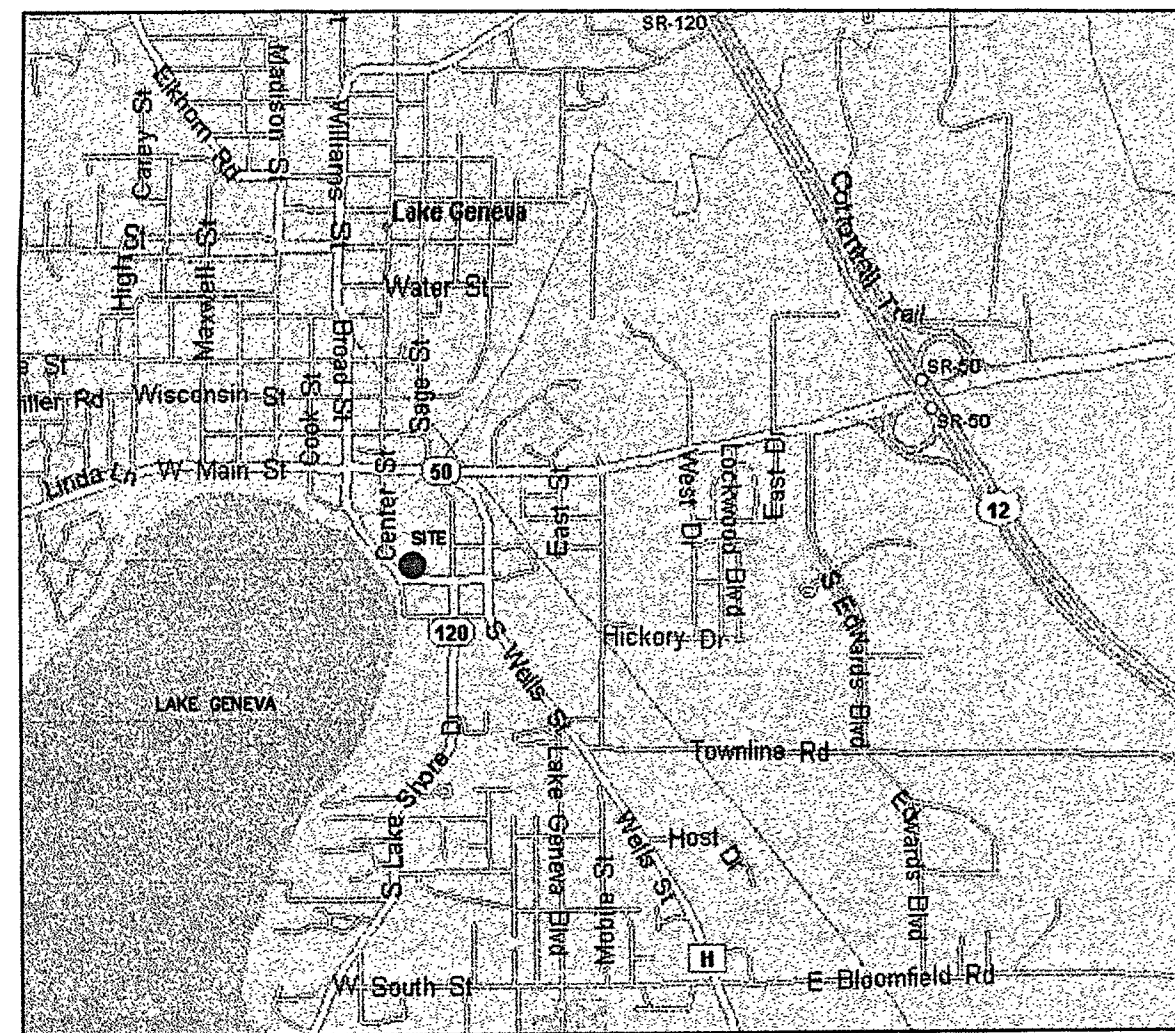
A-2.06

ALTA/ACSM LAND TITLE SURVEY

LEGEND

() INDICATES RECORDED DIMENSION WHERE DIFFERENT FROM ACTUAL MEASUREMENT	⊗ GAS WARNING SIGN
⊕ OR ⊖ SECTION OR 1/4 SECTION CORNER AS DESCRIBED	⊙ STORM MANHOLE
⊙ 1" DIA. IRON PIPE FOUND (UNLESS OTHERWISE NOTED)	⊙ ROUND INLET
⊙ 1" DIA. IRON PIPE, 18" LONG-SET (UNLESS OTHERWISE NOTED)	⊙ SQUARE INLET
⊙ BOLLARD	⊙ STORM SEWER END SECTION
⊙ SOIL BORING/MONITORING WELL	⊙ SANITARY CLEANOUT OR SEPTIC VENT
⊙ FLAGPOLE	⊙ SANITARY INTERCEPTOR MANHOLE
⊙ MAILBOX	⊙ MISCELLANEOUS MANHOLE
⊙ SIGN	⊙ WATER VALVE
⊙ BILLBOARD	⊙ HYDRANT
⊙ CONTROL BOX	⊙ WATER SERVICE CURB STOP
⊙ TRAFFIC SIGNAL	⊙ WATER MANHOLE
⊙ RAILROAD CROSSING SIGNAL	⊙ WELL
⊙ CABLE, PEDESTAL	⊙ WATER SURFACE
⊙ POWER POLE	⊙ WETLANDS FLAG
⊙ GUY POLE	⊙ MARSH
⊙ LIGHT POLE	⊙ CONIFEROUS TREE
⊙ SPOT/YARD/PEDESTAL LIGHT	⊙ DECIDUOUS TREE
⊙ HANDICAPPED PARKING	⊙ SHRUB
⊙ ELECTRIC MANHOLE	⊙ EDGE OF TREES
⊙ ELECTRIC PEDESTAL	⊙ SANITARY SEWER
⊙ ELECTRIC METER	⊙ WATERMAIN
⊙ TELEPHONE MANHOLE	⊙ MARKED GAS MAIN
⊙ TELEPHONE PEDESTAL	⊙ MARKED ELECTRIC
⊙ MARKED FIBER OPTIC	⊙ OVERHEAD WIRES
⊙ GAS VALVE	⊙ BUREAU ELEC. SERV.
⊙ GAS METER	⊙ MARKED TELEPHONE
⊙ GAS WARNING SIGN	⊙ MARKED CABLE TV LINE
	⊙ MARKED FIBER OPTIC
	⊙ INDICATES EXISTING CONTOUR ELEVATION
	⊙ INDICATES EXISTING SPOT ELEVATION

VICINITY MAP



KNOWN AS 327 WRIGLEY DRIVE, IN THE VILLAGE LAKE GENEVA, WALWORTH COUNTY, WISCONSIN

A TRACT OF LAND COMMENCING AT A POINT IN THE WEST LINE OF BLOCK 34 OF THE VILLAGE OF GENEVA (NOW CITY OF LAKE GENEVA) ACCORDING TO THE SURVEY AND PLAT OF SAID VILLAGE OF RECORD IN THE OFFICE OF THE CLERK OF THE REGISTER OF DEEDS OF WALWORTH COUNTY, 180.39 FEET NORTH OF THE SOUTH END OF SAID WEST LINE; THENCE SOUTH 67° WEST IN THE NORTH LINE OF LANDS OWNED OR LATELY OWNED, BY THE HEIRS OF C.M. BAKER DECEASED, 300 FEET TO THE STREET LINE; THENCE NORTH 31° WEST IN THE EAST LINE OF SAID STREET 109 FEET TO A CUT STONE MONUMENT WITH LEAD IN THE TOP, ON THE EAST LINE OF SAID STREET, AND BEING THE SOUTHWEST CORNER OF LANDS OWNED BY LAKE GENEVA SANITARIUM, FORMERLY OAKWOOD RETREAT ASSOCIATION; THENCE NORTH TO 1/4" EAST IN THE SOUTH LINE OF LANDS OWNED BY SAID LAKE GENEVA SANITARIUM TO AN ANGLE WHEREAT IS PLACED A STONE MONUMENT; THENCE EAST IN THE SOUTH LINE OF SAID LANDS 83.75 FEET TO A STONE MONUMENT WHICH STANDS IN THE AFORESAID WEST LINE OF SAID BLOCK 34; THENCE SOUTH IN SAID WEST LINE OF BLOCK 34, 65.75 FEET TO THE PLACE OF COMMENCEMENT, BEING THE LANDS DESCRIBED IN DEED FROM LUELLA W. JOHNSTON T LAKE GENEVA SANITARIUM DATED JANUARY 25, 1910 AND RECORDED JULY 29, 1910 IN VOLUME 127 OF DEEDS, PAGE 501, WALWORTH COUNTY, WISCONSIN.

AUGUST 11, 2006 PEAS & CUES, LLC SURVEY NO. 163263-RMK

A. **BASIS OF BEARINGS**
BEARINGS ARE BASED ON THE EASTERLY LINE OF WRIGLEY DRIVE WHICH IS ASSUMED TO BEAR NORTH 30°38'07" WEST

B. **TITLE COMMITMENT**
THIS SURVEY WAS PREPARED BASED ON CHICAGO TITLE INSURANCE COMPANY TITLE COMMITMENT NO. 422170, EFFECTIVE DATE OF JULY 14, 2006, WHICH LISTS THE FOLLOWING ITEMS FROM SCHEDULE B-II:

- NOT SURVEY RELATED
- VISIBLE EVIDENCE SHOWN, IF ANY
- NOT SURVEY RELATED
- COLLATERAL ASSIGNMENT OF LAND CONTRACT FROM PETER N. PAPPAS TO SOUTHPORT BANK, DATED AUGUST 8, 2001 AND RECORDED ON SEPTEMBER 6, 2001 AS DOCUMENT NO. 482297. AFFECTS SITE BY LOCATION - GENERAL IN NATURE, CANNOT BE PLOTTED
- EASEMENT FROM PETER N. PAPPAS TO ARISTA DEVELOPMENT, LLC, DATED NOVEMBER 6, 1996 AND RECORDED ON NOVEMBER 11, 1996 IN VOLUME 644 ON PAGE 1540 AS DOCUMENT NO. 342694. AFFECTS SITE BY LOCATION - SHOWN
- EASEMENT FROM ARISTA DEVELOPMENT, LLC TO PETER N. PAPPAS, DATED NOVEMBER 6, 1996 AND RECORDED ON NOVEMBER 11, 1996 IN VOLUME 644 ON PAGE 1543 AS DOCUMENT NO. 342695. AFFECTS SITE BY LOCATION - SHOWN
- NOT SURVEY RELATED
- RIGHTS OF OTHERS IN AND TO AN EASEMENT FOR ACCESS AS SET FORTH ON THE PLAT OF THE FIRST AMENDMENT TO THE MERIDIAN RESIDENTIAL CONDOMINIUM. AFFECTS SITE BY LOCATION - SHOWN
- ENCROACHMENTS OF AN IRON FENCE AND A CHAIN LINK FENCE ONTO THE PROPERTY ADJOINING TO THE NORTH AS SET FORTH AND DEPICTED ON A PLAT OF SURVEY BY NATIONAL SURVEY & ENGINEERING DATED MARCH 24, 1997. AFFECTS SITE BY LOCATION - SHOWN
- ENCROACHMENTS OF A CONCRETE WALK AND A BRICK AND FRAME BUILDING ONTO ACCESS EASEMENTS AS EVIDENCED ON SAID PLAT OF SURVEY BY NATIONAL SURVEY & ENGINEERING. AFFECTS SITE BY LOCATION - SHOWN
- NOT SURVEY RELATED

C. **FLOOD NOTE**
ACCORDING TO FLOOD INSURANCE RATE MAP OF THE CITY OF LAKE GENEVA, COMMUNITY PANEL NO. 550468 0002B, EFFECTIVE DATE OF DECEMBER 1, 1982, THIS SITE FALLS IN ZONE C (AREAS OF MINIMAL FLOODING)

D. **PARKING SPACES**
THERE ARE 40 REGULAR AND 1 HANDICAPPED PARKING SPACES MARKED ON THIS SITE.

E. **MUNICIPAL ZONING**
THE BASIC ZONING INFORMATION LISTED BELOW IS TAKEN FROM MUNICIPAL CODES AND DOES NOT REFLECT ALL REGULATIONS THAT MAY APPLY - SITE IS ZONED GENERAL BUSINESS

STREET OR FRONT SETBACK - 25'
SIDEYARD SETBACK - 5'
REARYARD SETBACK - 30'
MAXIMUM HEIGHT - 35'

BLOCK 34

BLOCK 44

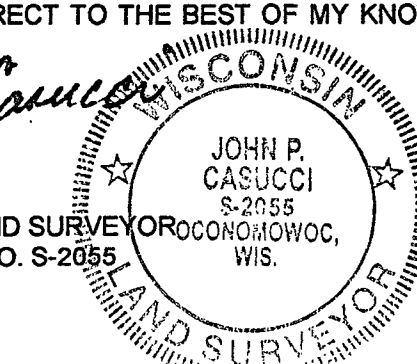
BAKER STREET

TO: TEMECULA VALLEY BANK
CHICAGO TITLE INSURANCE COMPANY

THIS IS TO CERTIFY THAT THIS MAP OR PLAT AND THE SURVEY ON WHICH IT IS BASED WERE MADE IN ACCORDANCE WITH "MINIMUM STANDARD DETAIL REQUIREMENTS FOR ALTA/ACSM LAND TITLE SURVEYS," JOINTLY ESTABLISHED AND ADOPTED BY ALTA AND NSPS IN 2005 AND INCLUDES ITEMS 1, 2, 3, 4, 6, 7(A), 7(C), 8, 9, 10, AND 11(A) OF TABLE "A" THEREOF. PURSUANT TO THE ACCURACY STANDARDS AS ADOPTED BY ALTA AND NSPS AND IN EFFECT ON THE DATE OF THIS CERTIFICATION, UNDERSIGNED FURTHER CERTIFIES THAT PROPER FIELD PROCEDURES, INSTRUMENTATION, AND ADEQUATE SURVEY PERSONNEL WERE EMPLOYED IN ORDER TO ACHIEVE RESULTS COMPARABLE TO THOSE OUTLINED IN THE "MINIMUM ANGLE, DISTANCE, AND CLOSURE REQUIREMENTS FOR SURVEY MEASUREMENTS" WHICH CONTROL LAND BOUNDARIES FOR ALTA/ACSM LAND TITLE SURVEYS, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE OF SURVEY: AUGUST 11, 2006

JOHN P. CASUCCI
REGISTERED LAND SURVEYOR
REGISTRATION NO. S-2055



DIGGERS HOTLINE WAS NOT CALLED FOR THIS SITE.

THE UNDERGROUND UTILITY INFORMATION AS SHOWN HEREON IS BASED, IN PART, UPON INFORMATION FURNISHED BY UTILITY COMPANIES AND THE LOCAL MUNICIPALITY. WHILE THIS INFORMATION IS BELIEVED TO BE RELIABLE, ITS ACCURACY AND COMPLETENESS CANNOT BE GUARANTEED NOR CERTIFIED TO.

(P) INDICATES PIPE SIZES PER RECORD PLANS. OTHER PIPE SIZES ARE ESTIMATED. NO PIPE SIZES SHOULD BE RELIED UPON WITHOUT FURTHER VERIFICATION.

DRAWING SCALE: 1 INCH = 20 FEET

National Survey & Engineering
A Division of R.A. Smith & Associates, Inc.

262-781-1000
Fax 262-797-7373
16745 W. Bluemound Road
Suite 200
Brookfield, WI 53005-5938
www.nsae.com

S:\5163263\dwg\AS101D20.dwg \ AS101D20

SHEET 1 OF 1

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)

Bella Vista Suites on the shores of Lake Geneva Hotel Condominium Association IN

2. Business Trade Name or DBA

Bella Vista Suites

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

Lorenzi

2. First Name

Charles

3. M.I.

B

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Lorenzi	First Name Charles	M.I. B
Title Vice President	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 4/14/25

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 Lorenzi	First Name Charles	M.I. B
Signature 		Date 4/14/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

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

pg 4/15

Part A: Premises/Business Information

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

GUAC STAR LLC

2. Business Trade Name or DBA

GUAC STAR

4. Wisconsin Seller's Permit Number

436-1030843076-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

12/7/21

8. Wisconsin DFI Registration Number

9. Premises Address

120 + 122 BROAD ST

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

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

15. Aldermanic District

16. Premises Phone

262-203-5084

17. Premises Email

GUACSTARLLC@GMAIL.COM

18. Website

WWW.GUACSTARLLC.COM

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

See attached

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	
SINGH	KEVIN	OWNER	
ECHAVEZ	GILBERTO	OWNER	
ALVAREZ	FRANKLIN	OWNER	
STECKO	ELENA	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 SINGH	First Name KEVIN	M.I.
Title OWNER		
Signature 		4/3/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/15/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-200**Alcohol Beverage License
Application**

For Municipal Use Only	
Municipality	
License Period	

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	\$
Background Check Fee	\$
Publication Fee	\$
Total Fees	\$

Part A: Premises/Business Information

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

GUAC STAR LLC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

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

6. State of Organization

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

10. City

11. State

12. Zip Code

13. County

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

15. Aldermanic District

16. Premises Phone

17. Premises Email

18. Website

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

ALCOHOL WILL BE SOLD WITHIN 120+122 BROAD ST INCLUDING SIDEWALK CAFE AREA. ALCOHOL WILL BE STORED IN A LOCKED ROOM LOCATED ON THE FIRST FLOOR AND IN THE BASEMENT LOCATED AT 120/122. RECORDS WILL BE KEPT IN AN OFFICE UPSTAIRS ABOVE 122 BROAD ST

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Alcohol Beverage
Appointment of AgentDate
4/3/25

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)

GUAC STAR LLC

2. Business Trade Name or DBA

GUAC STAR

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

Stecro

2. First Name

Elena

3. M.I.

M

8. State

WI

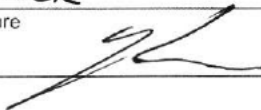
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. 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 SINGH	First Name KEVIN	M.I.
Title OWNER		
Signature 		Date 4/3/25

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 Stecko	First Name Elena	M.I. M
Signature Elena Stecko		Date 04/13/25

HARBOR SIDE Pub n Grill

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	7/1/25 - 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 \$ 500
- ☐ "Class C" Liquor (wine only) \$ _____

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

col
3/24

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>HARBOR SIDE Pub n Grill (LLC)</u>			
2. Business Trade Name or DBA <u>HARBOR SIDE Pub n Grill (LLC)</u>		4. Wisconsin Seller's Permit Number <u>4561029969354-02</u>	
3. FEIN [REDACTED]		5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization	
6. State of Organization <u>WISCONSIN</u>	7. Date of Organization <u>2014</u>	8. Wisconsin DFI Registration Number <u>H061226</u>	
9. Premises Address <u>100 BROAD STREET</u>			
10. City <u>LAKE GENEVA</u>	11. State <u>WI</u>	12. Zip Code <u>53147</u>	
13. County <u>WAUKESHA</u>	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>LAKE GENEVA</u>	15. Aldermanic District <u>FIRST</u>	
16. Premises Phone <u>262-248-3835</u>	17. Premises Email <u>CONDOS.SPEEDO+GMAIL.COM</u>	18. Website <u>NA</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>CEMENT BLOCK STRUCTURE, BASEMENT STORAGE</u> <u>100 BROAD STREET, LAKE GENEVA</u>			
20. Mailing Address (if different from premises address) <u>SAME</u>			
21. City <u>SAME</u>	22. State <u>SAME</u>	23. Zip Code <u>SAME</u>	

Part B: Questions

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
SPYRO CONDOOS	SPYRO	CO/P PRESS	
CONDOOS	PATRICIA	CORP VICE PRES	

Part D: Attestation

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

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

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

Last Name CONDOOS	First Name SPYRO	M.I. E
Title CORP - PRESIDENT	Email	Phone
Signature 	Date 3/21/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/24/25	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)

2. Business Trade Name or DBA

HARPER SIDE Pub n Grill (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

NA

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

NA

Part B: Agent Information

1. Last Name

CONDOS

2. First Name

SAMRO

3. M.I.

G

6. Home Address

8. State

WI

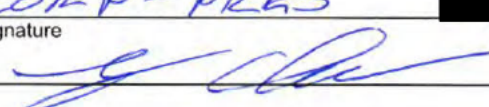
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

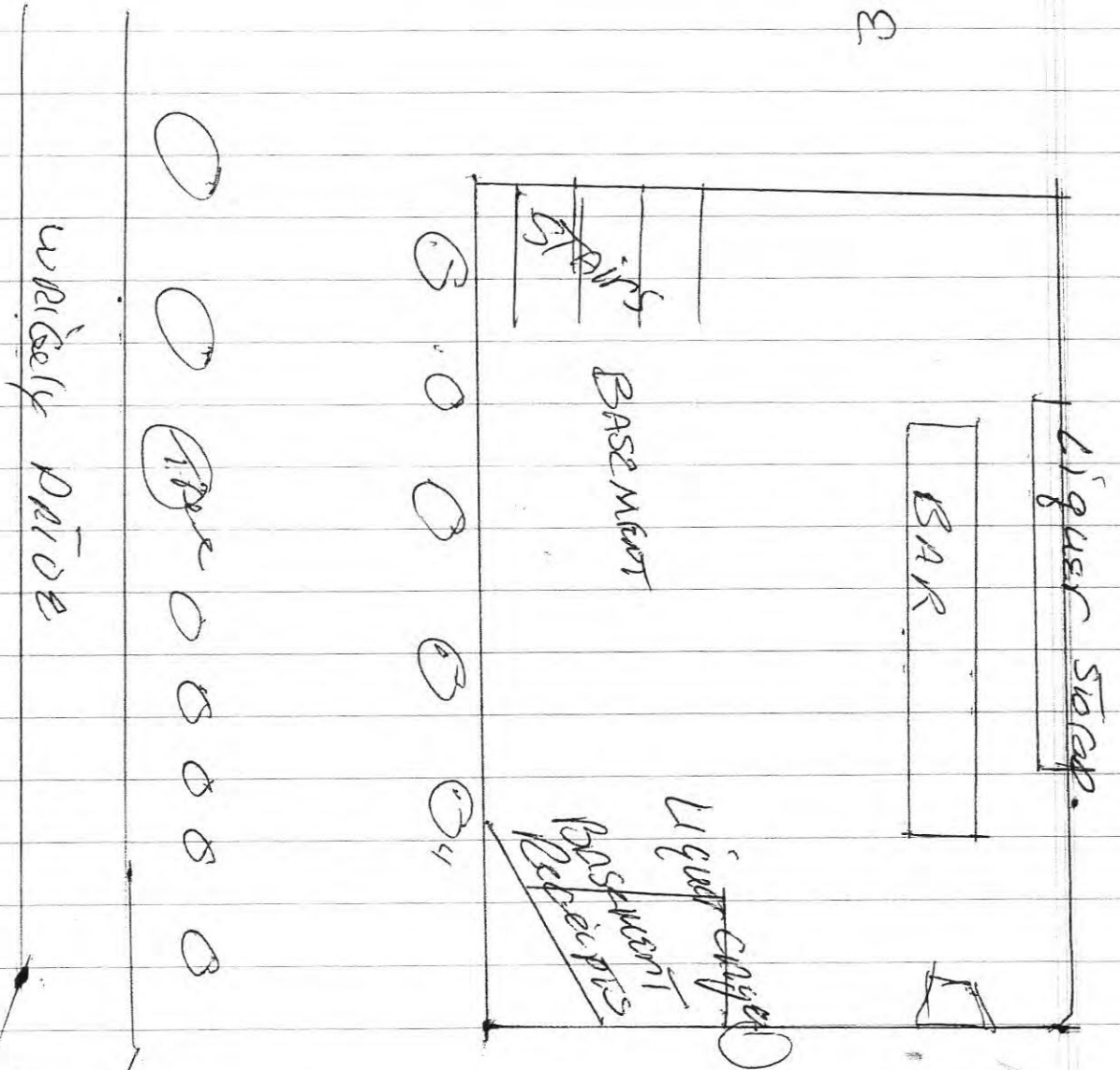
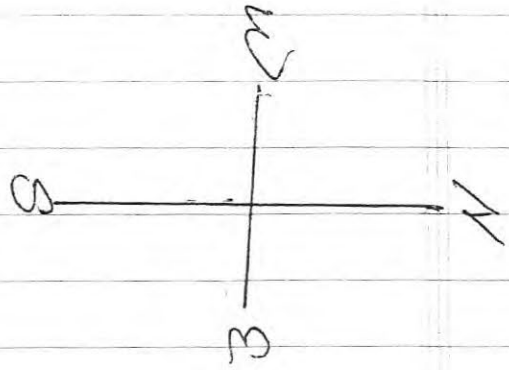
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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>CONDOS</i>		First Name <i>SPYRO</i>	M.I. <i>G</i>
Title <i>CORP-PRES</i>	Email [REDACTED]	Phone [REDACTED]	
Signature 		Date <i>3/21/25</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>CONDOS</i>		First Name <i>SPYRO</i>	M.I. <i>G</i>
Signature 		Date <i>3/21/25</i>	



Hand side Feb 11

BROAD

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	LAKE GENEVA
License Period	7/1/25 TO 6/30/26

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

- ☐ Class "A" Beer \$ _____ ☒ Class "B" Beer \$ 100.00
- ☐ "Class A" Liquor \$ _____ ☒ "Class B" Liquor \$ 500.00
- ☐ "Class A" Liquor (cider only) \$ _____ ☒ Reserve "Class B" Liquor \$ ↓
- ☐ "Class C" Liquor (wine only) \$ _____

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

109
4125

Part A: Premises/Business Information

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

LAKE AIRE LLC

2. Business Trade Name or DBA

LAKE AIRE RESTAURANT

4. Wisconsin Seller's Permit Number

456-1028914898-02

5. Entity Type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

804 W. MAIN ST.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: LAKE GENEVA

15. Aldermanic District

16. Premises Phone

262-248-9913

17. Premises Email

GARGIROPOULOS@WI.BR.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 BEVARAGES ARE STORED IN THE DINING ROOM AND BASEMENT. BEVERAGES ARE SOLD IN THE DINING ROOM AND SIDE-WALK CAFE. ALCOHOL RECORDS ARE KEPT IN THE BASEMENT.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
ARGIROPOULOS	DEMETRIUS	PRESIDENT	
ARGIROPOULOS	GEORGE	VICE PRESIDENT	

Part D: Attestation

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

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

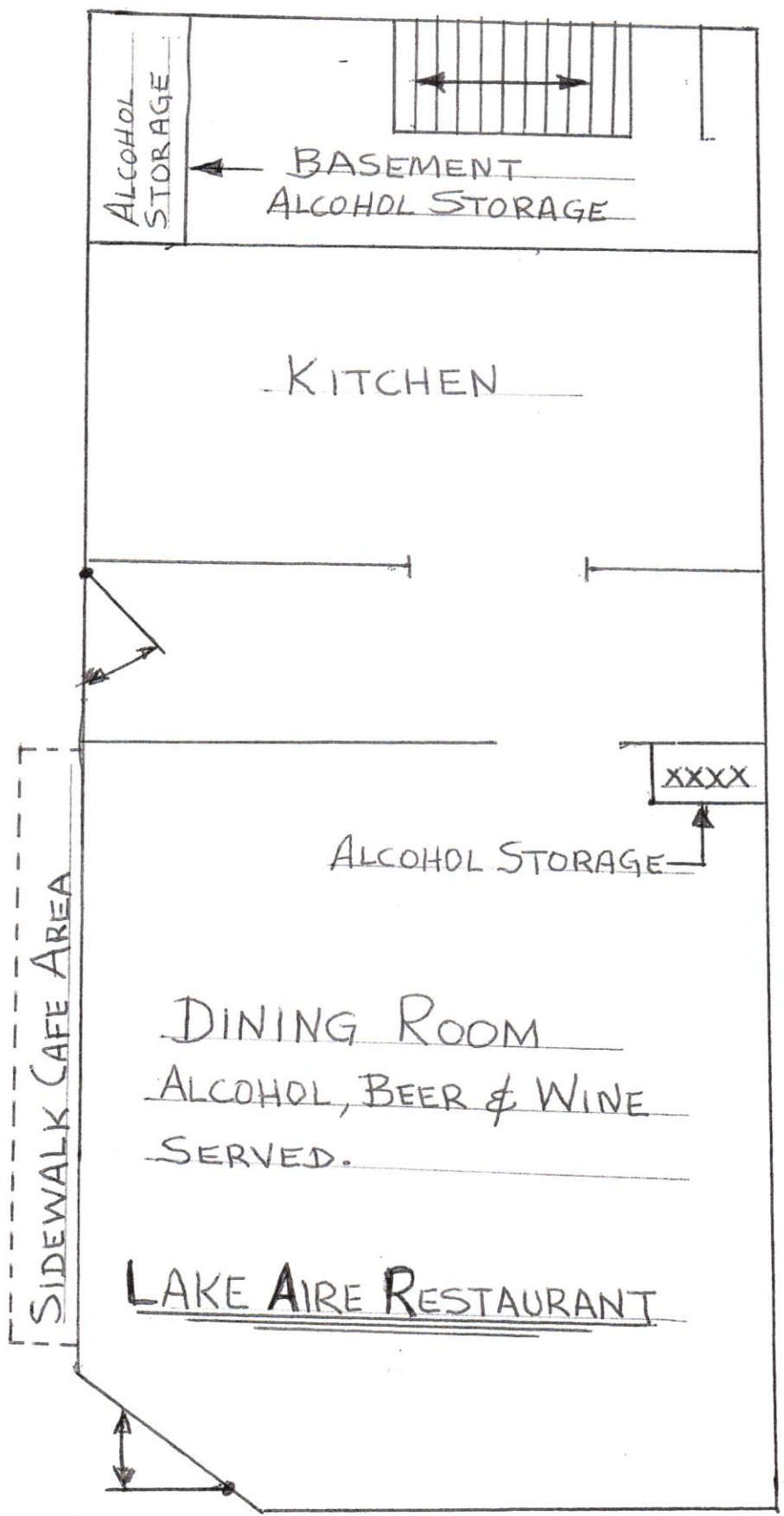
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and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

Last Name ARGIROPOULOS	First Name DEMETRIUS	M.I. G
Title PRESIDENT		
Signature <i>Demetrius Argiropoulos</i>		Date 4/25/25

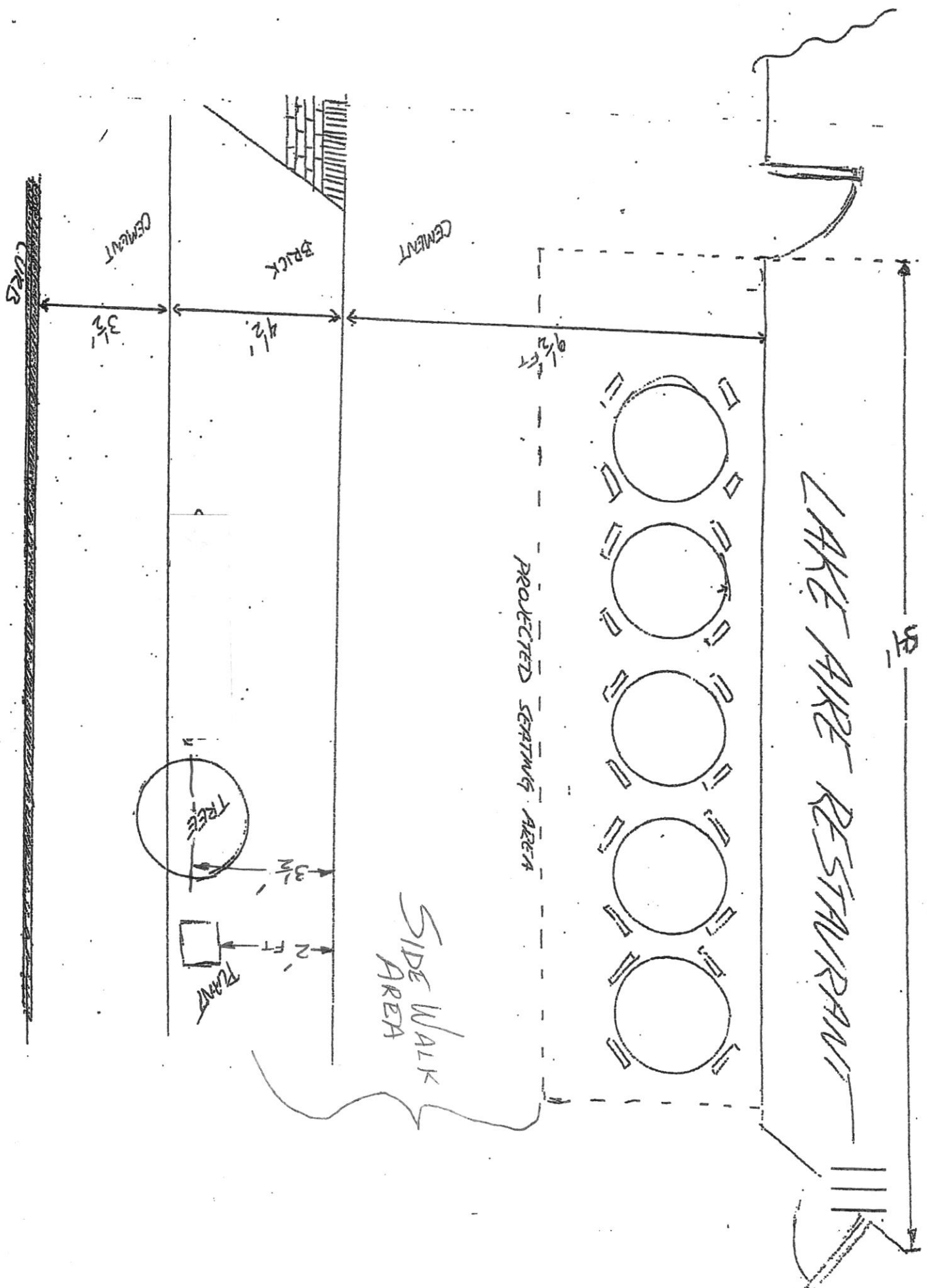
Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/25/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

BROAD ST.



MAIN STREET



BROAD STREET

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)

LAKE AIRE LLC

2. Business Trade Name or DBA

LAKE AIRE RESTAURANT

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

GEORGE ARGIROPOULOS

2. First Name

GEORGE

3. M.I.

D

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

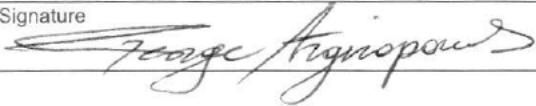
Part D: Business Attestation

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 ARGIROPOULOS	First Name GEORGE	M.I. D
Title VICE PRESIDENT		
Signature 		Date 4/23/25

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 ARGIROPOULOS	First Name GEORGE	M.I. D
Signature 		Date 4/23/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

pd
4/23

Part A: Premises/Business Information

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

Cheese & Crafters LLC

2. Business Trade Name or DBA

Board & Brush Lake Geneva

4. Wisconsin Seller's Permit Number

456-103173594-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

2022

8. Wisconsin DFI Registration Number

C121078

9. Premises Address

262 Center Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53227

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

(262) 725-5194

17. Premises Email

lakegeneva

18. Website

boardandbrush.com/lakege

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.

Studio is one large room with a smaller room in back. Alcohol is stored in coolers near the front of the studio. With all receipts stored in binder in podium next to coolers.

20. Mailing Address (if different from premises address)

12261 W Verona Ct

21. City

West Allis

22. State

WI

23. Zip Code

53227

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Rudig	Chelsea		

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Rudig	Chelsea	M
Title		
Owner		
Signature		Date
		04/11/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/23/25			
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)

Chelsea + Crafters LLC

2. Business Trade Name or DBA

Board + Brush Lake Geneva

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

Rudig

2. First Name

Chelsea

3. M.I.

M

4. Email

5. Phone

8. State

WI

9. Zip Code

10. Date of Birth

11. Drivers License/State ID Number

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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	Rudig	First Name	Chelsea	M.I.	M
Title	Agent	Email	[REDACTED]		
Signature	[Signature]			Date	4/23/25

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	Rudig	First Name	Chelsea	M.I.	M
Signature	[Signature]			Date	4/23/25

Form
AB-200

Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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	\$ 200.00
Background Check Fee	\$
Publication Fee	\$ 25.00
Total Fees	\$ 225.00

pd
3/20

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Buona Beef, LLC			
2. Business Trade Name or DBA Buona			
3. FEIN [REDACTED]		4. Wisconsin Seller's Permit Number 456-1031481428-02	
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization			
6. State of Organization Illinois	7. Date of Organization 12/27/2011	8. Wisconsin DFI Registration Number	
9. Premises Address 393 Edwards Blvd			
10. City Lake Geneva		11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☐ City ☐ Town ☐ Village of: _____		15. Aldermanic District
16. Premises Phone 262-581-0188	17. Premises Email LakeGeneva@Buona.wm		18. Website Buona.wm
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Alcohol is stored behind the counter on the shelves of a stainless steel table behind the order taker station. Customers select and collect their alcoholic beverages from the order station located in the indoor dining area or the enclosed patio. If they want to order more they must return to the order line and repeat the process.			
20. Mailing Address (if different from premises address) 7075 Veterans Blvd.			
21. City Burr Ridge		22. State IL	23. Zip Code 60527
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.

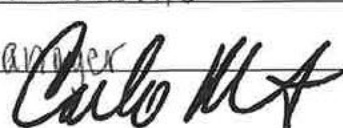
Last Name	First Name	Title	Phone
See Attached			

Part D: Attestation

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

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

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

Last Name Buonawento	First Name Carlo	M.I.
Title manager	Email nfirmuyag@buna.com	Phone 630.332.2307
Signature 		Date 3/17/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 3/20/25	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 3/17/25

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)

Buona Beef, LLC

2. Business Trade Name or DBA

Buona

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

VASSOS

2. First Name

Prokemonios

3. M.I.

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

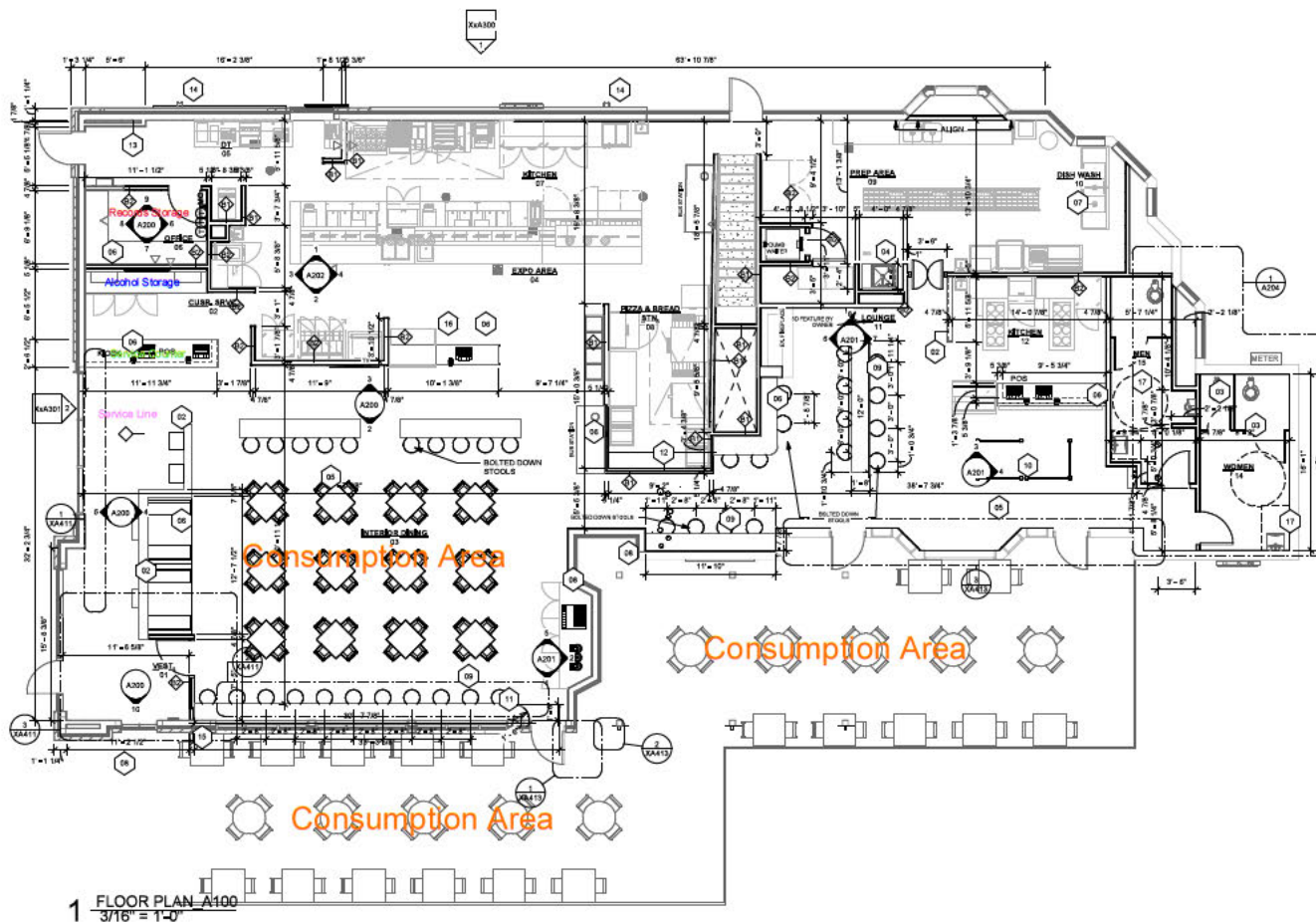
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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>Buonawento</i>	First Name <i>Carlo</i>	M.I.
Title <i>manager</i>	[REDACTED]	
Signature <i>Carlo MA</i>	Date <i>3/17/25</i>	

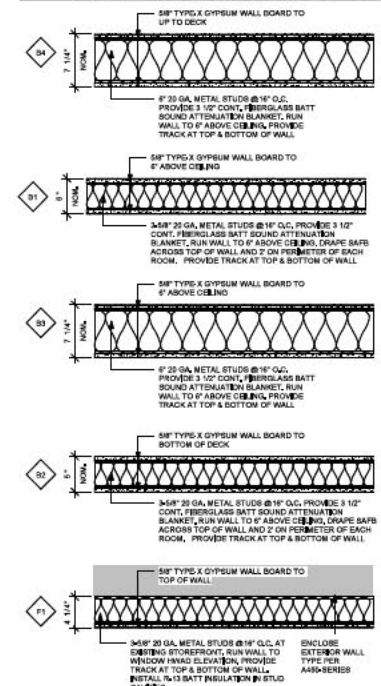
Part E: Agent Attestation

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>VASSOS</i>	First Name <i>Prokopios</i>	M.I. <i>G.</i>
Signature <i>Prokopios Vassos</i>	Date <i>3-20-2025</i>	



- KEYNOTES - FLOOR PLAN
- 01 BAG N BOX STATION
 - 02 PARTIAL HEIGHT WALL WITH STONE TOP
 - 03 PLACE IN WALL HAND DRYER OR GENERIC EXTRUSION WHERE SHOWN ON PLAN
 - 04 NEW CO2 LOCATION, SEE S-DWGS, PROVIDE 2'X2'X6" REINFORCED CONCRETE PAD WITH W2X8XW28 WWF FOR BULK CO2 TANK, PROVIDE CO2 PORT THROUGH WALL PER MNFL, PROVIDE CHAINS AND BLOCKING TO SECURE TANK TO WALL.
 - 05 REPAIR/REFINISH OR PROVIDE NEW FRAMING AND SUBFLOOR PER STRUCTURAL, BUILDING HAS FULL BASEMENT
 - 06 MILLWORK LOCATION, REFER TO MILLWORKER SHOP DRAWINGS.
 - 07 PROVIDE FLY CONTROL UNIT, AND 1 JUNCTION BOX LOCATION TO BE APPROVED BY OWNER
 - 08 FOLLOW EXISTING FOOTING FOOTPRINT
 - 09 STOOL BASE TO BE STAINLESS STEEL; UPHOLSTERY-ORANGE VINYL
 - 10 NEW QUEUE STANCHIONS (MOVEABLE) BY OWNER, SEE CORPORATE CONTACT TO ORDER PINK BRANDED VERSION
 - 11 ALT. MILLWORK, PROVIDE 14" EATING RAIL WITH MOVEABLE STOOLS, PROVIDE POWER ON WALL LIP ABOVE COUNTER 8'-0" O.C. PROVIDE CONCEALED IN WALL BRACKET 4'-0" O.C.
 - 12 PARTIAL HEIGHT WALL WITH GLASS DIVIDERS ABOVE ROOF DRAIN SHAFT WITH WALL CLEANOUT FOR PRIMARY PIPE, SEE PLUMBING, REFER TO CIVIL FOR CONTINUATION, SECONDARY DRAIN TO DISCHARGE VIA WALL LAMB'S TONGUE OUTLET, REFER TO CIVIL FOR SHEET DRAIN FLOW.
 - 13 PROVIDE ACCESS PANEL & 4" FURRING WALL TO IN-WALL FDC AND BALL VALVE, FUR OUT WALL IF NEEDED, OR EMBED BETWEEN 6" STUDS OF EXTERIOR WALL - PER LAKEMOOR FD, LOCATE FDC TO WEST WALL.
 - 14 MILLWORK LOCATION, PROVIDE CONCEALED WALL BRACKETS TO PARTIAL HEIGHT MILLWORK DE WALL BELOW.
 - 15 MILLWORK COUNTERTOP AND 4" BACKSPLASH WITH UNDERMOUNT SINK - SEE P-SHEETS, AND A201 FOR DETAIL.



KEYSTONE
PLANNING+DESIGN
KEYSTONE
CONSTRUCT, LLC
418 CLINTON PL. RIVER FOREST, IL
KeystonePlanningDesign.com

KEYSTONE VENTURES
REAL ESTATE DEVELOPMENT
PRESENTS
BUONA
300 N. Edwards Blvd. Lake Geneva, WI 53147

No.	Description	Date
2	IF Permit	6/16/2023

ARCHITECTURAL
FLOOR PLAN_F/F

A100

Scale As indicated

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Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	11/125-6/30/26

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

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

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) The Candle Mercantile, LLC		
2. Business Trade Name or DBA		
3. EIN		4. Wisconsin Seller's Permit Number 456-1030367646-02
5. Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization		
6. State of Organization WI	7. Date of Organization 02/18/2018	8. Wisconsin DFI Registration Number S117282
9. Premises Address 870 W Main St.		
10. City Lake Geneva	11. State WI	12. Zip Code 53147
13. County Walworth	14. Governing Municipality: ☒ City ☐ Town ☐ Village of Lake Geneva	
15. Aldermanic District 1	16. Premises Phone (262) 203-5557	
17. Premises Email info@thecandlemercantile.com		18. Website thecandlemercantile.com
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. See attached description		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Doyle	Elizabeth	Member	
Myers	Leigh Ann	Member	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Myers	Leigh Ann	
Title	Email	Phone
member		
Signature	Date	
<i>Leigh Ann Myers</i>	3/19/2025	

Part E: For Clerk Use Only

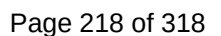
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/21/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form AB-200

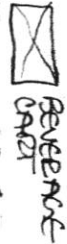
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only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

Beer & Wine will be consumed throughout the candle studio (including the restroom), outdoor rocking chairs and on tables on the outdoor brick patio. We will have an outdoor cooler for beer/wine. The beer and wine will be stored in the back room. two refrigerators in the studio.

TO W. W. W. W. W.

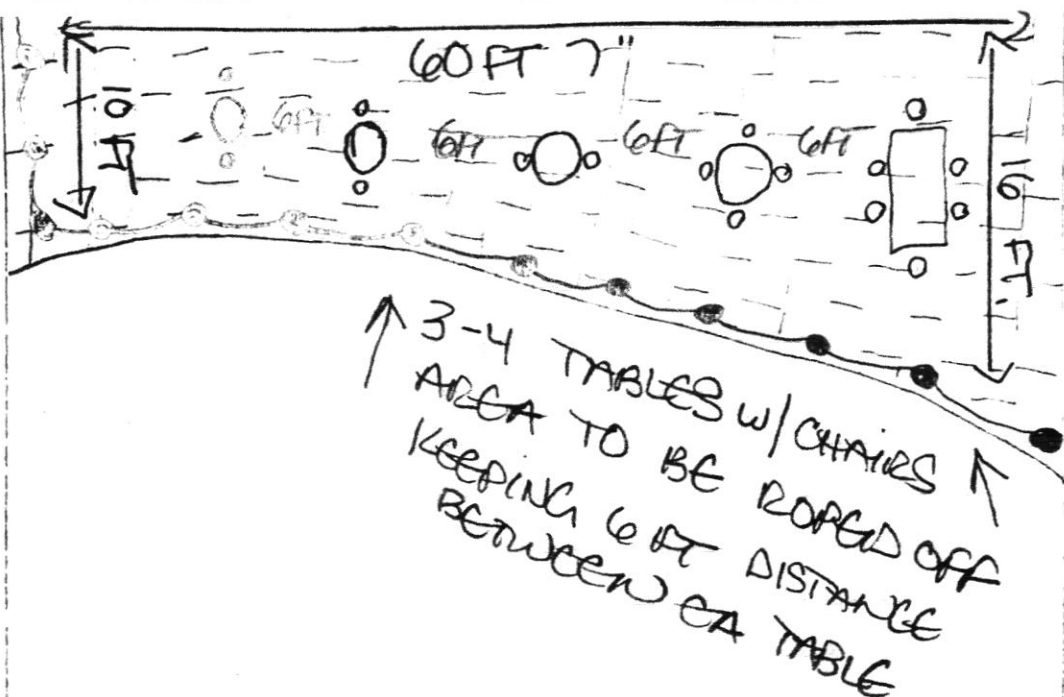


7.5 FT
THE CRADLE MUSEUM



7.5 FT

© PROPERNESS



↑ 3-4 TABLES w/ CHAIRS ↑
AREA TO BE ROPED OFF
KEEPING 6 FT DISTANCE
BETWEEN EA TABLE

SHADED
PARKING LOT

SIDEWALK

MAIN STREET

SIDEWALK

WRIGHT DR

Alcohol Beverage
Appointment of AgentDate
3/19/2025

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)

The Candle Mercantile, LLC

2. Business Trade Name or DBA

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

Doyle

2. First Name

Elizabeth

3. M.I.

R

5. Phone

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Myers	First Name Leigh Ann	M.I.
Title Member	[Redacted]	
Signature <i>Leigh Ann Myers</i>	Date <i>3/19/2025</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 Doyle	First Name Elizabeth	M.I. R
Signature <i>Elizabeth Doyle</i>	Date <i>3/19/25</i>	

FW #3791 3/21/2025 25-5481

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u> pd 4/1
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

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

Verdico LLC

2. Business Trade Name or DBA

Creative Forces Art Studio LG

4. Wisconsin Seller's Permit Number

456-1031886972-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

01/21/2025

8. Wisconsin DFI Registration Number

C129962

9. Premises Address

647 W Main Street Suite 1000

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

(262) 729-4032

17. Premises Email

creativeforceslg@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.

We are an art studio. We have a main room, party room and bathroom that our customers have access to. We have a sectioned off back room where we have our alcoholic beverages stored, some in a fridge and the remainder

20. Mailing Address (if different from premises address) in a cabinet. We also have receipts/records in a drawer in the back.

Same as above

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Verducci	Paula	Owner	
Verducci	David	Owner	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Verducci	Paula	C
Title	Email	Phone
Owner		
Signature	Date	
	3/30/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
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)

Verdico LLC

2. Business Trade Name or DBA

Creative Forces Art Studio LG

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

Verducci

2. First Name

Paula

3. M.I.

C

4. Email

5. Phone

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

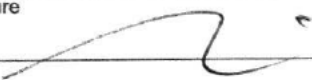
Part D: Business Attestation

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 Verducci	First Name Paula	M.I. C
Title Owner		
Signature	Date 3/30/25	

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 Verducci	First Name Paula	M.I. C
Signature 	Date 03/30/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225

Part A: Premises/Business Information

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

Lake Geneva Egg Harbor, LLC

2. Business Trade Name or DBA

Egg Harbor Cafe

4. Wisconsin Seller's Permit Number

456-1026548060-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/16/2007

8. Wisconsin DFI Registration Number

9. Premises Address

827 Main Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District
District 1

16. Premises Phone

(262) 248-1207

17. Premises Email

lakegeneva@eggharborcafe.co

18. Website

eggharborcafe.com

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

Alcohol is served in the dining room/indoor patio. Alcohol is stored in the restaurant. Purchases from customers are recorded in the POS.

20. Mailing Address (if different from premises address)

2201 Waukegan Rd Suite 255

21. City

Bannockburn

22. State

IL

23. Zip Code

60015

Part B: Questions

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

Law/Ordinance Violated

Section 13-610(a) of Village Code

Location

Egg Harbor Cafe III, Inc. (Arlington Heights)

Trial Date

03/17/2025

Penalty Imposed

\$500 fine

Was sentence completed? ☒ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . ☐ Yes ☒ No beverages. If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.			
3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . ☐ Yes ☒ No If yes, provide the name of the restricted investor and describe the nature of the interest.			
4. Is the applicant business owned by another business entity? ☐ Yes ☒ No If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.			
4a. Name of Business Entity		4b. Business Entity FEIN	
5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No			
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No			
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No			
Part C: Individual Information			
List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary. Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.			
Last Name	First Name	Title	
Farrell	Michael	Member	
Farrell	Aimee	Member	
Hauser	Kayla	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.
Farrell		Michael	J
Title			
Owner/Member			
Signature		Date	
 Michael Farrell (Apr 9, 2025 09:20 EDT)		04/09/25	
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/11/25			
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)

Lake Geneva Egg Harbor, LLC

2. Business Trade Name or DBA

Egg Harbor Cafe

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

Hauser

2. First Name

Kayla

3. M.I.

A

8. State

WI

Part C: Agent Questions1. 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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. 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 Farrell	First Name Michael	M.I. J
Title Owner/Member		
Signature  Michael Farrell [Apr 11, 2025 16:07 EDT]		4/11/25

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 Hauser	First Name Kayla	M.I. A
Signature  Kayla Hauser [Apr 16, 2025 16:07 EDT]		Date 04/16/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

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

Plaza Media LLC

2. Business Trade Name or DBA

Geneva Stage

4. Wisconsin Seller's Permit Number

456-1027144852-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

6/2010

8. Wisconsin DFI Registration Number

P055771

9. Premises Address

244 Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

1st

16. Premises Phone

262-210-1362

17. Premises Email

info@genevastage.com

18. Website

www.genevastage.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.

Throughout Geneva Stage premises, including bar/concessions area, entire lobby, auditorium and balcony, talent green room, second floor meeting/party/VIP spaces

20. Mailing Address (if different from premises address)

425 N. Pine St., Suite 203

21. City

Burlington

22. State

WI

23. Zip Code

53105

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Branen	Shad	President	

Part D: Attestation

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

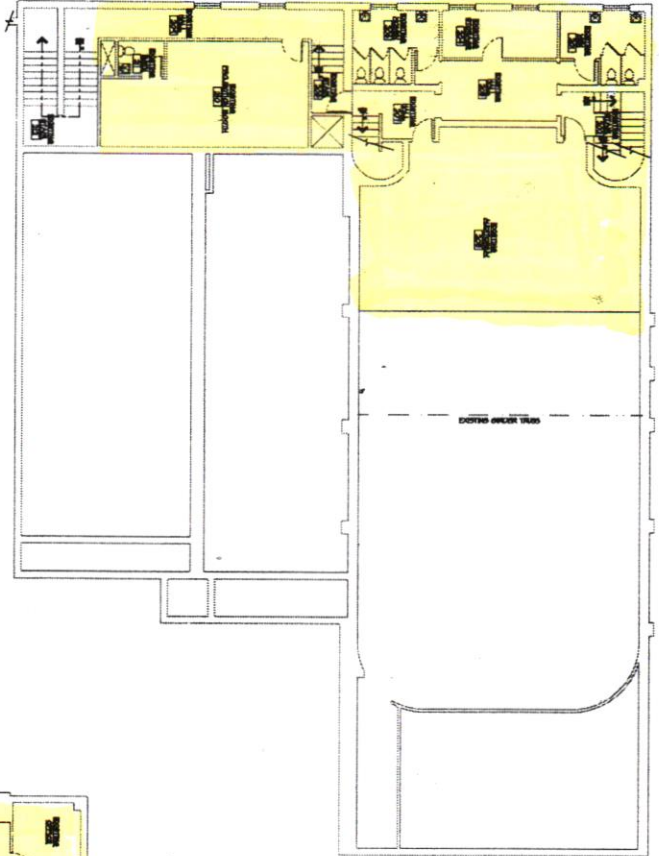
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

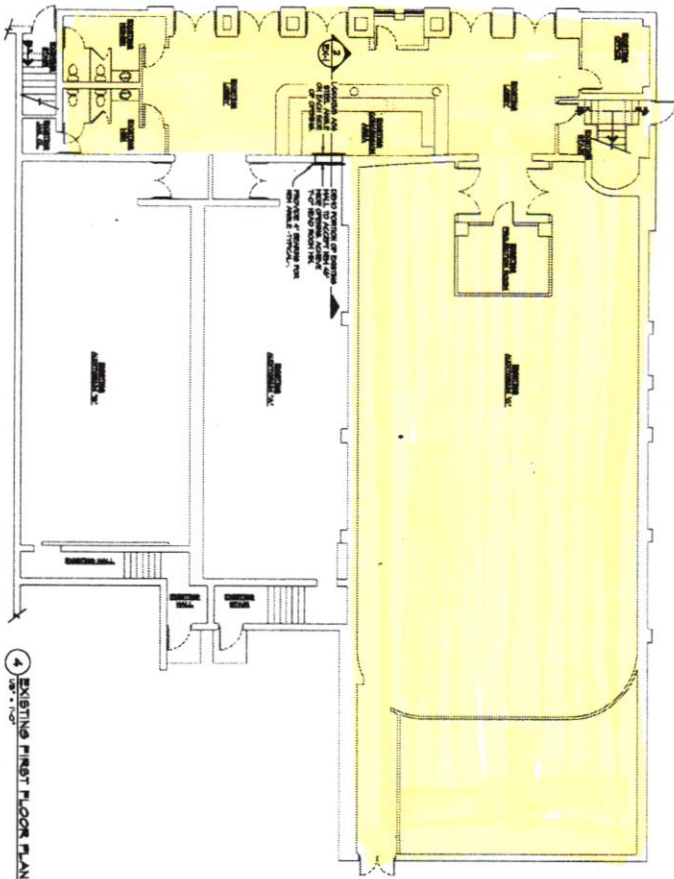
Last Name Branen		First Name Shad		M.I. A.
Title President		Email [REDACTED]	Phone [REDACTED]	
Signature 		Date 3/26/2025		

Part E: For Clerk Use Only

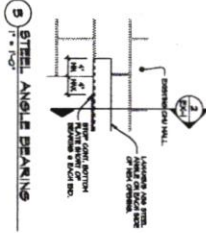
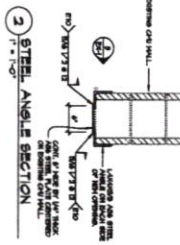
Date Application Was Filed With Clerk 3/26/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



1 EXISTING SECOND FLOOR PLAN
1/8" = 1'-0"



4 EXISTING FIRST FLOOR PLAN
1/8" = 1'-0"



EX-1

GENEVA THEATERS
244 BRIND STREET
LAKE CHARLES, LA

SHEET TITLE: EXISTING FIRST AND SECOND FLOOR PLAN

DATE: 20.7.19.2018
PROJECT NUMBER: 15-218

PATERA LLC
Excellence in Architecture
3401 S. Jimmy Dwyer Rd. • Pearland, TX 77581
Phone: 282-786-6776 Fax: 282-786-7036

REGISTERED
- CIVIL ENGINEER, P.E., S.E.
- ARCHITECT, AIA, LEED AP

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Alcohol Beverage
Appointment of Agent

Save

Print

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)

Plaza Media LLC

2. Business Trade Name or DBA

Geneva Stage

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

Branen

2. First Name

Shad

3. M.I.

A.

5. Phone

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Branen	First Name Shad	M.I. A.
Title President		
Signature 		Date 3/26/2025

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 Branen	First Name Shad	M.I. A.
Signature 		Date 3/26/2025

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

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

Geneva Tap House, LLC

2. Business Trade Name or DBA

Geneva Tap House

4. Wisconsin Seller's Permit Number

454-103870615-04

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

252 Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

262-812-8099

17. Premises Email

hello@genevataphouse.com

18. Website

genevataphouse.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. There is a shared front lobby with Geneva Stage that has 2 bathrooms. Have a warming kitchen, a large walk-in cooler in the kitchen. There are 2 additional bathrooms and an upstairs mezzanine with seating for 45-70 people, our main seating area with 50 taps and an outside beer garden with a pergola & 3 fire pits.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
McGraw	Paul	Manager/owner	
McGraw	Heidi	owner/G.M.	

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.
McGraw	Heidi	A
Title owner/manager		
Signature Heidi McGraw		Date 4/7/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/11/25	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)

Geneva Tap House, LLC

2. Business Trade Name or DBA

Geneva Tap House

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

McGraw

2. First Name

Heidi

3. M.I.

A

5. Phone

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☒ No
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 McGraw	First Name Heidi	M.I. A
Title Owner / general manager	[REDACTED]	
Signature Heidi McGraw		Date 4/8/25

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 McGraw	First Name Heidi	M.I. A
Signature Heidi McGraw		Date 4/8/25

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>(225)</u> <i>pd 3/60</i>

Part A: Premises/Business Information

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

LG Axe Throwing LLC

2. Business Trade Name or DBA

LG Axe Throwing

3. FEIN

4. Wisconsin Seller's Permit Number

456-103105992-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

8. Wisconsin DFI Registration Number

B108656

9. Premises Address

253 center st # 900

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

16. Premises Phone

262 203 5520

17. Premises Email

lgaxethrowing@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 is sold & stored behind the bar and in coolers. Alcohol is also stored in kitchen on shelves and fridge. Alcohol receipts are locked up in back room in safe

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>Kelly</i>	First Name <i>Madelyn</i>	M.I.
Title <i>owner</i>		
Signature <i>Kelly</i>	Date <i>3/15/25</i>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>3/20/25</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)

LG Axe Throwing LLC

2. Business Trade Name or DBA

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

Kelly

2. First Name

Madelyna

3. M.I.

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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		First Name		M.I.
Title	Email		Phone	
Signature			Date	

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>Kelly</i>		First Name <i>Madelyn</i>		M.I.
Signature <i>Madelyn Kelly</i>			Date <i>3/15/25</i>	

Save

Print

Clear

Form

AB-200

Alcohol Beverage License Application

For Municipal Use Only

Municipality

License Period

Lake Geneva
7/1/25 - 6/30/26

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

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

Fees

License Fees	\$ <u>200.00</u>
Background Check Fee	\$ <u>25.00</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>250.00</u>

Part A: Premises/Business Information

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

Lake Geneva Billiard Club Inc

2. Business Trade Name or DBA

4. Wisconsin Seller's Permit Number

456-1031299569 04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

1.5.2023

8. Wisconsin DFI Registration Number

L07u571

9. Premises Address

772 W. main st Suite 1

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality

☒ City☐ Town☐ Village

of

Lake Geneva

15. Aldermanic District

1

16. Premises Phone

262 203-5589

17. Premises Email

lakegenevabilliards@gmail.com

18. Website

www.lakegenevabilliards.com

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

All beer and wine is stored in a storage room on site.
Consumption of beer and wine in facility only records kept on site.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed?

☐ Yes☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed?

☐ Yes☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

Part D: Attestation

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

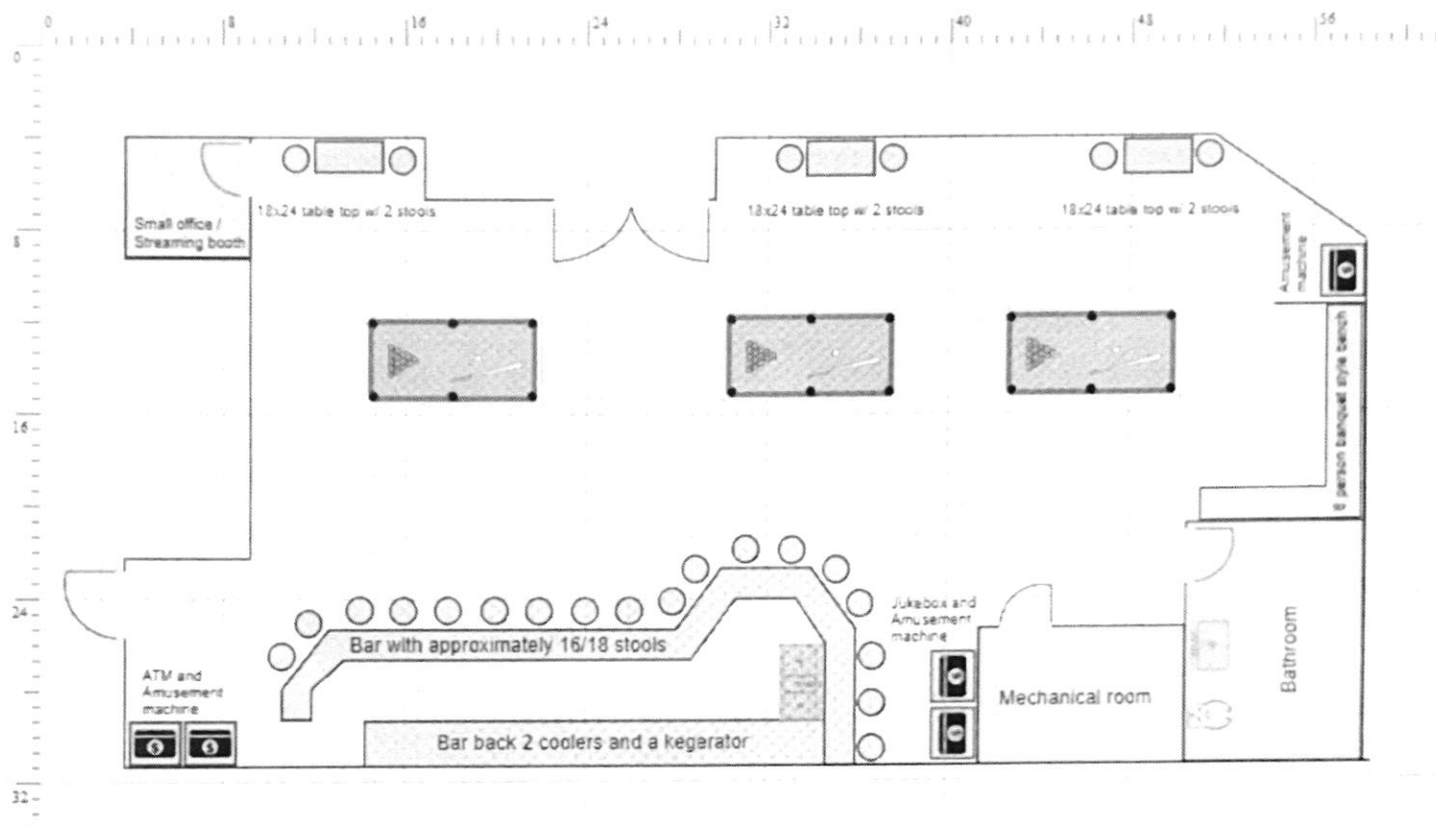
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name <u>Jennison</u>	First Name <u>Kurt</u>	MI <u>R</u>
Title <u>Owner</u>		
Signature <u>[Signature]</u>	Date <u>4.15.2025</u>	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <u>4/30/25</u>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



Form
AB-101

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)	
Lake Geneva Billiard Club Inc	
2. Business Trade Name or DBA	
3. Entity Type (check one)	
☐ Limited Liability Company	☒ Corporation ☐ Nonprofit Organization
4. Alcohol Beverage Business Authorization (check one)	5. If successor agent, provide State Permit or Municipal Retail License Number
☒ Municipal Retail License ☐ State Permit	
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information

1. Last Name	2. First Name	3. MI
Jennison	Hurt	R
8. State		
WI		

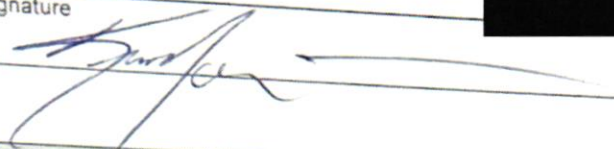
Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	☒ Yes ☐ No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	☒ Yes ☐ No

Continued →

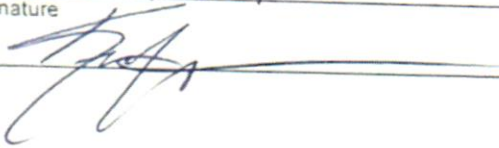
Part D: Business Attestation

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 Jennison		First Name Kurt	M.I. R
Title Owner		Email [REDACTED]	
Signature 		Date 4.15.25	

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 Jennison		First Name Kurt	M.I. R
Signature 		Date 4.15.25	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality
Lake Geneva
License Period
7/1/25 - 6/30/26

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

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

Fees

License Fees	\$ <u>200.00</u>
Background Check Fee	\$ <u>25.00</u>
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>250.00</u>

Part A: Premises/Business Information

1 Legal Business Name (individual name if sole proprietorship) <u>Lake Geneva Billiard Club Inc</u>			
2 Business Trade Name or DBA <u>Lake Geneva Billiard Club High Rollers Suite</u>			
3 Entity Type (check one) ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization		4 Wisconsin Seller's Permit Number <u>456 1031299569 04</u>	
6 State of Organization <u>WI</u>	7 Date of Organization <u>15. 2023</u>	8 Wisconsin DFI Registration Number <u>L07u571</u>	
9 Premises Address <u>772 W. main st Suite 4</u>			
10 City <u>Lake Geneva</u>	11 State <u>WI</u>	12 Zip Code <u>53147</u>	
13 County <u>Walworth</u>	14 Governing Municipality ☒ City ☐ Town ☐ Village of <u>Lake Geneva</u>	15 Aldermanic District <u>1</u>	
16 Premises Phone <u>262 203 5589</u>	17 Premises Email <u>lakegenevabilliards@gmail.com</u>	18 Website <u>www.lakegenevabilliards.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>All beer and wine is stored in a storage room on site. Consumption of beer and wine in facility only. Records kept on site.</u>			
20 Mailing Address (if different from premises address)			
21 City	22 State	23 Zip Code	

Part B: Questions

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

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

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

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

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

4a Name of Business Entity

4b Business Entity FEIN

- 5 Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. ☒ Yes ☐ No
- 6 Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? ☐ Yes ☒ No
- 7 Does the applicant business owe past due municipal property taxes, assessments, or other fees? ☐ Yes ☒ No

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone

Part D: Attestation

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

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

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

Last Name Jennison	First Name Kurt	M.I. R
Title Owner		
Signature 	Date 4.15.2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/30/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Form
AB-101

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)
Lake Geneva Billiard Club Inc
- 2 Business Trade Name or DBA
Lake Geneva Billiard Club High Rollers Suite
- 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
Jennison
- 2 First Name
Hurt
- 3 SSN
R
- 4 Address
[REDACTED]
- 5 City
[REDACTED]
- 6 State
WI
- 7 Zip
[REDACTED]

Part C: Agent Questions

- 1 Have you satisfied the responsible beverage server training requirement?
Submit proof of completion ☒ Yes ☐ No
- 2 Have you completed Form AB-100, *Alcohol Beverage Individual Questionnaire* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
- 3 Have you been a Wisconsin resident for at least 90 continuous days?
See instructions for exceptions ☒ Yes ☐ No

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 Jennison	First Name Kurt	M.I. R
Title Owner		
Signature 	Date 4.15.25	

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 Jennison	First Name Kurt	M.I. R
Signature 	Date 4.15.25	

Save

Print

Clear

Form
AB-200Alcohol Beverage License
Application

For Municipal Use Only

Municipality

Lake Geneva

License Period

7/1/25-6/30/26

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

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

Fees

License Fees	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25 plus
Total Fees	\$ 225

Part A: Premises/Business Information

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

02 Lounge LLC

2. Business Trade Name or DBA

02 Lounge

4. Wisconsin Seller's Permit Number

456-103 0734676-04

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

8. Wisconsin DFI Registration Number

9. Premises Address

234 Broad St.

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

262-203-5218

17. Premises Email

02lounge.lakegeneva@gmail.com

18. Website

02lounge.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.

alcohol is sold + poured behind register. Consumed in building before leaving/exitng doors. Stored in basement: records + additional alcohol. Coolers lock. See premise map.

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Guerrero	Lindsey	Owner	

Part D: Attestation

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

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

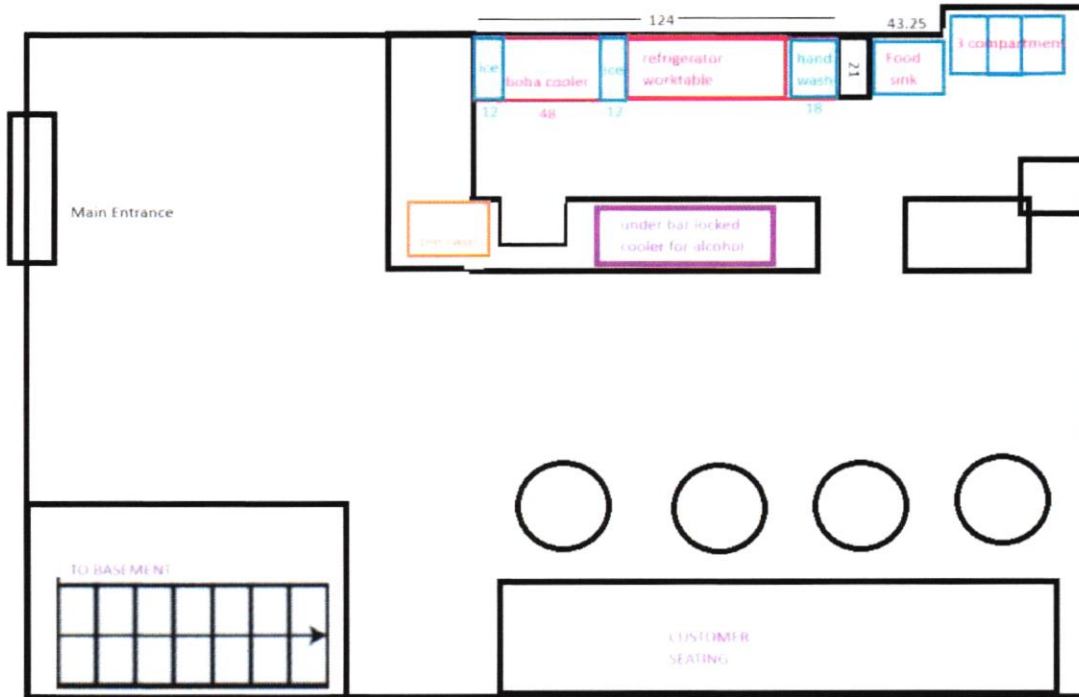
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and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

Last Name	Guerrero	First Name	Lindsey	M.I.	S
Title	Owner				
Signature	Lindsey Guerrero			04-10-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

O2 LOUNGE ALCOHOL FLOOR PLAN



Form
AB-101Alcohol 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)

02 Lounge LLC

2. Business Trade Name or DBA

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

Guerrero

2. First Name

Lindsey

3. M.I.

S

5. Phone

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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	Guerrero	First Name	Lindsey	M.I.	S
Title	owner				
Signature	Lindsey Guerrero			Date	4-04-2025

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	Guerrero	First Name	Lindsey	M.I.	S
Signature	Lindsey Guerrero			Date	4-04-2025

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ <u>225.00</u>

Part A: Premises/Business Information

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

PORCHLG, LLC

2. Business Trade Name or DBA

THE PORCH

3. FEIN

4. Wisconsin Seller's Permit Number

456-1031769326-04

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

08/10/2022

8. Wisconsin DFI Registration Number

P085689

9. Premises Address

832 GENEVA STREET

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

Walworth



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

15. Aldermanic District

8

16. Premises Phone

(262) 729-4100

17. Premises Email

AR@PORCHLG.COM

18. Website

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

SEE MAP

20. Mailing Address (if different from premises address)

222 CENTER STREET

21. City

LAKE GENEVA

22. State

WI

23. Zip Code

53147

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
GEORGE	THOMAS	MEMBER	
GEORGE	KATHLEEN	MEMBER	

Part D: Attestation

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

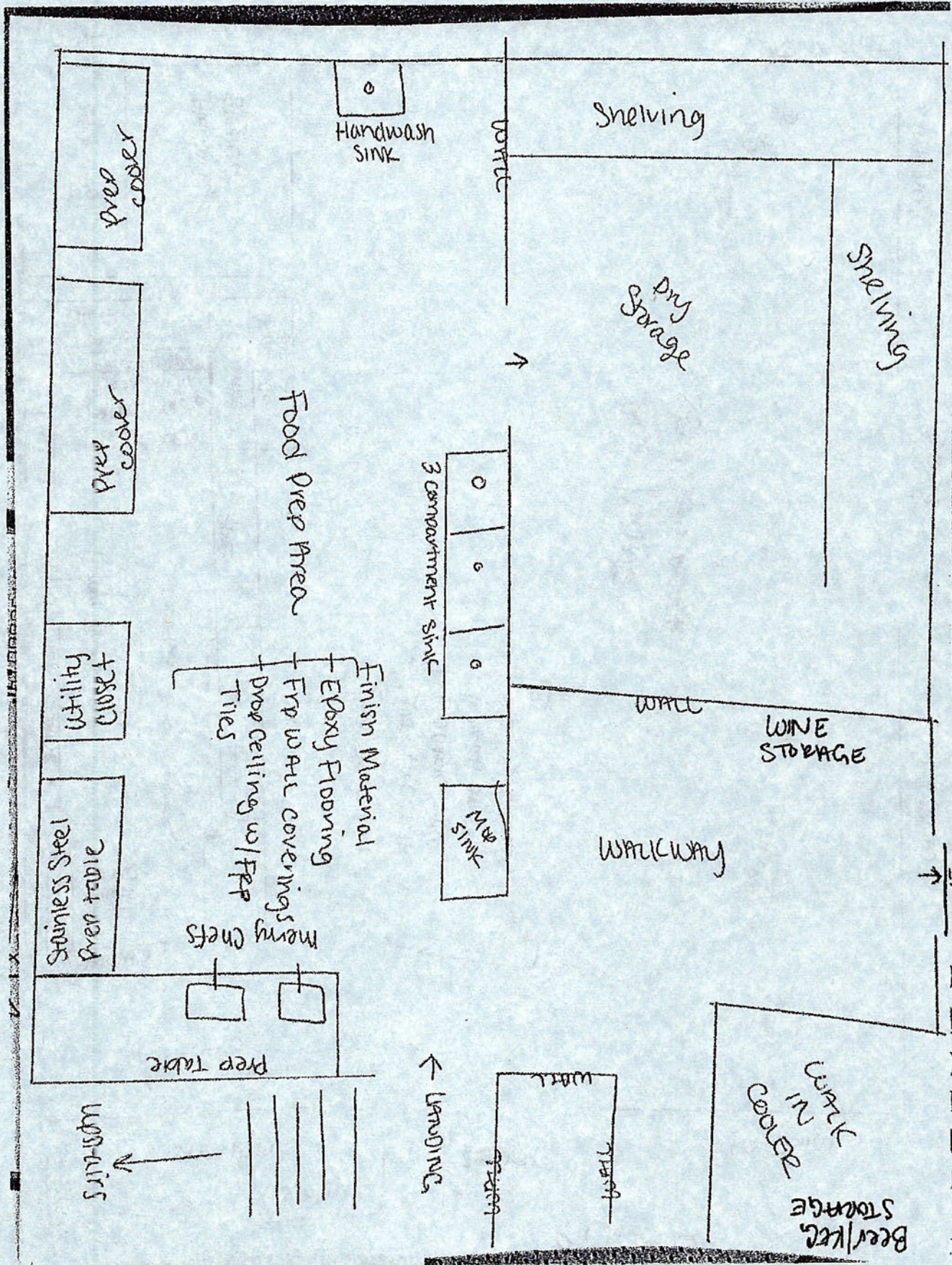
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

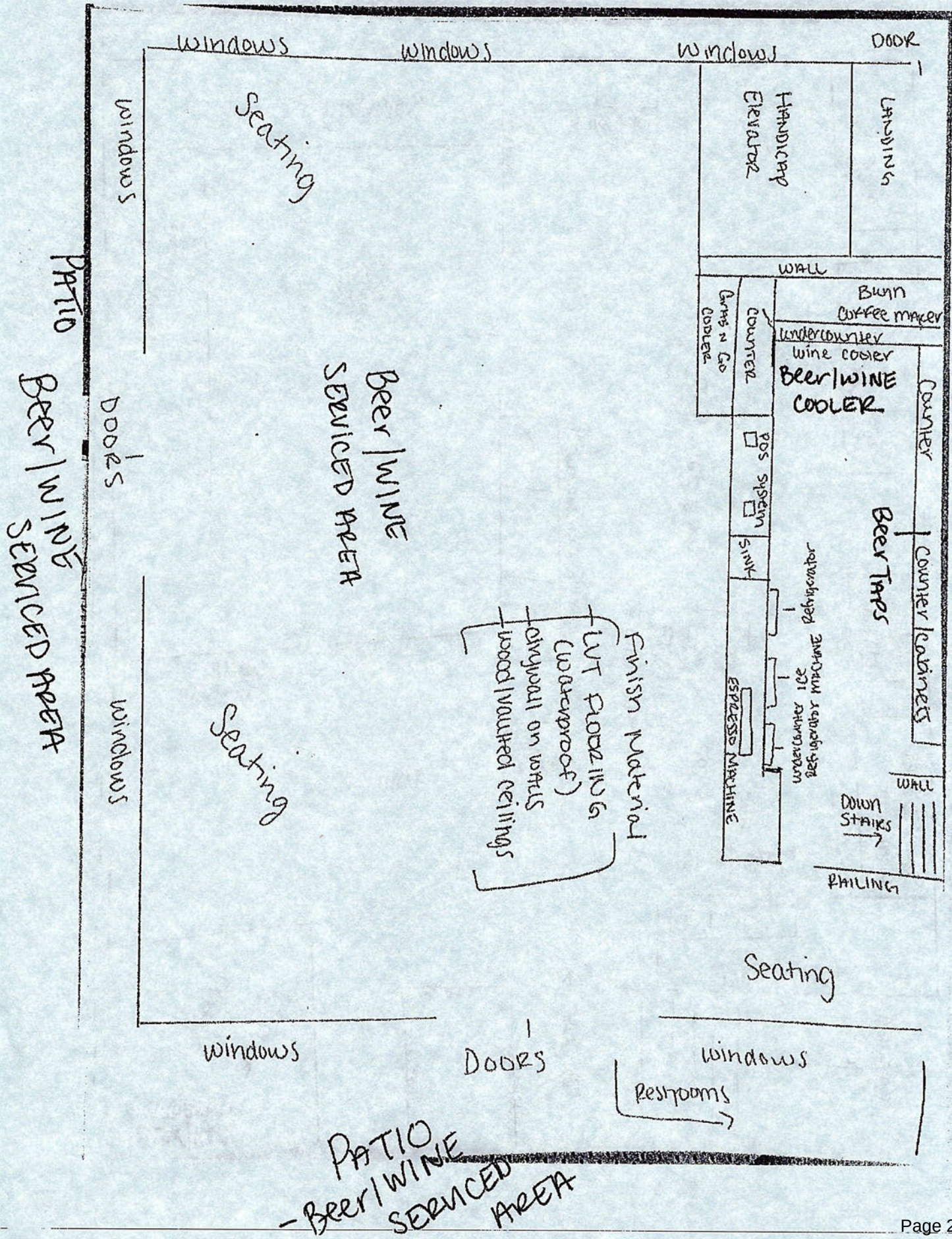
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and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

Last Name George	First Name Thomas	M.I. C
Title member	Email [REDACTED]	
Signature [Signature]	Date 3/31/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	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)

PORCH LG, LLC

2. Business Trade Name or DBA

THE PORCH

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

George

2. First Name

Thomas

3. M.I.

C

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

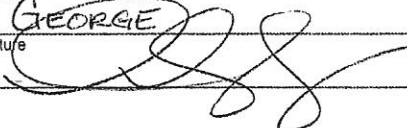
Part D: Business Attestation

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		First Name		M.I.
Title	Email		Phone	
Signature			Date	

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 <u>GEORGE</u>		First Name <u>Thomas</u>		M.I. <u>C</u>
Signature 			Date <u>1-31-25</u>	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

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

Simple Cafe LLC

2. Business Trade Name or DBA

Simple Cafe

4. Wisconsin Seller's Permit Number

456-1027064196-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

07/17/2009

8. Wisconsin DFI Registration Number

S085676

9. Premises Address

525 Broad Street

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

1

16. Premises Phone

(262) 248-3556

17. Premises Email

tom@simplefoodgroup.com

18. Website

simplelakegeneva.com

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

Basement storage area - Records in office - service in dining room,
patio - cooled in kitchen

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Hartz	Thomas	Member	
Hartz	Lori	Member	

Part D: Attestation

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

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

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

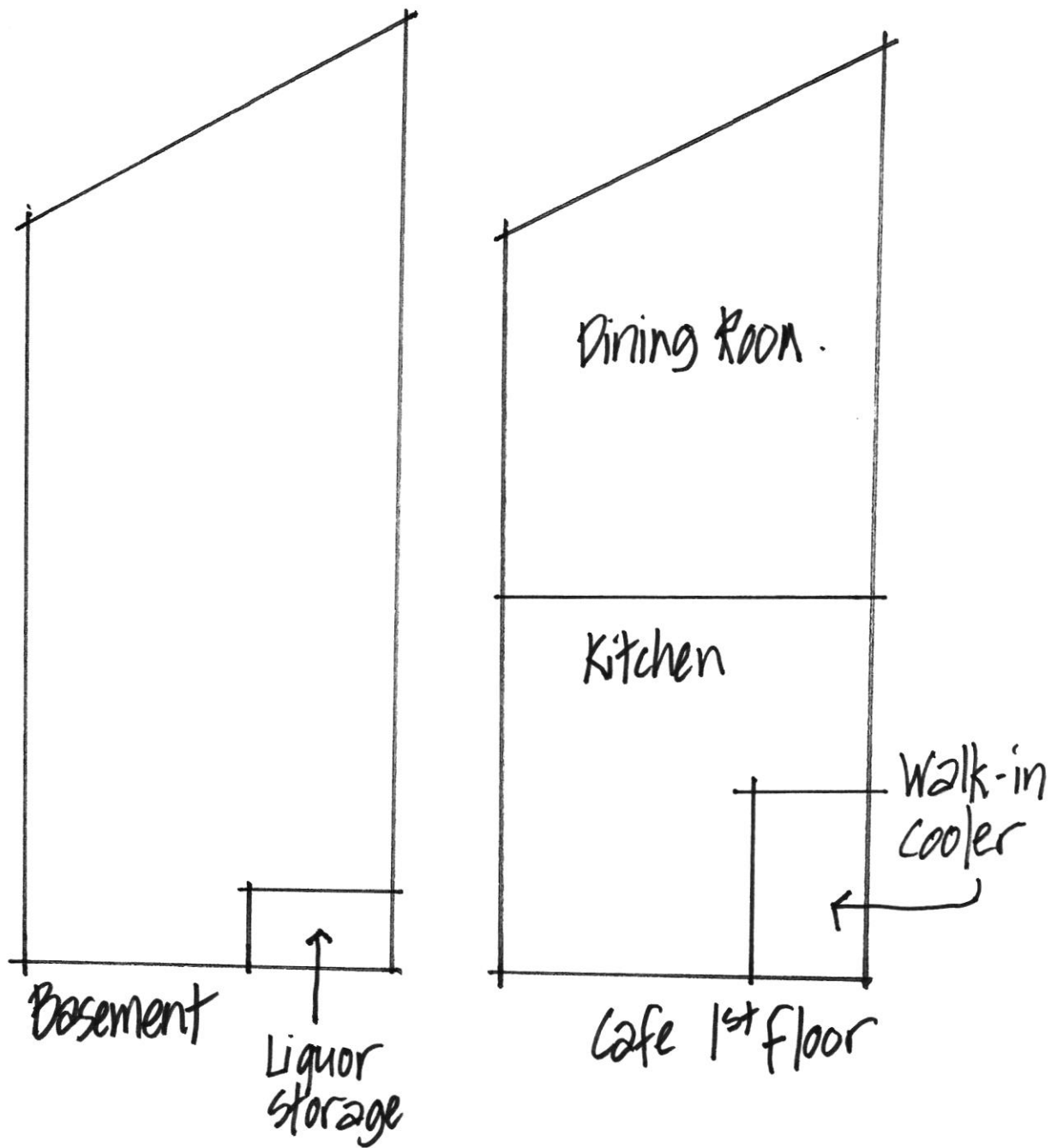
Last Name Hartz	First Name Thomas	M.I. A
Title Member	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04/10/20

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/14/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

AB-200

Simple Cafe 525 Broad St.
Alcohol Beverage License
Application



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)

Simple Cafe LLC

2. Business Trade Name or DBA

Simple Cafe

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

Hartz

2. First Name

Thomas

3. M.I.

A

8. State

WI

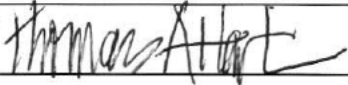
Part C: Agent Questions

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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 Hartz	First Name Thomas	M.I. A
Title Member/Founding Partner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 04/10/20

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 Hartz	First Name Thomas	M.I. A
Signature 		Date 04/10/20

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25 - 6/30/26

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

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

Fees	
License Fees	\$ <u>200</u>
Background Check Fee	\$ _____
Publication Fee	\$ <u>25</u>
Total Fees	\$ <u>225</u>

pa
3/19

Part A: Premises/Business Information

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

Tristan Crist Magic Theatre LLC

2. Business Trade Name or DBA

3. FEIN

4. Wisconsin Seller's Permit Number

456-1029715309-02

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

01/29/2018

8. Wisconsin DFI Registration Number

T075669

9. Premises Address

100 N Edwards Blvd

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

3

16. Premises Phone

(262) 248-0505

17. Premises Email

tristancrist@gmail.com

18. Website

www.LakeGenevaMagic.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.

Premise includes a lobby, restrooms, closets, utility room, hallway, theatre, stage, backstage, dressing room, storage space, office and patio

20. Mailing Address (if different from premises address)

21. City

Lake Geneva

22. State

WI

23. Zip Code

53147

Part B: Questions

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

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

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated

Location

Trial Date

Penalty Imposed

Was sentence completed? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Christ	Tristan	Member	

Part D: Attestation

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

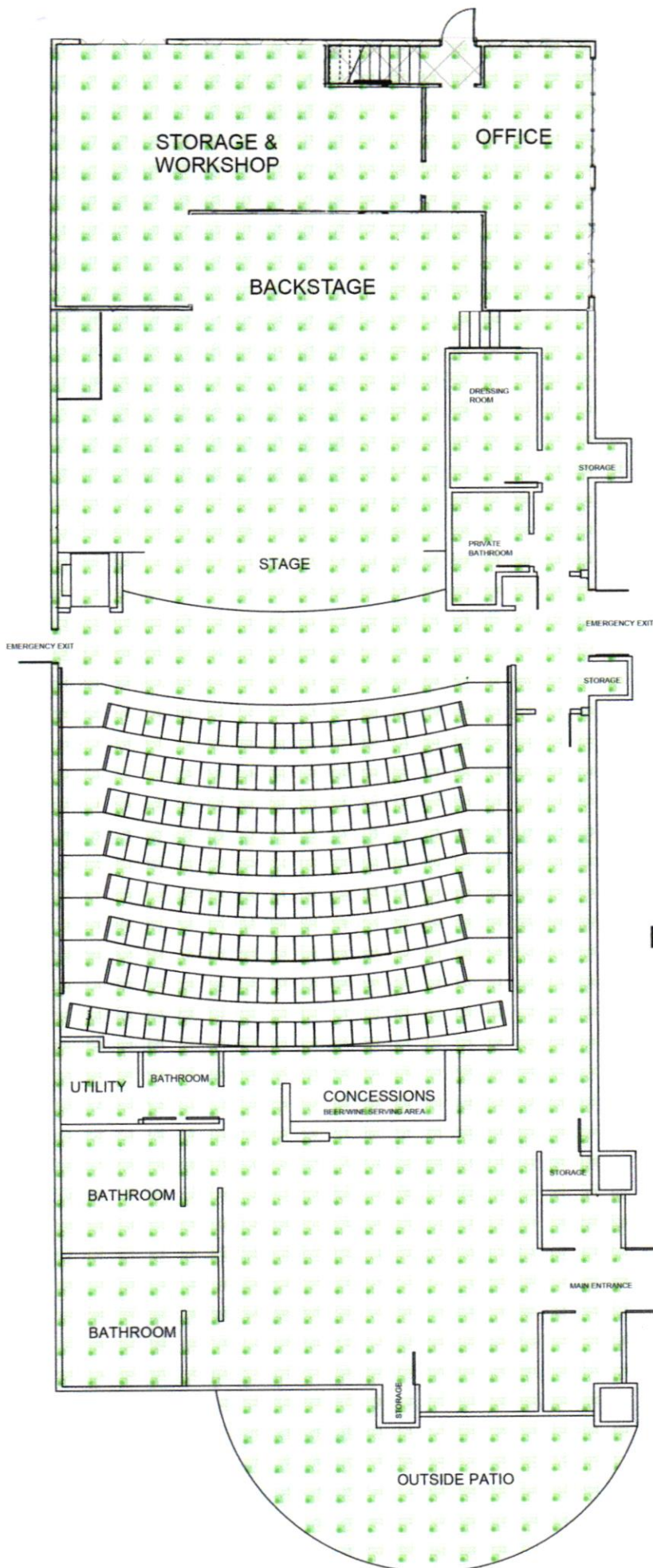
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name	First Name	M.I.
Christ	Tristan	S
Title	Phone	
Member		
Signature	Date	
	3/16/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
3/19/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



TRISTAN CRIST MAGIC THEATRE LLC

GREEN HIGHLIGHTED AREA IS WHERE
ALCOHOL IS STORED AND/OR
CONSUMED. AS WELL AS WHERE
PAPERWORK IS STORED.

Alcohol Beverage
Appointment of AgentDate
03/16/2025

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)

Tristan Crist Magic Theatre LLC

2. Business Trade Name or DBA

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

Christ

2. First Name

Tristan

3. M.I.

S

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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	First Name	M.I.
Christ	Tristan	S
Title	[REDACTED]	
Member	[REDACTED]	
Signature	Date	
	03/16/2025	

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	First Name	M.I.
Christ	Tristan	S
Signature	Date	
	03/16/25	

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/25-6/30/26

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

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

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

pd
4/15

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>D D Restaurant Group Inc</u>		
2. Business Trade Name or DBA <u>FLAT IRON TAP</u>		
3. FEIN <u>[REDACTED]</u>	4. Wisconsin Seller's Permit Number <u>456-102943303902</u>	
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 <u>2017</u>	8. Wisconsin DFI Registration Number <u>20240097442</u>
9. Premises Address <u>150 Center Street</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>262-812-4064</u>	17. Premises Email <u>flatirontap@gmail.com</u>	18. Website <u>flatirontap.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>FIRST FLOOR, BAR, Dining Area, coolers, Basement, Patio, Records in Basement</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Wingate	DAVID	President	
Lopez	Robert	Agent	

Part D: Attestation

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

• sole proprietor

• one general partner of a partnership

• one corporate officer

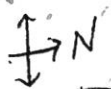
• one member of an LLC

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

Last Name	First Name	M.I.
Wingate	DAVID	J
Title		
President		
Signature		
	4/13/25	

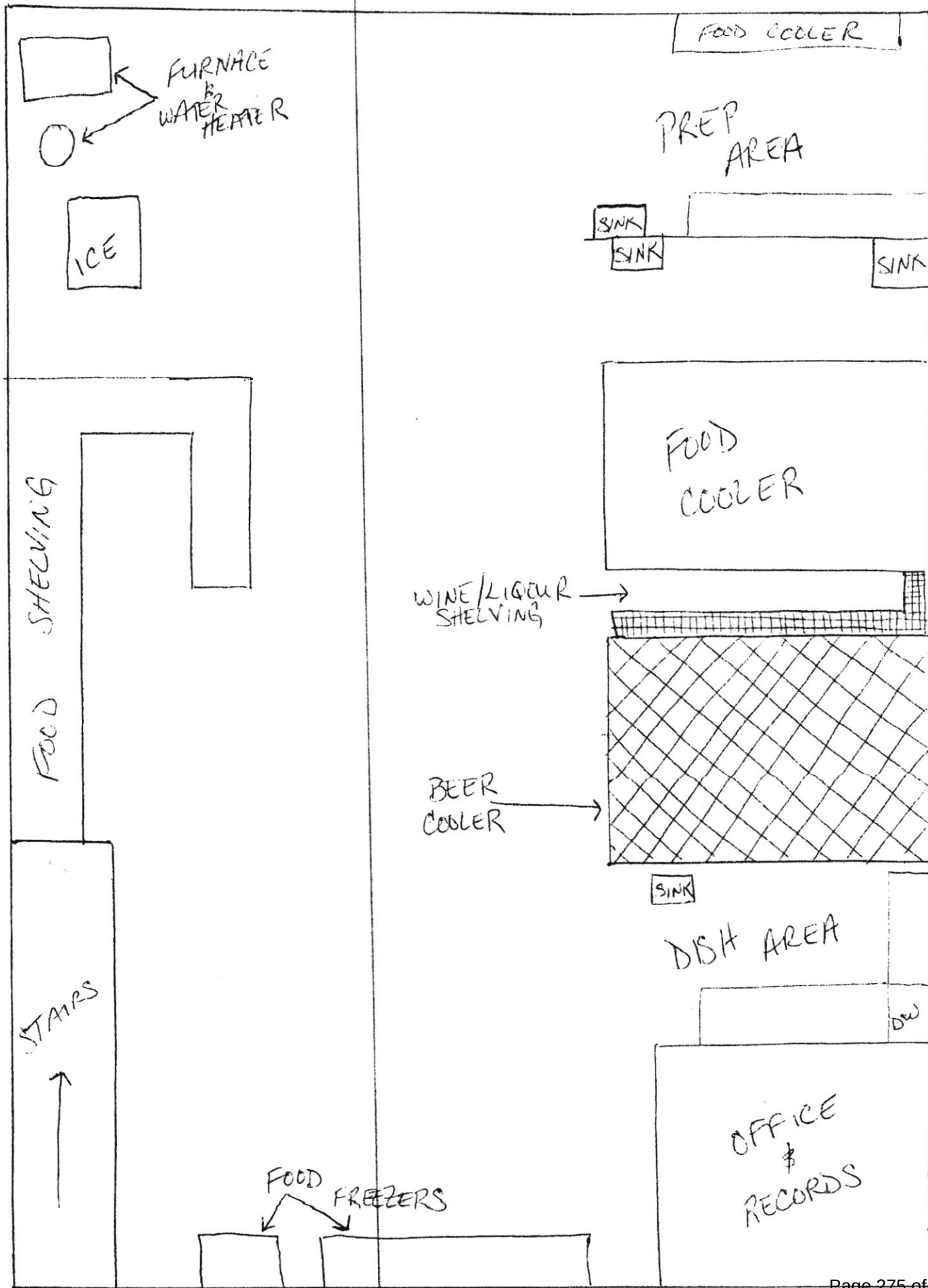
Part E: For Clerk Use Only

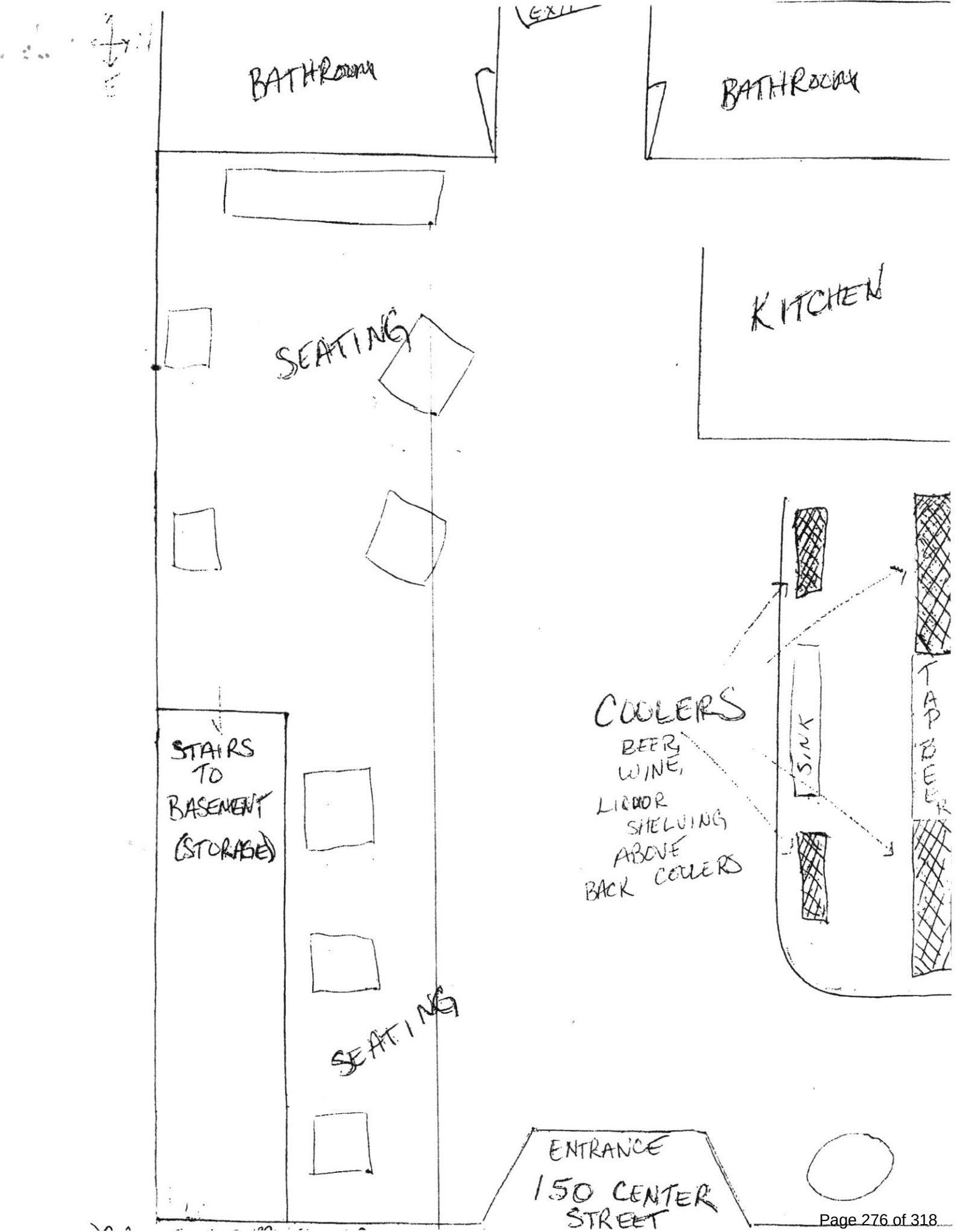
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
4/15/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



150

CENTER STREET





BATHROOM

BATHROOM

KITCHEN

SEATING

STAIRS
TO
BASEMENT
(STORAGE)

SEATING

COOLERS

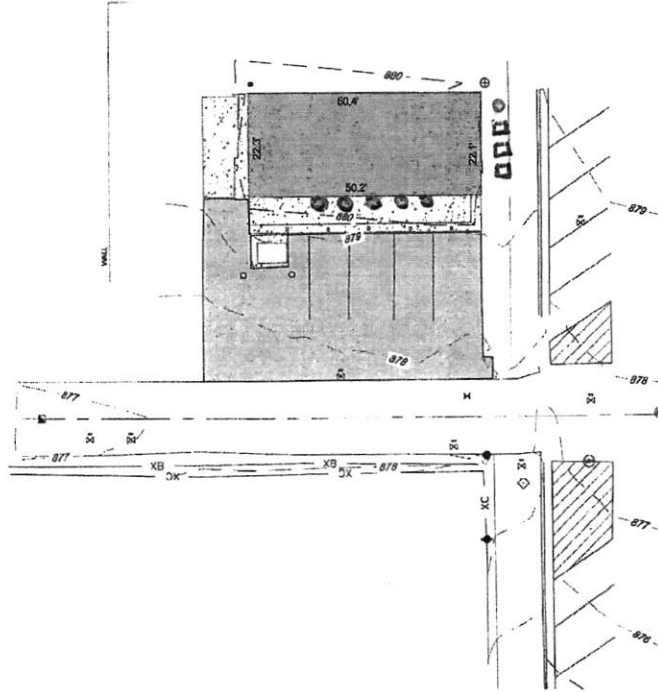
BEER
WINE,
LIQUOR
SHELVING
ABOVE
BACK COOLERS

SINK

TAP
BEER

ENTRANCE
150 CENTER
STREET

LEGEND	
●	FOUND 1" IRON PIPE
•	FOUND IRON ROD
○	SET 1" IRON PIPE
◆	FOUND 1.5" IRON PIPE
⊕	CHISELED CROSS
⊖	INLET
⊙	WATER BOX
⊗	FIRE HYDRANT
⊕	MANHOLE
⊙	PARKING METER SIGN
○	PYLON
▨	EXISTING CONCRETE
▩	EXISTING PAVED
▧	EXISTING BUILDING
▨	NO PARKING
(XX)	RECORDED AS
—H—	GUARD RAIL
—K—	FENCE
—H—	GAS BOX



○ 2 Top Tables
 □ 4 Top Tables



CLIENT
 FLAT IRON TAP
 CITY OF LAKE GENEVA, WI 53147



CARDINAL ENGINEERS
 DESIGNING IN TRUE D

NO. 100-1000-1000-1000
 DATE
 PROJECT NO.
 SHEET NO.
 SHEET NUMBER

01 OF

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)

D+D Restaurant Group, Inc

2. Business Trade Name or DBA

Flat Iron Tap

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

Lopez

2. First Name

Robert

3. M.I.

K

8. State

WI

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* (licensee) or
Form AB-300, *Alcohol Beverage Personal Questionnaire* (permittee)? ☒ Yes ☐ No
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	First Name	M.I.
Wingate	David	J
Title	[REDACTED]	
Signature	Date 4/13/25	
[Signature]		

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	First Name	M.I.
Lopez	Robert	R
Signature	Date 4/13/25	
[Signature]		



**CITY OF LAKE GENEVA
CITY CLERK'S OFFICE**

626 Geneva Street
Lake Geneva, WI 53147
262.248.3673

Date: May 16, 2025

To: Finance, Licensing, & Regulation Committee

Re: Mt Zion Worship in the Park & Beach Baptism Event Permit Application

The Event Permit applications for Mt Zion's Worship in the Park and Beach Baptism is consistent with past applications. Internal review of the application uncovered no concerns, and the necessary departments have signed off in approval.

Beach operations end after Labor Day weekend, so there are no conflicts with paying beach goers. Amplified sound in Brunk Pavilion would not begin before 9:00 am.

This application can be recommended for approval unless Committee members have additional questions. If Committee members do have questions, I ask that they be directed to the Clerk's Office prior to the meeting so that research can be done and answers provided at the meeting.

Respectfully submitted,

Vanessa Jahns
Deputy City Clerk



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: Mt. Zion Church
Name of Event Organizer/Producer: Rose Miller
Production Company/Organization: _____ FEIN #: [REDACTED]
Street Address: 2330 Hwy 120
City: Lake Geneva State: WI Zip code: 53147
E-mail Address: office@mtzn.com
Daytime Phone: 262-248-7097 Cell Phone: _____
Are you a ☐ Business/Individual OR ☒ Non-Profit Organization 501(c) _____

*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: Lake Geneva Beach

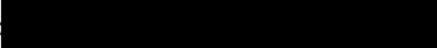
☐ **Street Use/Closure** \$75/day
Describe in Section III on page 3 of application

☐ **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
 - ☐ Other:

- Shelters
- ☐ Brunk Pavilion
 - ☐ Seminary Park Shelter
 - ☐ Cobb Park Shelter
 - ☐ Gazebo

1. Title of Event: Worship in the Park + Beach Baptism
2. Date(s) of Event: Sept 7
3. Location(s) of Event: Flat Iron Park + Lake Geneva Beach
4. Hours: 9am - 3pm
Note: Start Time & End Time
5. Event Chair/Contact Person: Rose Miller Phone: 
6. Day of Event Contact Name: Rose Miller Phone: 
7. Is the event open to the public? ☒ Yes ☐ No
8. Will you charge an admission fee? ☐ Yes ☒ No
9. Estimated Attendance Number: 200
10. Basis for estimate: past events
11. Will you be setting up a tent? ☐ Yes ☒ No

If yes, list the location, size, Rental Company, and proof of completion of locates.

12. Will there be any animals? ☐ Yes ☒ No

If yes, what type and how many: _____

13. Attach a detailed description of proposed event with map of the exact location of the event and/or route.

14. Description of plan for handling refuse collection and after-event clean-up:

We will use the garbage cans available @ the site

15. Description of plan for providing event security (if applicable):
-
-

16. Will there be fireworks or pyrotechnics at your event?

☐ Yes ☒ No

If yes, please attach a fireworks display permit or application.

17. Will your event include the sale of beer and/or wine?

☐ Yes ☒ No

If yes, please attach a completed Temporary Alcohol License & Temporary Operator License Application.

18. Will you or any other vendors be selling food or merchandise?

☐ Yes ☒ No

If yes, please attach list of proposed vendors, including business name and type of food/merchandise sold.

19. Do you intend to use the available picnic tables and benches in the location?

☒ Yes ☐ No

Continue to next page...

Section III- STREET USE

☒ Check if this section does not apply

Required for any event using a public street. Per Sec. 62-243 of the municipal code, this application must include the following attachments:

- ☐ Certificate of Comprehensive General Liability Insurance with the City, its employees and agents as additional insured with coverage for contractual liability with minimum limits of \$500,000 per occurrence for bodily injury and property damage limits of \$250,000 per occurrence.
- ☐ Petition signed by more than half of the residential dwelling units and/or commercial units residing along that portion of the street designated for the proposed use or whose property is denied access by virtue of the granting of the permit.

1. Description of portion(s) of road(s) to be used:

Road closures must include rental of barricades; must be coordinated with the City of Lake Geneva Department of Public Works

2. Will any parking stalls be used or blocked during the event?

☐ Yes ☒ No

Parking Stall daily fees or bagging of Parking Stall fees are not included with the event permit fee; arrangements must be made with the City of Lake Geneva Parking Manager

Dates of Use: _____

Total Number of Parking Stalls being Requested: _____

Parking Stall Number(s) and Location: _____

3. Description of Signage to be used during event: None

**The use of City Street Banner poles will require a separate, complete Street Banner Display Application*

4. Anticipated Services

Please indicate below any additional services you are requesting for your event. Estimated Fees or Deposits for these services may be required prior to issuance of permit(s)

☒ **Electricity**; Explain: Electric @ shelter for the worship team.

☐ **Water**; Explain: _____

☐ **Traffic Control**; Explain: _____

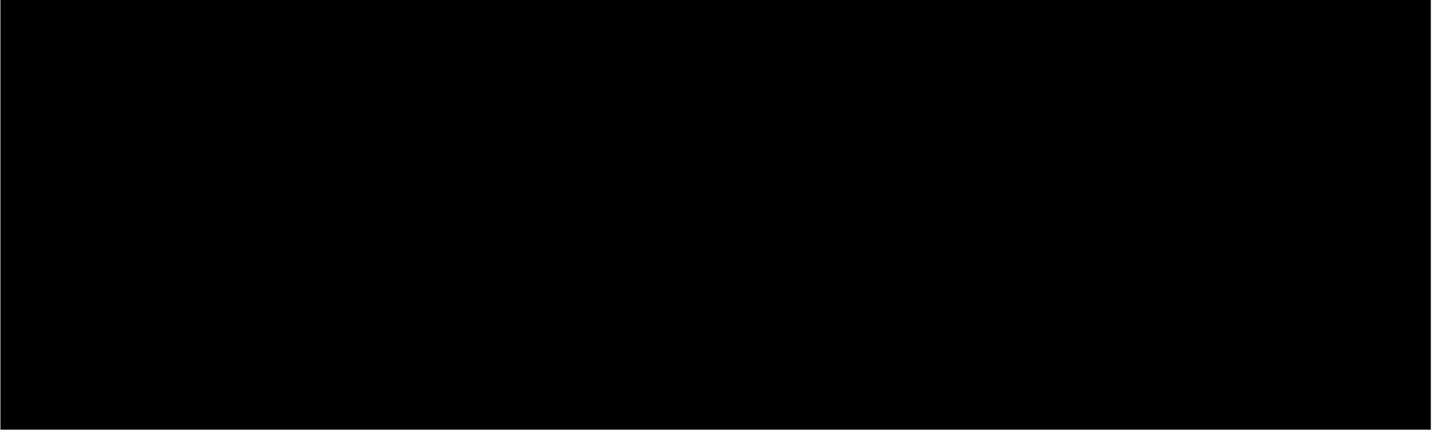
☐ **Police Services**; Explain: _____

☐ **Fire/EMS Services**; Explain: _____

☐ **Other**; Explain: _____

***Please note:** The City of Lake Geneva, the Police Department and/or Fire Department have the right to cancel an event due to inclement weather or any safety risk.

***All Parks and Public Spaces must be left the way they were originally found. A credit card is required to be placed on file with the City Clerk's office should the park or public space incur any damage or has not been cleaned up. Any charges will be communicated to the card holder prior to credit card processing.**



The applicant for her/himself and for other persons, organizations, firms and corporations, if any listed in this application, being of sound mind and body, do hereby freely, voluntarily and knowingly, now and for all times, fully save and hold harmless and defend, the CITY OF LAKE GENEVA, a Wisconsin Municipal Corporation located in the Walworth County, and each and every of its elected and appointed officials, employees, representatives, agents, heirs, and assigns, jointly and severally from and against any and all claims, causes of action, actions, liabilities, demands, losses, damages, and/or expenses of whatsoever kind and nature including counsel or attorneys' fees, which I have or may, at any time, incur or sustain arising from, resulting from, incurred in consequence of, or pertaining to, any and all intentional and negligent acts, omissions, incidents, activities and transactions, of whatever kind and nature, direct or indirect, of mine own and those of or by the CITY OF LAKE GENEVA, and each and every of its elected and appointed officials, employees, representatives, and agents, regardless of when or where, occurring or arising from this event.

Applicant Signature: _____

Rose Ms. Miller

Date: _____

4/23/25

For Office Use Only

Date Filed with Clerk: 4/23/25 Payment Amount: \$ N/A

Receipt #: N/A

City Clerk/Administrator Signature: [Signature] Date: 5/13/25

☒ Approve ☐ Denied Notes: _____

Police Chief Signature: 4. Tate +157 Date: 5/13/25

☒ Approve ☐ Denied Notes: _____

Fire Chief Signature: [Signature] Date: 5/8/25

☒ Approve ☐ Denied Notes: _____

DPW Signature: Neil Waswo Date: 13-May-2025

☒ Approve ☐ Denied Notes: _____

Parking Signature: N/A Date: _____

☐ Approve ☐ Denied Notes: _____

Harbormaster Signature: [Signature] Date: 14-May-2025

☒ Approve ☐ Denied Notes: _____

Parks & Rec Signature: N/A Date: _____

☐ Approve ☐ Denied Notes: _____

Public Events:

FLR Meeting Date: _____

Council Meeting Date: _____

Resolution 25-R35

The Common Council of the City of Lake Geneva does hereby establish the following revised schedule of fees, effective May 27, 2025.

**SCHEDULE OF FEES**

CITY OF LAKE GENEVA, WISCONSIN

The City of Lake Geneva may retain overpayments of taxes, fees, licenses, and similar charges when the overpayment is \$2 or less, unless such refund is specifically requested by the remitter.

LICENSES & PERMITS	
Temporary Retailer's	\$10.00 Each
Provisional/Temp. Operator (60 days)	\$15.00 each
Operator- 1 Year License (First Time Applicants)	\$50.00
Operator- 2 Year License (Renewal)	\$75.00
Class A Liquor	\$500.00
Class A Beer	\$100.00
Class C Wine	\$100.00
Class B Liquor (Quota License)	\$500.00
Class B Beer	\$100.00
Reserve Class B Liquor	\$10,000.00
Change of Agent	\$10.00
Publication Fee	\$25.00
Extension of Premises	\$25.00
ANNEXATION FILING FEE – DUE UPON PETITION	\$200.00
AMUSEMENTS	
Coin Operated music machine/juke box	\$20.00 per machine
ASSESSMENT REQUEST LETTER	\$35.00 each
BANNER PERMIT	\$1.00 per banner per day of display
BUSINESS LICENSE	\$25.00 Annual
Late fee after July 1	\$20.00 (in addition to license fee)
CAT LICENSE	
Not Spayed/Neutered	\$8.00 Annual
Spayed/Neutered	\$4.00 Annual
Late fee after April 1, or 30 days after adoption of new animal if adoption occurs after April 1	\$5.00 (in addition to license fee)
DOG LICENSE	
Not Spayed/Unneutered	\$30.00 Annual
Spayed/Neutered	\$15.00 Annual
Late fee after April 1, or 30 days after adoption of new animal if adoption occurs after April 1	\$5.00 (in addition to license fee)
BOWLING ALLEY	\$20.00 per lane
BILLIARDS OR POOL TABLE	\$40.00 per table
CARRIAGE COMPANY LICENSE	\$50.00 Annual
Each Additional Carriage	\$25.00
CLOSING OUT SALE	\$25.00 event
CIGARETTE /TOBACCO LICENSE * STATUTORY	\$100.00 Annual
CREAMERY PERMIT	\$50.00
DIRECT SELLERS PERMIT	\$50.00 non-refundable application fee

EVENT PERMITS & SHELTER RESERVATIONS (PER POLICY)	
PRIVATE EVENTS (Local Non-Profit Organizations: No Charges for Private Events)	
PARK USE	\$75 per day
SHELTER RESERVATIONS	
BRUNK PAVILION	\$250 per day
FLAT IRON PARK GAZEBO	\$125 per day
SEMINARY PARK SHELTER	\$75 per day
COBB PARK SHELTER	\$75 per day
STREET USE/CLOSURE	\$75 per day
PARKING RESERVATION WITH PRIVATE EVENTS	\$10 admin fee + daily rate per stall
PUBLIC EVENTS (Non-Profit Organizations: No Charge for Public Events)	
Application fee – if submitted at least 60 days prior to event	\$100
Application fee – if submitted at least 45 days but fewer than 60 days prior to event	\$300
Park/Shelter/Street Use	Cost per day as shown above in Private Events section
PARKING RESERVATION WITH PUBLIC EVENT	\$10 admin fee + daily rate per stall
MESSAGE ESTABLISHMENT	
Investigation	\$50.00 Annual
Transfer	\$50.00
MOBILE HOME PARK LICENSE	\$100.00 Annual
BASEBALL TOURNAMENT PERMIT FEE – VETERAN’S PARK	\$1,000 Security Deposit
Friday Rental	\$150.00
Saturday Rental	\$300.00
Sunday Rental	\$300.00
PARKING STICKERS	
Resident & Non-Resident Residence Owners – Lasts 2 years (even) – 3 hours free parking	4 free per residence Each additional \$25.00
Business Owner – 3 hours free parking	\$50.00 Lasts 2 years (even year) \$25.00 for 1 year
Walworth County Resident - 3 hours free parking	\$160.00 Lasts 2 years (even year) \$80.00 for 1 year
Walworth County Resident- Senior Citizen (65 & Older) - 3 hours free parking	\$130.00 Lasts 2 years (even year) \$65.00 for 1 year
Parking Lot Permit	\$400.00 Annual
PARKING RATES	
All Parking Stalls Rate (Monday thru Thursday)	\$2.00 per hour
All Parking Stalls Rate (Friday thru Sunday)	\$4.00 per hour
Reserved Parking Stalls/Contractor Permits	\$10.00 administrative fee Feb 1 – Nov 14: \$20.00 daily per stall Nov 15 – Jan 31: \$10.00 daily per stall
PARKING TICKETS	
Expired Stall (Over 3 hours; Over 5 hours; Over 25 min.)	\$30.00
More than 3 motorcycles	\$30.00
Improper Use or Display of Sticker	\$30.00
Backed into parking stall	\$30.00
Compact Car Only	\$30.00

No Parking Zone	\$30.00
Over the Line	\$30.00
Parking by fire hydrant	\$30.00
Handicap Zone	\$150.00
Parking with Trailer or Trailer alone in Sage Lot D	\$30.00
Parking any Vehicle without a Trailer or with an occupied Trailer in Boat Launch Parking Lot F	\$30.00
LATE FEES	
Expired Stall After 10 days	\$60.00
More than 3 motorcycles After 10 days	\$60.00
Backed into parking stall After 10 days	\$60.00
Compact Car Only After 10 days	\$60.00
No Parking Zone After 10 days	\$60.00
Parking by fire hydrant	\$80.00
Handicap Zone	\$300.00
Second Collection Letter Fee	\$6.00
Vehicle Suspension Release Fee	\$20.00
PUBLIC RECORDS REQUESTS * STATUTORY	
Photocopies (can include hourly wage for gathering data)	\$0.25 per page
Large Plan Set Printing (Larger than 11"X17")	\$1.75 per page
RADON TEST KIT	\$10.00
REISSUE CHECK FEE	\$25.00
RETURNED CHECK FEE (NSF)	\$30.00 each
ROOM TAX LICENSE	\$10.00 Annual
SHOWS, CIRCUS, CARNIVALS	
Circus	\$50.00 per day
Tent Show – Day 1	\$15.00
Tent Show – Each Additional Day	\$10.00
All Other	\$2.00 per day
SIDEWALK CAFÉ PERMIT	\$15.00 per seat Annual
STREET USE PERMIT	\$25.00 nonrefundable application fee
Up to two days	\$40.00
More than two days	\$100.00
TAX EXEMPT REPORT FILING (every other year)	\$20.00
Late Fee	\$20.00
TAXI CAB COMPANY LICENSE	\$50.00 Annual
Each Additional Car	\$25.00
TAXI CAB DRIVER LICENSE	\$25.00 Annual
THEATER LICENSE	
Up to 1,200 seats	\$200.00
Over 1,200 seats	\$275.00
TOURIST ROOMING/SHORT-TERM RENTAL LICENSE	\$683.00 Annual
TOURIS ROOMING/SHORT-TERM RENTAL LICENSE/LATE-AFTER 1/31	\$250.00
TRAPPING PERMIT	\$25.00 Annual
CITY HALL MEETING ROOM RENT	\$25 per event

LAKEFRONT		
BEACH (Open Memorial Day thru Labor Day —no glass containers allowed)		
Children age 6 and under	Free	
Ages 7 and up	\$10.00 per day	
Annual Resident Beach Tags Bracelet (Maximum 6 per Household)	\$3.00 per tag bracelet	
Non-Resident Student Annual Bracelet: Students of Lake Geneva Joint #1 Schools, Lake Geneva-Genoa City Union (Badger) High School, St. Francis De Sales School & Frist Lutheran School (Limit 1 bracelet per student)	\$25.00 per bracelet with valid student ID	
Non-Resident Annual Beach Bracelet Seasonal Pass Ages 7 and up	\$100.00 per bracelet year	
Beach Bathrooms – Opening/Cleaning	Hourly Rate	
BOAT LAUNCH PERMIT		
One-Time Launch	Resident	Non-Resident
Non-Trailer Non-Motor	\$7.00 \$13.75	\$8.00 \$13.75
Less than 20 feet	\$10.00 \$16.25	\$11.00 \$16.25
20 feet to 25 feet 11 inches	\$14.00 \$20.50	\$21.00 \$31.00
26 feet and over	\$16.00 \$24.75	\$24.00 \$37.25
Season Launch Permit	Resident	Non-Resident
Non-Trailer Non-Motor	\$70.00 \$137.50	\$80.00 \$137.50
Less than 20 feet	\$100.00 \$162.50	\$110.00 \$162.50
20 feet to 25 feet 11 inches	\$140.00 \$205.00	\$210.00 \$310.00
26 feet and over	\$160.00 \$247.50	\$240.00 \$372.50
Replacement Sticker	\$5.00	\$5.00
COMMERCIAL BOAT LAUNCH PERMIT	\$1,000 per year (unlimited launches)	
KAYAK LAUNCH PERMIT (Library Park)		
Kayak Launch Fee One -Time Kayak Launch	\$5.00 \$10.00	
Season Launch Pass for Kayaks, Canoes and Paddleboards (non-trailer, non-motor)	Resident \$100.00	Non-Resident \$100.00
ANNUAL WEST END PIER SLIP, LAGOON SLIP, BUOY, DINGHY, KAYAK AND PADDLEBOARD RACK LEASE PERMITS	Rates below effective January 13, 2025	
WEST-END PIER 24’ SLIP		
Resident	\$2,240.00	
Non- Resident Property Owner- Dwelling	\$3,521.00	
Non-Resident Property Owner- Lot or Rental	\$4,108.00	
Non-Resident	\$4,693.00	
WEST-END PIER 26’ SLIP		
Resident	\$2,614.00	
Non- Resident Property Owner- Dwelling	\$3,991.00	
Non-Resident Property Owner- Lot or Rental	\$4,538.00	
Non-Resident	\$5,085.00	
BUOYS		
RESIDENT	\$966.00	
NON-RESIDENT PROPERTY OWNER-DWELLING	\$1,684.00	
NON-RESIDENT PROPERTY OWNER-LOT OR RENTAL	\$2,016.00	
NON-RESIDENT	\$2,347.00	
LAGOON SLIP		
Resident	\$920.00	
Non- Resident Property Owner- Dwelling	\$1,604.00	

Non-Resident Property Owner- Lot or Rental	\$1,920.00
Non-Resident	\$2,236.00
LAGOON PERSONAL WATERCRAFT SLIP	\$1,296.00
DINGHY RAMP	
Resident	\$166.00
Non- Resident Property Owner- Dwelling	\$253.00
Non- Resident Property Owner- Lot or Rental	\$300.00
Non-Resident	\$348.00
Replacement or Additional Sticker	\$5.00
KAYAK, & PADDLEBOARD RACKS (7 MONTH RENTAL)	
Resident	\$179.00
Non- Resident Property Owner- Dwelling	\$274.00
Non- Resident Property Owner- Lot or Rental	\$324.00
Non-Resident	\$376.00
Replacement or Additional Sticker	\$5.00
RIVIERA	
RIVIERA SLIPS	\$6,542.00
RIVIERA BUOYS	\$2,999.00
Riviera Slip Extension	\$300.00
RIVIERA LOWER LEVEL CONCOURSE LEASE RATE	\$43.50/Sq Foot
RIVIERA RENTAL RATES (<i>Maximum attendees is 380</i>) Peak Season: May 1- November 30 Off-Peak Season: December 1- April 30	Rates below effective January 1, 2024
PEAK SEASON RATES SOCIAL EVENTS (WEDDINGS , ANNIVERSARIES , ETC)	
Resident Friday	\$3,500.00
Resident Saturday	\$7,750.00
Resident Sunday	\$2,750.00
Resident Mon-Thurs	\$1,425.00
Non-Resident Friday	\$6,000.00
Non-Resident Saturday	\$7,750.00
Non-Resident Sunday	\$5,500.00
Non-Resident Mon-Thurs	\$2,400.00
Holiday Surcharge	\$300.00
OFF-PEAK SEASON RATES SOCIAL EVENTS (WEDDINGS , ANNIVERSARIES , ETC)	
Resident Friday	\$2,375.00
Resident Saturday	\$2,850.00
Resident Sunday	\$1,950.00
Resident Mon-Thurs	\$1,425.00
Non-Resident Friday	\$4,750.00
Non-Resident Saturday	\$5,800.00
Non-Resident Sunday	\$3,800.00
Non-Resident Mon-Thurs	\$2,100.00
Holiday Surcharge	\$300.00
PARKING LOT RESERVATION – Lot B Center Street (Only available with Riviera Ballroom Rental)	\$1,300.00/per day

BUILDING & ZONING	
Building	
Minimum permit fee for all building permits	Residential \$65.00 Commercial \$100.00
Residential Construction:	
One & Two family & attached garage (new, addition and alterations)	\$0.44 / sq. ft. New Single-Family Construction \$1,000.00 Minimum
Accessory buildings & garages	\$0.33 / sq. ft.
Decks	Less than 100 sq. ft. - \$100 \$85.00 Minimum
Roofing and Siding	\$65.00
Commercial Construction:	
Residences - Apartments, Three family & over, Row Housing, Multiple Family Dwellings, Institutional (new, addition and alterations)	\$0.46 / sq. ft. New Commercial Construction \$1,500.00 Minimum
Local Business, Office Building (new, addition or alteration)	\$0.42 / sq. ft.
Manufacturing or Industrial (new, addition or alteration)	\$0.36 / sq. ft.
Commercial, structures, alterations, residing, reroofing, repairs, where square footage cannot be calculated	\$15.00 / \$1,000.00 valuation
Plan Examination:	
One and Two Family Residence	0 to 3,000 sq. ft.- \$300.00 Over 3,000.00 sq. ft. - \$300.00 plus \$0.10/ sq. ft. for floor area greater than 3,000.00 sq. ft.
Apartments, Three Family Residence, Row Housing, Multiple family Building State Approved Plans	\$355.00 plus \$32.00/unit
Commercial, Industrial, Institutional & Additions State Approved Plans Without state approved plans	Commercial/ Industrial New - \$355.00 Commercial/ Industrial Alterations & Additions - \$355.00 Commercial/ Industrial New - \$355.00 Commercial/ Industrial Alterations & Additions - \$355.00
Heating Plans, Energy Calculations, or Lighting Plans submitted separately	\$125.00/ Plan
Additions, Alterations to 1 & 2 Family Dwellings	\$120.00
Accessory building over 240 sq. ft., and decks for 1 & 2 family dwellings	\$85.00
Wisconsin Uniform Building Permit Seal	\$55.00
Occupancy Permit (including commercial tenant change)	\$65.00/Residential \$255.00/Commercial & Industrial
Temporary (6 months or less Commercial only)	\$150.00

Permit Renewal (6-month extension or less)	\$250.00 Commercial \$85.00 Residential
Heating and Air Conditioning:	
Heating and Air Conditioning Distribution Systems	\$4.00/ 100.00 sq. ft. of conditioned area with a minimum fee of \$100.00
New Residential Heating	\$150.00 first unit \$85.00 each additional unit.
Replacement Residential Heating	\$100.00 / unit
Commercial New or Replacement Heating	\$200.00 / unit, up to and including 150,000 BTU units. Additional fee of \$25.00 / each 50,000 BTU fraction thereof up to a maximum of \$1200.00 / unit.
Residential Air Conditioning – Other than Wall Units (new or replacement)	\$100.00 / unit
Commercial Air Conditioning - Other than Wall Units (new or replacement)	\$250.00 / unit up to and including 150,000 BTU's. Additional fee of \$25.00/ each 50,000 BTU's or fraction thereof up to a maximum of \$1200.00 / unit
Permanently installed Wall unit (example – Fireplace, wall pack)	\$100.00 / unit
Commercial/Industrial Exhaust Hoods and Exhaust Systems	\$210.00 / unit
Plumbing Permit:	
Fixture Count	\$20.00 / fixture, drain or device, plus \$85.00 Base Fee
Water Main	\$2.00 / lineal foot of sewer or private water main, \$85.00 Minimum
Sanitary Sewer	\$2.00 / lineal foot of sewer or private water main, \$85.00 Minimum
Storm Sewer	\$2.00 / lineal foot of sewer or private water main / \$15.00 per manhole or basin \$85.00 Minimum
Exterior Grease Trap	\$150.00
Electrical:	
Residential Minimum	\$85.00 Minimum
New Residential Service	\$150.00 / Service First 200 Amps, \$30.00 each additional 100 Amps.
Residential Service Update	\$150.00 / Service
Residential Sub-Panel	\$85.00 / Panel
Residential Generator	\$125.00 (includes gas piping)
Temporary Electrical Service	\$150.00 up to 200 Amps. \$30.00 each additional 100 Amps.

Commercial Electrical Minimum	\$200.00 Minimum
Commercial Electrical Re-Inspections	\$200.00 / Inspection
Commercial Service (New or Update)	\$200.00 First 200 Amps, \$30.00 each additional 100 Amps.
Commercial Sub-Panel	\$75.00 First 100 Amps, \$20.00 each additional 100 Amps.
Commercial Generator	\$250.00 (including gas piping)
Commercial Low Voltage	\$1.00/ Device, \$200.00 Minimum
Commercial Exterior Light Fixture Replacement	\$250.00 per site
Residential Electrical Permit - for minor installations with fees not exceeding \$5.00, the permit fee may be waived by the inspector. Commercial Electrical Permit - for minor installations with fees not exceeding \$5.00, the permit fee may be waived by the inspector.	\$0.15 / sq. ft. of area served, \$85.00 minimum. \$0.15 / sq. ft. of area served, \$200.00 minimum.
Erosion control fees:	
New One and Two Family Buildings	\$205.00 / lot
One and Two Family Additions and Accessory Structures	\$85.00
Multi-Family Residential, Commercial, Industrial and Institutional	\$240.00 /Building, plus \$6.50 /1,000 sq. ft. disturbed lot a area up to \$2,640.00 max.

Zoning	
Zoning Permit	\$85.00
Temporary Use (per Section 98-906)	\$85.00
Zoning Verification Letter	\$85.00
Sign Permit (per Section 98-907)	\$85.00 minimum or \$0.35/ sq ft of sign area
Early Start Permit to start construction	\$250.00 (1-2 family) \$330.00 (all others)
Fuel Tanks	\$100.00 administrative fee/ tank for installation or removal
Wrecking or Razing- Building Inspector may waive the fee if the structure is condemned	\$150.00 (One or two family residences and accessory Structure over 250 sq ft)
Commercial/ Industrial Razing	\$102.00 Minimum plus \$0.14/sq ft \$995 Maximum/ Per Building
Moving buildings over public right-of-ways	\$270.00 plus \$0.14 / sq ft
Special Inspections and Reports	\$250.00 / inspection report
Text Amendment (per Section 98-902)	\$500.00
Zoning Map Amendment (per Section 98-903)	\$500.00
Certified Survey Map (CSM)	For each new Residential Lot Created: \$450.00 For each new Commercial Lot Created: \$250.00
Extra Territorial Zoning (CSM)	\$200.00
Plat Renewal	\$200.00
Conditional Use (per Section 98-905)	\$450.00 \$150.00
Site Plan (per Section 98-908)	\$450.00
Variance (per Section 98-910)	\$450.00
Interpretation (per Section 98-911)	\$250.00

Appeal (per Section 98-912)	\$450.00
PD Zoning Map Amendment (Includes 1 PIP Review)	\$850.00
PIP Review	\$450.00
Filing or Recording fee with City Clerk, plus actual recording fee	\$25.00
Re-Inspections	\$65.00
Solar System – Residential	\$65.00
Solar System – Commercial	\$162.00
Lawn Irrigation System	\$65.00
Lot Line Adjustment	\$200.00

Triple Fees: Upon failure to obtain a permit before work on a building has been started, except in emergency cases, the total fee shall be triple the total fees charged.

NOTE: Fees shall be charged on gross square footage defined as follows:

The exterior dimensions, including attached garage and each floor level

NOTE: In determining costs, all construction shall be included with the exception of heating, air conditioning, electrical or plumbing work.

NOTE: An additional fee for plan review may be assessed at the time of application for renewal of the permit.

* Base fee may be modified by Subsection (4) of Section 98-935, Fees of the Zoning Code

CEMETERY FEES	
Interments (No Sunday Burials)	
Opening Grave – Weekdays (Full Burial)	\$810.00
Opening Grave - Saturdays (Full Burial)	\$960.00
Opening Grave – Weekdays (Cremation)	\$540.00
Opening Grave – Saturdays (Cremation)	\$630.00
Two cremations buried in same grave at one time	\$150.00
Burials after 2:30 pm	\$200.00
Opening Grave – Weekdays - Baby Under 1 Year	\$240.00
Opening Grave – Saturdays - Baby Under 1 Year	\$360.00
NOTE: Before or after a holiday, when employees are not working due to the holiday, Saturday prices will apply.	
Plots	
Grave (50% Perpetual Care)	\$780.00
Grave – Single Cremation (50% Perpetual Care)	\$480.00
Grave – Double Cremation (50% Perpetual Care)	\$600.00
Columbarium Niche (includes opening & inurnment) (\$200 Perpetual Care) (Perpetual care is \$400 and included in prices)	\$1440.00 bottom row \$1200.00
2 nd Inurnment if niche allows for two	\$180.00
Niche Door Inscriptions	Market pricing per vendor
Frost Charges (November 1 to March 15)	\$150.00
Stake Out Fee for Foundations	\$100.00
Foundation Charges	\$0.60 per square inch
Use of Cemetery for Functions	20% of Gross Receipts
Deed Transfer Fee	
Form 1 Living Transfer	\$150.00
Form 2 Deceased Transfer	\$150.00
NOTE: We do allow one full burial and one cremation in one full grave or two cremations in one full grave.	

POLICE DEPARTMENT FEES	
FINGERPRINTING	
City Residents	\$15.00
Individuals employed in business in city limits or working for city licensed business	\$15.00
Non-Residents	\$60.00

PUBLIC WORKS FEES	
CONSTRUCTION PERMIT FEE	
Curb Cut/Driveway Approach Fee	\$25.00
Right-of-Way Excavation Fee	\$60.00
Storm Sewer Connection Fee	\$25.00
Sanitary Sewer Connection Fee	\$25.00
Special brush, limb and refuse pick-up	\$24.00 per 15 minutes
Dumpster Delivery	\$50.00 per dumpster
Dumpster Pick-up	\$50.00 plus additional landfill fees

FIRE DEPARTMENT FEES	
Fees for Apparatus and Personnel (1 hour minimum and fractions thereafter on hourly rates unless stated otherwise)	
Chief, Deputy Chief or Assistant Chief	\$26.00/hr.
Fire and EMS Personnel	\$26.00/hr.
Engine/Squad	\$550.00/hr.
Truck (aerial apparatus)	\$875.00/hr.
Brush Truck	\$300.00/hr.
Air Boat	\$300.00/hr.
Technical Rescue and Utility	\$500.00/hr.
Chief, Deputy Chief, Assistant Chief, or Command Vehicle	\$50.00/hr.
Utility	\$50.00/hr.
Ambulance	\$270.00/hr.
Paramedic Intercept Fee (Option a OR b)	
a. Flat Rate Billed to Requesting Municipality	\$400.00
b. Shared Revenue from Requesting Municipality	50% Monies Received
EMS First Responder and Transport Fees	
Residents Fee	\$150.00 per call
Non-Resident Fee	\$200.00 per call
Ambulance Transport Fee Schedule	
Advanced Life Support Base Rate	\$1,300.00
Advanced Life Support Base Rate (ALS2)	\$1,300.00
Advanced Life Support Base Rate (Intercept)	\$1,300.00
Advanced Life Support Base Rate (Intercept ALS2)	\$1,300.00
Equal Level Staffing Mutual Aid	\$300.00

Basic Life Support Base Rate	\$1,100.00
Mileage Charge	\$20.00 per mile
Supplies used fee	
Oil Dry	\$10.00 per bag
Class A, B, or AB Firefighting Foam	\$30.00/gallon
Fees Relating To Permits Required	
Fire pit burn permit	\$15.00 each fire or \$50.00 yr
Fireworks permit	\$50.00
Burning permits	\$50.00
Key box processing fee	\$10.00
Operational Permit	\$75.00
Fees Relating To Fire Protection Systems	
Basic system Review Fee is charged for systems without hydraulic calcs	\$250
Fire Sprinkler, Fire Control and/or Fire Suppression system plan review with one set of hydraulic calculations. (Fee is charged for each separate floor and /or area of building per system and review.)	\$350.00
Verifications of Additional Hydraulic Calcs (fee is charged for each additional set of hydraulic calculations required by the AHJ)	\$200.00
Additional review of same system. (Fee applies to all re-submittals.)	\$350.00
Site inspection during installation 2 hour minimum Note: system may not be concealed prior to inspection. Inspections are required for all systems.	\$90.00/hr.
Modifications to existing systems	
Min. fee per system without hydraulic calcs	\$100.00
Fee per sprinkler up to 15 sprinklers w/o calcs	\$20.00 ea.
Fee per sprinkler up to 15 with calcs	\$200.00
Fire Pumps per review	\$350.00
Fire prevention inspection fee schedule:	
Residential Building Type:	
4 to 36 units	\$10 per unit per year
37 to 60 units	\$400 per year
61 to 99 units	\$450 per year
100 units and above	\$500 per year
Commercial:	
Under 1,000 square feet	\$50
1,000 to 4,999 square feet	\$100
5,000 to 24,999 square feet	\$150
25,000 to 99,000 square feet	\$200
100,000 to 174,999 square feet	\$400
175,000 to 249,999 square feet	\$700
Industrial:	
Under 5,000 square feet	\$100

5,000 to 24,999 square feet	\$200
25,000 to 99,000 square feet	\$300
100,000 to 174,999 square feet	\$500
175,000 to 349,999 square feet	\$800
Additional conditions: (a) The fee for hotels and motels shall be the same as for residential property, except that the fee shall be calculated on a per room basis. (b) Square footage refers to the total floor area of any building or structure. (c) Inspection fees shall be charged to the property owner. Any fees unpaid by November 1 of each year shall be entered upon the tax roll as a special charge against the property and all proceedings in relation to the collection, return, and sale of the property for delinquent real estate taxes, shall apply to the inspection fee.	
Sprinkler system underground mains	
0-200 feet	\$100.00
201-999 feet	\$150.00
1000 or more	\$300
Fire hose standpipe connections	\$25.00 each
Other fire protection systems (hood, wet & dry chem.)	\$350.00
Fire alarm systems per control panel	\$300.00
Fire Alarm system manual pull stations, initiating and annunciation devices; this includes audible and/or visual devices; smoke, heat, flame, ionization, photoelectric detectors, water flow devices and all monitoring devices per review.	\$75.00 up to 3 \$12.00 each additional
Witness of all required tests – 2 hour minimum	\$180.00/hr.
Inspection during installation	\$90.00/hr.
Fire protection Consulting on systems and or for occupancies or permits	\$90.00/hr. 1 Hour Minimum

Granted by action of the Common Council of the City of Lake Geneva this 27th day of May 2025.

Council Action: ☐ **Adopted** ☐ **Failed** **Vote** _____

Mayoral Action: ☐ **Accept** ☐ **Veto**

Todd Krause, Mayor

Date

Attest:

Lacey L. Reynolds, City Clerk

Date

MAXIMUM DAILY BOAT LAUNCHING FEES INLAND WATER FACILITIES

A. Base Fee = **\$13.00**

- B. Surcharge for facility with restroom **or** attendant = $\$13.00 \times 0.20 = \mathbf{\$2.60}$
 C. Surcharge for facility with restroom **and** attendant = $\$13.00 \times 0.40 = \mathbf{\$5.20}$
 D. Surcharge for boat length of at least 20 ft but less than 26 ft = .30; $\$13.00 \times 0.30 = \mathbf{\$3.90}$
 E. Surcharge for boat length of 26 ft or greater = .60; $\$13.00 \times .60 = \mathbf{\$7.80}$

Non-motorized or non-trailerred watercraft (Resident and Non-resident boaters):

Base Fee	\$13.00
Base Fee plus tax*	\$13.75 (A + \$0.72 (tax on \$13.00) = \$13.72, rounded to nearest \$0.25)

Motorized Boats under 20 feet in length (the following fees cover both Resident and Non-resident boaters. Fees for non-residents may not exceed 150% of the fee charged a resident, and non-resident fees may not exceed the maximum allowable amounts for boats under 20 feet):

Base Fee	\$13.00
Base Fee plus tax*	\$13.75 (A + \$0.72 (tax on \$13.00) = \$13.72, rounded to nearest \$0.25)
Facility w/restroom or attendant	\$15.50 (A + B = \$15.60, rounded to nearest \$0.25)
Facility w/restroom or attendant plus tax*	\$16.25 (\$15.50 + \$0.85 (tax on \$15.50) = \$16.35, rounded to nearest \$0.25)
Facility w/restroom and attendant	\$18.25 (A + C = \$18.20, rounded to nearest \$0.25)
Facility w/restrooms and attendant, plus tax*	\$19.25 (\$18.20 + \$1.00 (tax on \$18.25, rounded to nearest \$0.25))

Motorized boats 20 feet in length or more but less than 26 feet (the following fees cover Resident boaters only; non-residents can be charged a differential fee of 150% for this category of boats):

Base Fee plus length surcharge	\$17.00 (A + D = \$16.90, rounded to nearest \$0.25); Non-resident = \$25.50
Base Fee plus length surcharge plus tax*	\$18.00 (\$17.00 + \$0.94 (tax on \$17.00) = \$17.94, rounded to nearest \$0.25); Non-resident = \$27.00
Facility w/restroom or attendant	\$19.50 (A + D + B = \$19.50); Non-resident = \$29.25
Facility w/restroom or attendant plus tax*	\$20.50 (\$19.50 + \$1.07 (tax on \$19.50) = \$20.57, rounded to nearest \$0.25); Non-resident = \$30.75
Facility w/restroom and attendant	\$22.00 (A + D + C = \$22.10, rounded to nearest \$0.25); Non-resident = \$33.00
Facility w/restrooms and attendant, plus tax*	\$23.25 (\$22.00 + \$1.21 (tax on \$22.00) = \$23.21, rounded to nearest \$0.25); Non-resident = \$35.00

Motorized boats 26 feet in length or greater (the following fees cover Resident boaters only; non-residents can be charged a differential fee of 150% for this category of boats)

Base Fee plus length surcharge	\$20.75 (A + E = \$20.80); Non-resident = \$31.25
Base Fee plus length surcharge plus tax*	\$22.00 (\$20.75 + \$1.14 (tax on \$20.75) = \$21.89, rounded to nearest \$0.25); Non-resident = \$33.00
Facility w/restroom or attendant	\$23.50 (A + E + B = \$23.40, rounded to nearest \$0.25); Non-resident = \$35.25
Facility w/restroom or attendant plus tax*	\$24.75 (\$23.50 + \$1.29 (tax on \$23.50) = \$24.79, rounded to nearest \$0.25); Non-resident = \$37.25
Facility w/restroom and attendant	\$26.00 (A + E + C = \$26.00); Non-resident = \$39.00
Facility w/restrooms and attendant, plus tax*	\$27.50 (\$26.00 + \$1.43 (tax on \$26.00) = \$27.43, rounded to nearest \$0.25); Non-resident = \$41.25

Notes about launch fees:

- The governance of launch fees is covered under section NR 1.91(11), Wisconsin Administrative Code.
- All fees listed above use the \$13.00 maximum Base Fee, which is based on the \$13.00 Daily State Park Entrance Fee for residents. You may set a lower Base Fee based upon local needs. Section NR 1.91(11)(e), Wis. Adm. Code, requires that before a local unit of government adopts a launch fee exceeding \$13.00, it must submit the fee schedule to the Department for approval and include information demonstrating: (a) that it maintains facilities or services that justify charges exceeding \$13.00; and (b) that season passes are available.
- Fees collected by the operating authority shall be used only for the operation and maintenance of boat launching facilities.
- Parking is included with launch fees. Segregated fees for parking are not allowed.
- If a launch fee is charged, a season pass at a fee not to exceed 10 times the daily fee shall be provided for both residents and non-residents.
- In no case shall the fee charged a non-resident exceed 150% of the fee charged a resident.

*Tax rate used = 5.5%. An operating authority may incorporate the state sales tax into the Base Fee for ease of collection, but must pay the sales taxes collected to the Wisconsin Department of Revenue.

MAXIMUM DAILY BOAT LAUNCHING FEES INLAND WATER FACILITIES

Base Fee = **\$8.00**

Surcharge for facility with restroom **or** attendant = $\$8.00 \times 0.20 = \1.60

Surcharge for facility with restroom **and** attendant = $\$8.00 \times 0.40 = \3.20

Surcharge for boat length of at least 20 ft but less than 26 ft = .30; $\$8.00 \times 0.30 = \2.40

Surcharge for boat length of 26 ft or greater = .60; $\$8.00 \times .60 = \4.80

Non-motorized or non-trailerred watercraft (Resident and Non-resident boaters):

Base Fee	\$8.00
Base Fee plus tax*	\$8.50 ($\$8.00 + \$0.44 = \8.44, rounded to nearest \$0.25)

Motorized Boats under 20 feet in length (The following fees cover both Resident and Non-resident boaters. Fees for non-residents may not exceed 150% of the fee charged a resident, and non-resident fees may not exceed the maximum allowable amounts for boats under 20 feet):

Base Fee	\$ 8.00
Base Fee plus tax*	\$ 8.50 ($\$8.00 + \$0.44 = \$8.44$, rounded to nearest \$0.25)
Facility w/restroom or attendant	\$ 9.50 ($\$8.00 + \$1.60 = \$9.60$, rounded to nearest \$0.25)
Facility w/restroom or attendant plus tax*	\$10.00 ($\$8.00 + \$1.60 = \$9.60 + \$0.528 = \10.128, rounded to nearest \$0.25)
Facility w/restroom and attendant	\$11.25 ($\$8.00 + \$3.20 = \11.20, rounded to nearest \$0.25)
Facility w/restrooms and attendant, plus tax*	\$11.75 ($\$8.00 + \$3.20 = \$11.20 + \$0.616 = \11.816, rounded to nearest \$0.25)

Motorized boats 20 feet in length or more but less than 26 feet (The following fees cover Resident boaters only. Non-residents can be charged a differential fee of 150% for this category of boats.):

Base Fee plus length surcharge	\$10.50 ($\$8.00 + \$2.40 = \10.40)
Base Fee plus length surcharge plus tax*	\$11.00 ($\$8.00 + \$2.40 = \$10.40 + \$0.572 = \10.972, rounded to nearest \$0.25)
Facility w/restroom or attendant	\$12.00 ($\$8.00 + \$2.40 = \$10.40 + \$1.60 = \12.00)
Facility w/restroom or attendant plus tax*	\$12.75 ($\$8.00 + \$2.40 = \$10.40 + \$1.60 = \$12.00 + \$0.66 = \12.66, rounded to nearest \$0.25)
Facility w/restroom and attendant	\$13.50 ($\$8.00 + \$2.40 = \$10.40 + \$3.20 = \13.60), rounded to nearest \$0.25)
Facility w/restrooms and attendant, plus tax*	\$14.25 ($\$8.00 + \$2.40 = \$10.40 + \$3.20 = \$13.60 + \$0.748 = \14.348, rounded to nearest \$0.25)

Motorized boats 26 feet in length or greater (The following fees cover Resident boaters only. Non-residents can be charged a differential fee of 150% for this category of boats.)

Base Fee plus length surcharge	\$12.75 ($\$8.00 + \$4.80 = \12.80)
Base Fee plus length surcharge plus tax*	\$13.50 ($\$8.00 + \$4.80 = \$12.80 + \$0.704 = \13.504, rounded to nearest \$0.25)
Facility w/restroom or attendant	\$14.50 ($\$8.00 + \$4.80 = \$12.80 + \$1.60 = \14.40)
Facility w/restroom or attendant plus tax*	\$15.25 ($\$8.00 + \$4.80 = \$12.80 + \$1.60 = \$14.40 + \$0.792 = \15.192, rounded to nearest \$0.25)
Facility w/restroom and attendant	\$16.00 ($\$8.00 + \$4.80 = \$12.80 + \$3.20 = \16.00)
Facility w/restrooms and attendant, plus tax*	\$17.00 ($\$8.00 + \$4.80 = \$12.80 + \$3.20 = \$16.00 + \$0.88 = \16.88, rounded to nearest \$0.25)

Notes about launch fees:

- The governance of launch fees is covered under section NR 1.91(11), Wisconsin Administrative Code.
- All fees listed above use the \$8.00 maximum Base Fee, which is based on the \$8.00 Daily State Park Entrance Fee for residents. You may set a lower Base Fee based upon local needs. Section NR 1.91(11)(e), Wis. Adm. Code, requires that before a local unit of government adopts a launch fee exceeding \$8, it must submit the fee schedule to the Department for approval and include information demonstrating: (a) that it maintains facilities or services that justify charges exceeding \$8; and (b) that season passes are available.
- Fees collected by the operating authority shall be used only for the operation and maintenance of boat launching facilities.
- Parking is included with launch fees. Segregated fees for parking are not allowed.
- If a launch fee is charged, a season pass at a fee not to exceed 10 times the daily fee shall be provided for both residents and non-residents.
- In no case shall the fee charged a non-resident exceed 150% of the fee charged a resident.

*Tax rate used = 5.5%. An operating authority may incorporate the state sales tax into the Base Fee for ease of collection, but must pay the sales taxes collected to the Wisconsin Department of Revenue.



MEMORANDUM

To: Dave De Angelis, City Administrator
From: John Peters, Fire Chief
Date: 5/15/2025
Re: MOU with Walworth County regarding Storm Sirens

Requesting to enter into a MOU with the Walworth County Sheriffs Department to set guidelines related to funding and facilitating an upgrade to emergency storm systems.

The city currently has 8 storm sirens that are located throughout the city and are radio controlled.

This MOU would result in a future cost of \$278.15 per siren site annually, a reduction of city expense of \$1,274.80 annually.

Additionally, county would fund the 2025 CIP project of cellular upgrades to city storm sirens. A \$34,000.00 savings to the city.

The county would further upgrade all city storm sirens to the new county radio system and provide the city with additional alerting redundancy.

Please feel free to contact me should you have any further questions.

Memorandum of Understanding Between the Walworth County Sheriff's Office and Walworth County Entities for Storm Siren Upgrades

PARTICIPANTS

This Memorandum of Understanding (hereinafter referred to as "MOU") involves the Walworth County Sheriff's Office (hereinafter referred to as "WCSO") and all Walworth County municipalities/entities (hereinafter referred to as "the Entities") who currently have storm siren sites that need to be upgraded. The specific fifteen entities subject to this agreement include:

- Village of Darien
- Town of Delavan
- City of Delavan
- Village of East Troy
- City of Elkhorn
- Village of Fontana
- City of Lake Geneva
- Village of Genoa City
- Town of Linn
- Country Estates Association
- Town of Geneva
- Village of Sharon
- City of Whitewater
- Village of Walworth
- Village of Williams Bay

PROJECT PURPOSE AND KEY DETAILS

The purpose of this MOU is to set guidelines related to funding and facilitating an upgrade to emergency storm sirens throughout Walworth County and to clarify future responsibilities for siren sites post-upgrade.

The Walworth County Sheriff's Office has funds available as part of the 911 Center Radio System Replacement Project (hereinafter "the Radio System Project"). The Radio System Project will enhance interoperability and continuity of operations between police, fire, and emergency medical services in Walworth County. The project will enhance overall safety.

The storm siren upgrade will implement the use of the same technology countywide to make all Walworth County sirens compatible with the existing warning systems in use by Delavan, Lake Geneva, and Whitewater. The system queries every siren in the county daily. The query asks about battery health, AC power, and provides a report. The same technology then communicates with the National Weather Service when warnings are issued. When warnings are received, the system controller determines which sirens fall within the areas to be warned and activates those sirens. This is an automated siren activation. This siren upgrade will enhance repair identification, ensure correct siren activation in designated areas, and improve the overall system and community safety.

WCSO proposes to pay the cost of outfitting the sirens with the compatible equipment. To finance the upgrade, WCSO has \$452,198.77 available. The cost per siren site is approximately \$7,300.00. The Entities have no financial responsibility for the storm siren upgrade. Through this Memorandum of Understanding, WCSO proposes to facilitate and fund the improvement of 59 emergency siren sites and 3 base stations in Walworth County, as well as to upgrade the central control system and backup system for the sirens. For this project, WCSO will facilitate, manage, and fund the countywide emergency siren site updates, central control system and backup system updates. During the upgrade, the Entities will maintain any insurance coverage related to their respective siren sites.

Siren Services, the company who services the Federal Signal Commander Systems in Lake Geneva, Delavan, and Whitewater, will be the company conducting the upgrade. Lieutenant Jason Rowland (hereinafter "Lt. Rowland"), from the Walworth County Sheriff's Office, is the project coordinator for the storm siren project. Lt. Rowland will manage the storm siren upgrade and will be the primary point of contact for Siren Services and will also be the point of contact for the Entities during the upgrade.

After the storm siren upgrade is complete, the Entities will resume all responsibility for maintenance, communication, and improvements to the siren sites located in their respective jurisdictions.

AGREEMENT PERIOD

The term of the agreement for this MOU shall begin when the upgrade of the shared siren system starts in the Spring of 2025 and will end upon completion of the installation of the upgrades to the siren sites, central control system, and backup system. Once the upgrade is complete, WCSO will no longer provide any funding for the siren sites, central control system or backup system, or any other components, nor will WCSO be responsible for any maintenance or service fees, nor will WCSO be responsible for any future communication or contracts regarding the Entities siren sites, unless a future agreement is entered into.

PARTY INDEPENDENCE

Each party to this MOU is a separate and independent entity. As such, each party retains its own identity in providing services, and each entity is responsible for establishing its own policies and financing its own projects and activities beyond this agreement.

FUTURE RESPONSIBILITY FOR MAINTENANCE

Following the completion of the countywide siren upgrade pursuant to this MOU, each entity will resume all responsibility for their own sirens, as well as any other prior obligations related to the sirens. Resuming responsibility for the sirens, siren sites, and systems includes any operation, maintenance, communication, and financial responsibility.

The current yearly recurring cost for maintaining the overall system will be \$16,411.00. Each of the sites will therefore be responsible for approximately \$280.00 per site for yearly maintenance and subscription costs. Yearly maintenance costs will be billed directly to the municipality/entity by Siren Services. Following the completion of the term of this MOU, WCSO will not be involved in anyway in the payment of yearly maintenance costs and all communications regarding the siren sites will be directly between the Entities and Siren Services.

COOPERATION

Each of the above listed Entities will cooperate with Lt. Rowland, Siren Services, and any other person who needs information or access to the siren system equipment and components to facilitate the storm siren upgrade.

Lt. Rowland will inform the Entities upon completion of the storm siren upgrade. Siren Services will notify the Entities when they will be responsible for payment of the yearly maintenance and subscription costs.

INDEMNIFICATION

The Entities are responsible for the insurance, operation, maintenance, and costs of their sirens, siren sites, and any equipment beyond the improvements proposed by this agreement. The Entities agree to fully indemnify and hold harmless Walworth County and the WCSO from all claims related to the siren sites and the siren site upgrades during the term of the MOU.

AMENDMENTS

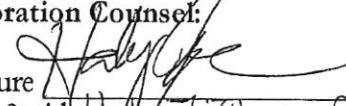
This agreement may be supplemented, amended, or revised in writing by agreement of the parties.

Dated this _____ of _____, 2025

Representative from Walworth County

Signature _____
Name & title _____
Date _____

Approved as to form by Walworth County Corporation Counsel:

Signature 
Name & title Helen J. Johnson Deputy
Date 4/4/2025 Corporation
Counsel

Representative from Village of Darien

Signature _____
Name & title _____
Date _____

Representative from Village of Genoa City

Signature _____
Name & title _____
Date _____

Representative from Town of Linn

Signature _____
Name & title _____
Date _____

Representative from Country Estates Association

Signature _____
Name & title _____
Date _____

Representative from Town of Delavan

Signature _____
Name & title _____
Date _____

Representative from City of Delavan

Signature _____
Name & title _____
Date _____

Representative from Village of East Troy

Signature _____
Name & title _____
Date _____

Representative from City of Elkhorn

Signature _____
Name & title _____
Date _____

Representative from Village of Fontana

Signature _____
Name & title _____
Date _____

Representative from City of Lake Geneva

Signature _____
Name & title _____
Date _____

Representative from Town of Geneva

Signature _____
Name & title _____
Date _____

Representative from Village of Sharon

Signature _____
Name & title _____
Date _____

Representative from City of Whitewater

Signature _____
Name & title _____
Date _____

Representative from Village of Walworth

Signature _____
Name & title _____
Date _____

Representative from Village of Williams Bay

Signature _____
Name & title _____
Date _____



CITY CLERK
LACEY L. REYNOLDS
626 GENEVA ST.
LAKE GENEVA, WI 53147

MEMORANDUM

Date: May 15, 2025

To: FLR committee and Common Council members

Re: Video recording and storage

The city is moving forward with CivicPlus Media for video recording and storage using funds already set aside. The city currently has 1,255 videos stored on Vimeo. We need approval to spend over the allotted amount moving the video files from Vimeo to CivicPlus Media to make sure we account for them in setting up the new module.

There are no state or local ordinances requiring the city to retain any video recording for meetings (except for the Hillmoor Commission). General retention guidelines require the city to keep records for 7 years before they can be destroyed. The General Records Schedule for WI updated in June 2020 specifies retention for audio recordings used for minute making purposes.

- Audio Tapes - Recordings of meetings used to produce minutes. Authority provided by Wis. Stat. § 19.21(7). Event+90 days; Event=Date the minutes have been approved and published.

City video recordings on Vimeo date back to 2013.

The grid below shows the cost of moving the City's video recordings from Vimeo to CivicPlus Media.

up to 500 videos	\$ 1,500
500-750 videos	\$ 2,500
750+ videos	\$ 3,000

Breakdown of recordings listed by committee on Vimeo:

133 Common Council
61 Committee of the whole
177 Finance, Licensing and Regulation
137 Plan Commission
79 Public Works
64 Piers, Harbor and Lakefront
84 Utility Commission
18 Joint commission or council meetings
8 Hillmoor Commission
761 Total from listed above.
494 Other recordings.

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Paid and unpaid invoices included.

Invoice.Batch = "05082025","05142025","05162025"

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
ALLIANT ENERGY/WPL				
APR 2025-04	05/01/2025	GENEVA SQUARE-TRAFFIC LIG	11-34-10-52220 ELECTRICITY-FLASHERS	71.66
APR 2025-04	05/01/2025	HAVENWOOD FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	13.09
APR 2025-04	05/01/2025	SOUTH/WELLS FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	17.61
APR 2025-04	05/01/2025	WELLS STREET FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	18.43
APR 2025-04	05/01/2025	MAIN STREET LIGHTS	11-34-10-52230 STREET LIGHTS ELECTRICITY	143.03
APR 2025-04	05/01/2025	1055 CAREY	11-32-10-52220 ST DEPT BLDG ELECTRICITY	178.94
APR 2025-04	05/01/2025	BROAD ST TRAFFIC SIGNAL	11-34-10-52230 STREET LIGHTS ELECTRICITY	91.36
APR 2025-04	05/01/2025	HWY 50/HWY 12 FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	17.50
APR 2025-04	05/01/2025	WEST COOK SIREN	11-29-00-52220 SIRENS ELECTRICTY	18.58
APR 2025-04	05/01/2025	RIVIERA ELECTRIC	40-55-30-52220 PIER ELECTRIC	2,871.47
APR 2025-04	05/01/2025	BEACH HOUSE	40-54-10-52220 BEACH ELECTRIC	222.25
APR 2025-04	05/01/2025	INTERCHANGE N TRAFFIC SIG	11-34-10-52230 STREET LIGHTS ELECTRICITY	58.85
APR 2025-04	05/01/2025	HWY 120/BLOOMFIELD RD TRA	11-34-10-52230 STREET LIGHTS ELECTRICITY	96.40
APR 2025-04	05/01/2025	LIBRARY PARK OUTSIDE	11-52-00-52220 PARKS ELECTRICITY	26.80
APR 2025-04	05/01/2025	EDWARDS BLVD/WALMART TR	11-34-10-52230 STREET LIGHTS ELECTRICITY	94.95
APR 2025-04	05/01/2025	HAVENWOOD DR/MAIN STREE	11-34-10-52230 STREET LIGHTS ELECTRICITY	78.73
APR 2025-04	05/01/2025	SAGE ST/DUNN SIREN	11-29-00-52220 SIRENS ELECTRICTY	5.91
APR 2025-04	05/01/2025	STREET LIGHTS MS-2 LIGHTIN	11-34-10-52230 STREET LIGHTS ELECTRICITY	338.62
APR 2025-04	05/01/2025	DUNN FIELD	11-52-00-59220 DUNN FIELD ELECTRIC	186.91
APR 2025-04	05/01/2025	SNAKE RD/HWY 50 FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	17.50
APR 2025-04	05/01/2025	VETS PARK/TOWNLINE RD	11-52-01-52220 VETS PARKS ELECTRICITY	481.34
APR 2025-04	05/01/2025	1067 CAREY-STORAGE BUILDI	11-21-00-52220 POLICE IMPOUND BLDG ELECTRIC	24.62
APR 2025-04	05/01/2025	1067 CAREY-STORAGE BUILDI	11-22-00-52220 FIREHOUSE ELECTRICITY	24.61
APR 2025-04	05/01/2025	N BLOOMFIELD RD & HARMON	11-34-10-52230 STREET LIGHTS ELECTRICITY	3.93
APR 2025-04	05/01/2025	MUSEUM-256 MILLS STREET	11-51-10-52220 MUSEUM-ELECTRICITY	638.33
APR 2025-04	05/01/2025	WELLS STREET FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	16.89
APR 2025-04	05/01/2025	HOST DRIVE WATER TOWER	11-22-00-52220 FIREHOUSE ELECTRICITY	153.42
APR 2025-04	05/01/2025	LIBRARY-918 MAIN STREET	99-00-00-52220 LIBRARY UTILITIES	1,255.08
APR 2025-04	05/01/2025	LOT LITE-GENEVA ST	11-34-10-52230 STREET LIGHTS ELECTRICITY	168.43
APR 2025-04	05/01/2025	WELLS STREET LIGHT	11-34-10-52220 ELECTRICITY-FLASHERS	89.90
APR 2025-04	05/01/2025	FLAT IRON PARK-WRIGLEY DR	11-52-00-52220 PARKS ELECTRICITY	193.70
APR 2025-04	05/01/2025	W HWY 50 BLOCK FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	17.50
APR 2025-04	05/01/2025	LIBRARY PARK RESTROOM	11-52-00-52220 PARKS ELECTRICITY	213.62
APR 2025-04	05/01/2025	724 WILLIAMS STREET	11-34-10-52230 STREET LIGHTS ELECTRICITY	44.05
APR 2025-04	05/01/2025	S LAKE SHORE DRIVE FLASHE	11-34-10-52220 ELECTRICITY-FLASHERS	13.55
APR 2025-04	05/01/2025	S LAKE SHORE DRIVE	11-52-00-52220 PARKS ELECTRICITY	23.77
APR 2025-04	05/01/2025	COOK ST/HWY 50 TRAFFIC SIG	11-34-10-52230 STREET LIGHTS ELECTRICITY	41.09
APR 2025-04	05/01/2025	SIREN-730 MARSHALL STREET	11-29-00-52220 SIRENS ELECTRICTY	27.35
APR 2025-04	05/01/2025	TENNIS COURTS	11-52-00-52220 PARKS ELECTRICITY	27.81
APR 2025-04	05/01/2025	389 EDWARDS TRAFFIC LIGHT	11-34-10-52230 STREET LIGHTS ELECTRICITY	110.97
APR 2025-04	05/01/2025	HWY 50/HWY 12 STOP LIGHT	11-34-10-52220 ELECTRICITY-FLASHERS	51.06
APR 2025-04	05/01/2025	RUSHWOOD PARK	11-52-00-52220 PARKS ELECTRICITY	28.10
APR 2025-04	05/01/2025	700 GENEVA STREET PARKING	11-34-10-52230 STREET LIGHTS ELECTRICITY	182.87
APR 2025-04	05/01/2025	1065 CAREY ST	11-32-10-52220 ST DEPT BLDG ELECTRICITY	486.95
APR 2025-04	05/01/2025	VETS PARK SCOREBOARD	11-52-01-52220 VETS PARKS ELECTRICITY	313.14
APR 2025-04	05/01/2025	BAKER/SEMINARY RESTROOM	11-52-00-52220 PARKS ELECTRICITY	21.61
APR 2025-04	05/01/2025	HWY 50 TRAFFIC LIGHT	11-34-10-52230 STREET LIGHTS ELECTRICITY	78.21
APR 2025-04	05/01/2025	GEORGE STREET FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	13.55
APR 2025-04	05/01/2025	1070 CAREY ST	11-32-10-52220 ST DEPT BLDG ELECTRICITY	256.90
APR 2025-04	05/01/2025	FLAT IRON PARK-WRIGLEY DR	11-52-00-52220 PARKS ELECTRICITY	17.27

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
APR 2025-04	05/01/2025	DODGE STREET FLASHER	11-34-10-52220 ELECTRICITY-FLASHERS	13.55
APR 2025-04	05/01/2025	IMPOUND-1070 CAREY ST	11-21-00-52220 POLICE IMPOUND BLDG ELECTRIC	22.90
APR 2025-04	05/01/2025	FIRE HOUSE-730 MARSHALL	11-22-00-52220 FIREHOUSE ELECTRICITY	1,243.86
APR 2025-04	05/01/2025	HWY 120/TOWNLINE RD STOP	11-34-10-52220 ELECTRICITY-FLASHERS	50.05
APR 2025-04	05/01/2025	CITY HALL	11-16-10-52220 CITY HALL ELECTRICITY	3,394.00
APR 2025-04	05/01/2025	VETS PARK PAVILION	11-52-01-52220 VETS PARKS ELECTRICITY	228.03
APR 2025-04	05/01/2025	DONIAN PK	11-52-00-52220 PARKS ELECTRICITY	125.06
APR 2025-04	05/01/2025	COBB PARK	11-52-00-52220 PARKS ELECTRICITY	20.59
Total ALLIANT ENERGY/WPL:				14,686.25
AT&T LONG DISTANCE				
816988240-04	05/04/2025	262-248-8617	61-00-00-53110 TELEPHONE EXPENSE	.14
816988240-04	05/04/2025	262-248-2789	48-00-00-52210 CEM TELEPHONE EXP	27.75
816988240-04	05/04/2025	262-248-6644	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	84.86
816988240-04	05/04/2025	262-248-6075	11-22-00-52210 FIRE TELEPHONE EXPENSE	99.17
816988240-04	05/04/2025	262-248-7228	11-22-00-52210 FIRE TELEPHONE EXPENSE	13.08
816988240-04	05/04/2025	262-249-5282	99-00-00-52210 LIBRARY TELEPHONE EXP	53.70
816988240-04	05/04/2025	262-248-4809	11-21-00-52210 PD TELEPHONE EXPENSE	12.85
816988240-04	05/04/2025	262-248-4715	11-16-10-52210 CITY HALL TELEPHONE	3.31
Total AT&T LONG DISTANCE:				294.86
AT&T MOBILITY				
287305350776	04/23/2025	CELL- APR25	11-22-00-52210 FIRE TELEPHONE EXPENSE	673.93
Total AT&T MOBILITY:				673.93
CHARTER COMMUNICATIONS				
152473401050	05/01/2025	INTERNET SERV.- MAY 2025	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	100.00
Total CHARTER COMMUNICATIONS:				100.00
CITY OF LAKE GENEVA				
05/13/25	05/14/2025	BOAT LAUNCH CASH BANK	40-52-11-10100 LAUNCH RAMP CHANGE FUND	100.00
Total CITY OF LAKE GENEVA:				100.00
CITY OF LAKE GENEVA POLICE DEPT				
05/14/25	05/14/2025	PETTY CASH-POSTAGE	11-21-00-53120 PD POSTAGE	74.50
Total CITY OF LAKE GENEVA POLICE DEPT:				74.50
CULLIGAN OF BURLINGTON				
500X03262801	04/30/2025	DRINKING WATER RENTAL SER	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	48.00
Total CULLIGAN OF BURLINGTON:				48.00
DE LAGE LANDEN FINANCIAL SERVICES INC				
590189950	05/08/2025	COPIER-JUNE 2025	11-22-00-53400 OPERATING SUPPLIES	291.81
Total DE LAGE LANDEN FINANCIAL SERVICES INC:				291.81
EWALD HARTFORD LLC				
49719	04/08/2025	NEW FORD F250	50-32-00-58000 DPW EQUIPMENT PURCHASES	50,041.50

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total EWALD HARTFORD LLC:				50,041.50
HALL, JASON				
03/12/25	03/12/2025	MEALS-TRAINING 05/20/25	11-21-00-53310 PD MEALS & LODGING	19.00
Total HALL, JASON:				19.00
KRAJOVIC, MICHAEL W.				
05/15/25	05/15/2025	HILMOOR CONSULTANT-05/15/2	11-62-01-59900 OTHER PROFESSIONAL SERVICES	1,500.00
Total KRAJOVIC, MICHAEL W.:				1,500.00
LARSEN, KAREN				
2024FIRERET	05/06/2025	KENNETH LARSEN 2024 FIRE R	11-22-00-51220 PAID ON PREMISE WAGES	69.62
Total LARSEN, KAREN:				69.62
PRAIRIE LAKES LIBRARY SYSTEM				
2949	02/20/2025	LIBRARY SYSTEM FEES	99-00-00-55130 PRAIRIE LAKES LIBRARY SYSTEM	16,285.66
Total PRAIRIE LAKES LIBRARY SYSTEM:				16,285.66
R&R INSURANCE SERVICES INC				
3207003	05/02/2025	RENEW POLICY-ACCIDENT/HE	11-22-00-51340 FD WORKMEN DISABILITY INS	26,259.00
Total R&R INSURANCE SERVICES INC:				26,259.00
SECURIAN FINANCIAL GROUP INC				
JUNE 2025-LIF	05/13/2025	LIFE-JUN-2025	11-10-00-51330 LIFE INSURANCE POLICY FEES	213.73
JUNE 2025-LIF	05/13/2025	LIFE-JUN-2025	11-00-00-21340 LIFE INSURANCE DEDUCTION	2,698.57
LIFE JUNE 202	05/08/2025	LIFE-JUN-2025	11-00-00-21340 LIFE INSURANCE DEDUCTION	255.68
LIFE JUNE 202	05/08/2025	LIFE-JUN-2025	61-00-00-92630 LIFE INSURANCE EXPENSE	11.75
LIFE JUNE 202	05/08/2025	LIFE-JUN-2025	62-00-00-92630 LIFE INSURANCE EXPENSE	14.14
Total SECURIAN FINANCIAL GROUP INC:				3,193.87
SHIRODA, CORTNEY				
05/14/25	05/14/2025	REIMBURSE -FLOWERS FOR A	11-21-00-53990 PD MISCELLANEOUS EXP	25.07
Total SHIRODA, CORTNEY:				25.07
TIETZ, KATIE				
05/14/25	05/14/2025	REIMB TUITION/BOOKS-TIETZ	11-21-00-54150 TUITION & BOOKS PER CONTRACT	2,128.00
Total TIETZ, KATIE:				2,128.00
US BANK				
3341-April	04/10/2025	TACTACAM-HILMOOR CAMER	11-21-00-53800 PD SPECIAL INVESTIGATIONS	15.00
3341-April	04/10/2025	ATT-COURT ORDER TOWER DU	11-21-00-53800 PD SPECIAL INVESTIGATIONS	70.00
3341-April	04/10/2025	SLEEP INN-TRAINING SARLES	11-21-00-53310 PD MEALS & LODGING	294.00
3341-April	04/10/2025	SLEEP INN-TRAINING BROWN	11-21-00-53310 PD MEALS & LODGING	294.00
3341-April	04/10/2025	GLACIER CANYON NELSON-W	11-21-00-53310 PD MEALS & LODGING	507.00
3341-April	04/10/2025	GREETHAM-TACTICAL GEAR S	11-21-00-51380 PD UNIFORM ALLOWANCE	113.84
3341-April	04/10/2025	AMAZON - HALL	11-21-00-51380 PD UNIFORM ALLOWANCE	139.99
3341-April	04/10/2025	AMAZON--BUSINESS CARD ST	11-21-00-53100 PD OFFICE SUPPLIES	47.08
3341-April	04/10/2025	OUTER CARRIER VEST-RICHA	11-21-00-51390 PART TIME UNIFORM EXPENSE	100.88

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
3341-April	04/10/2025	USPS-POSTAGE STAMPS	11-21-00-53120 PD POSTAGE	146.00
3341-April	04/10/2025	WISHING WELL-TIETZ FUNERA	11-21-00-53990 PD MISCELLANEOUS EXP	105.50
3341-April	04/10/2025	WISHING WELL-TIETZ FUNERA	11-21-00-51900 PFC COMMISSION EXPENSES	82.24
3341-April	04/10/2025	FOX VALLEY -REYNOLDS, PAP	11-21-00-54100 PD TRAINING EXPENSES	650.00
3341-April	04/10/2025	WIPSCOM CONFER-FROGGAT	11-21-00-54100 PD TRAINING EXPENSES	362.45
3341-April	04/10/2025	WIPSCOM CONFER BUCHTA TR	11-21-00-54100 PD TRAINING EXPENSES	358.93
3341-April	04/10/2025	TARGET-TELECOM WEEK	11-21-00-53990 PD MISCELLANEOUS EXP	150.00
3341-April	04/10/2025	VIKTOS-GREETHAM	11-21-00-51380 PD UNIFORM ALLOWANCE	152.93
3341-April	04/10/2025	KALAHARI-FROGGATT TRNG	11-21-00-53310 PD MEALS & LODGING	98.00
3341-April	04/10/2025	KALAHARI-BUCHTA TRNG	11-21-00-53310 PD MEALS & LODGING	98.00
3341-April	04/10/2025	AMAZON-JUMP PACK	11-21-00-53420 PD SPECIAL EQUIPMENT	35.98
3341-April	04/10/2025	OPTICSPLANET TACTICAL GUN	11-21-00-53420 PD SPECIAL EQUIPMENT	262.03
3341-April	04/10/2025	USA MIDWAY SQUAD RIFLE -LI	11-21-00-58100 EQUIPMENT OUTLAY	301.97
3341-April	04/10/2025	USA MIDWAY-MAGPUL VERTIC	11-21-00-58100 EQUIPMENT OUTLAY	50.59
3341-April	04/10/2025	LOWES-SANDPAPER/TACK CLO	11-21-00-53420 PD SPECIAL EQUIPMENT	27.35
Total US BANK:				4,463.76
VERIZON WIRELESS				
6111843949	04/23/2025	PHONE APR25	11-22-00-52210 FIRE TELEPHONE EXPENSE	38.01
Total VERIZON WIRELESS:				38.01
WAHPC				
2025 DUES	05/05/2027	ANNUAL DUES-2025	11-70-00-57200 HISTORIC PRESERVATION	20.00
Total WAHPC:				20.00
WE ENERGIES				
5473612497	05/12/2025	1067 CAREY-STORAGE BLDG	11-22-00-52240 FIREHOUSE GAS HEAT	11.22
5473612497	05/12/2025	1067 CAREY-STORAGE BLDG	11-21-00-52220 POLICE IMPOUND BLDG ELECTRIC	11.22
Total WE ENERGIES:				22.44
WT COX INFORMATION SERVICES				
1691174	07/14/2023	CEASED TITLE-CREDIT	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	20.58-
1696263	12/05/2023	CANCELLED TITLE-CREDIT	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	20.58-
1700899	05/03/2024	CEASED TITLE-CREDIT	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	149.29-
1711430	03/28/2025	CANCELLED WHOLE DOG JOU	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	32.17-
318695	05/05/2025	2026-2027 MAGAZINE RENEWA	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	5,359.17
Total WT COX INFORMATION SERVICES:				5,136.55
Grand Totals:				125,471.83

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
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Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Paid and unpaid invoices included.

Invoice.Batch = "05082025","05142025","05162025"

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "05212025","05212025A"

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
ADAMS GENERATORS OF ELKHORN LLC				
186695	02/17/2025	BREAKROOM-GENERATOR SE	11-32-10-52400 ST DEPT BUILDING REPAIRS	169.00
Total ADAMS GENERATORS OF ELKHORN LLC:				169.00
ALL PRO CLEANING SYSTEMS				
4581	05/12/2025	6 WEEK CLEANING- APRIL TO	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	2,392.00
Total ALL PRO CLEANING SYSTEMS:				2,392.00
AMY'S SHIPPING EMPORIUM				
102192	04/24/2025	MANUALS SHIPPED TO CUBA T	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	16.82
Total AMY'S SHIPPING EMPORIUM:				16.82
AURORA MEDICAL GROUP				
742662	04/27/2025	DOT DRUG SCREENING	11-32-10-52050 DRUG AND MEDICAL TESTING	244.00
Total AURORA MEDICAL GROUP:				244.00
AURORA QUICK CARE LLC				
238-CI0000809	05/14/2025	EMP CLINIC APRIL 2025	11-10-20-51320 HEALTH AND DENTAL ADMIN CHGS	3,075.00
Total AURORA QUICK CARE LLC:				3,075.00
BATZNER PEST CONTROL				
76145825	04/25/2025	PEST CONTROL	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	183.41
Total BATZNER PEST CONTROL:				183.41
BREEZY HILL NURSERY				
INV/2025/2841	05/01/2025	LANDSCAPE MAINT	42-34-50-52200 PARKING LOT PLANTING/MAINT	260.10
Total BREEZY HILL NURSERY:				260.10
BRODART CO				
B6981936	05/03/2025	ADULT HARD COVER AND TRA	99-00-00-54100 LIBRARY ADULT MATERIALS	107.68
Total BRODART CO:				107.68
BROOKES, CHRIS				
04242025	05/14/2025	WAHPC CONFERENCE REIMB.	11-70-00-57200 HISTORIC PRESERVATION	60.00
Total BROOKES, CHRIS:				60.00
BROOKS TRACTOR INC				
286745	03/19/2025	WHEEL LOADER REPAIR	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	9,105.32
M84084	04/01/2025	WHEEL LOADER WINDOW REP	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	720.69

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total BROOKS TRACTOR INC:				9,826.01
CITY OF LAKE GENEVA				
03292025	03/29/2025	FALL/WINTER PROMO	47-70-00-57150 PROMOTIONAL GRANT	1,450.00
Total CITY OF LAKE GENEVA:				1,450.00
COLUMBIA CASCADE COMPANY				
55424-74	04/30/2025	BENCHES	11-32-10-57360 DONATION PURCHASES	4,065.00
55424-74	04/30/2025	BENCHES	45-00-00-59610 PARK IMPACT EXPENDITURES	18,320.00
Total COLUMBIA CASCADE COMPANY:				22,385.00
COLUMN SOFTWARE PBC				
C2330076-004	04/29/2025	ORD 25-03	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	25.44
C2330076-004	05/08/2025	2025 SDWK SA	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	55.79
C2330076-004	05/09/2025	ALC APP-GAGE MARINE	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	26.29
C2330076-004	05/09/2025	25-26 ALC RNWLS	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	223.53
Total COLUMN SOFTWARE PBC:				331.05
DEKIND COMPUTER CONSULTANTS				
41811	05/01/2025	IT SERV. JUNE2025	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	7,669.00
41983	05/02/2025	CUSTOM HARDWARE PACKAG	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	2,460.43
42030	05/14/2025	TRENDMICRO WORRY FREE S	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	2,547.45
Total DEKIND COMPUTER CONSULTANTS:				12,676.88
DESTINATION GN				
03252025	03/27/2025	WATER STATION/COFFE/BAKE	99-00-00-54150 LIBRARY PROGRAMS	298.84
04292025	04/30/2025	COFFEE STATION/BAKED GOO	99-00-00-54150 LIBRARY PROGRAMS	298.84
Total DESTINATION GN:				597.68
DIAZ, JOSE OMAR				
CN870F3SSX6	05/13/2025	RESTITUTION MAY 2025	11-12-00-22220 COURT DEPOSITS PAYABLE	75.00
Total DIAZ, JOSE OMAR:				75.00
DOMINION VOTING SYSTEMS INC				
DVS159240	05/02/2025	LIC-ELECTIONTAB	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	483.78
DVS159240	05/02/2025	WRNTY-ELECTION TAB	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	498.62
Total DOMINION VOTING SYSTEMS INC:				982.40
DUNN LUMBER				
1984907	04/03/2025	ALUMINUM RIBBED FASCIA- DI	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	131.20
1984914	04/03/2025	BOLTS, QUICK LINKS, CABLE T	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	53.76
2006616	04/30/2025	MARKING SPRAY, RED FLAGGI	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	34.34
2008667	05/01/2025	VINYL NUMBERS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	5.94
Total DUNN LUMBER:				225.24
ELKHORN NAPA AUTO PARTS				
364466	04/28/2025	AIR FILTERS #53	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	96.48
364852	05/01/2025	OIL FILTERS, OIL, LAMP	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	154.44

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
365213	05/05/2025	AIR FILTER # 53	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	15.35
Total ELKHORN NAPA AUTO PARTS:				266.27
FERTILIZER DEALER SUPPLY				
1980764	05/01/2025	MICRO VALVE, BUSHING POLY,	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	213.74
1983030	05/06/2025	ELBOW W/ CHECK VALVEM DR	11-52-00-53520 GROUNDS MAINT SUPPLIES	80.09
1984071	05/08/2025	GUSHING LIQUID FILLED, ST EL	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	63.30
Total FERTILIZER DEALER SUPPLY:				357.13
FIRST SUPPLY				
3742829-00	04/28/2025	AQPEX NAT BLK PRINT TUBE	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	46.40
Total FIRST SUPPLY:				46.40
FISH WINDOW CLEANING				
3063-71630	04/15/2025	WINDOW CLEANING	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	415.00
Total FISH WINDOW CLEANING:				415.00
GEO-SYNTHETICS SYTEMS LLC (GSI)				
IV-77438	04/27/2025	STRAW NETTING	11-52-00-53520 GROUNDS MAINT SUPPLIES	309.36
Total GEO-SYNTHETICS SYTEMS LLC (GSI):				309.36
GORDON FLESCH COMPANY INC				
IN15148699	05/05/2025	INK FOR PRINTER CONTRACT-	99-00-00-55320 LIBRARY EQUIP LEASES & MAINT	173.26
Total GORDON FLESCH COMPANY INC:				173.26
HESS, MARINA				
CN80FKD7S3	05/12/2025	CN80FKD7S3	11-12-00-45100 COURT PENALTIES & FINES	246.00
Total HESS, MARINA:				246.00
INGRAM BOOK COMPANY				
87862933	04/29/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	12.29
87862933	04/29/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
87862934	04/29/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	18.20
87862934	04/29/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
87890773	04/30/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	138.81
87890773	04/30/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	10.74
87890774	04/30/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	14.61
87890774	04/30/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
87890775	04/30/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	191.91
87890775	04/30/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	16.61
87913149	05/01/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
87913149	05/01/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	17.98
87913150	05/01/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	4.71
87913150	05/01/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	56.80
87913151	05/01/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	51.09
87913151	05/01/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	4.96
87920230	05/01/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	4.62
87920230	05/01/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	32.98
88017657	05/07/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	297.14
88017657	05/07/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	29.33

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
88017658	05/07/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	18.09
88017658	05/07/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
88017659	05/07/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	16.59
88017659	05/07/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
88017660	05/07/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	41.89
88017660	05/07/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	8.42
88017661	05/07/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	18.38
88017661	05/07/2025	ADULT BOOKS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	5.28
88017662	05/07/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	33.21
88017662	05/07/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.81
88017663	05/07/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	21.61
88017663	05/07/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.48
88061142	05/09/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	61.09
88061142	05/09/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	7.85
88061143	05/09/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
88061143	05/09/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	19.41
88061144	05/09/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	3.14
88061144	05/09/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	43.52
88061145	05/09/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	6.12
88061145	05/09/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	69.49
Total INGRAM BOOK COMPANY:				1,296.36
JERRY WILLKOMM INC				
317973	05/02/2025	1702.0 GAL GASOLINE	11-32-10-53410 VEHICLE-FUEL & OIL	4,729.86
Total JERRY WILLKOMM INC:				4,729.86
JOHNS DISPOSAL SERVICE				
1677144	05/05/2025	CONTRACTED BILLING/ GARBA	11-36-00-52940 SOLID WASTE-RESIDENTIAL	39,842.00
1677144	05/05/2025	CONTRACTED BILLING/ RECYC	11-36-00-52970 SOLID WASTE-RECYCLING	21,840.66
Total JOHNS DISPOSAL SERVICE:				61,682.66
KAESTNER AUTO ELECTRIC CO				
442532	04/11/2025	ARROWS	11-32-10-53450 SAFETY GRANT EXPENDITURES	650.00
Total KAESTNER AUTO ELECTRIC CO:				650.00
KAPUR & ASSOCIATES INC				
131700	04/18/2025	DAM REPAIRS	43-40-00-17015 LAKEFRONT CAPITAL PROJECTS	285.05
131741	04/17/2025	SYMPHONY BAY PH 6	11-00-00-13910 A/R BILL OUTS	192.00
131744	04/17/2025	STONE RIDGE PH 3	11-00-00-13910 A/R BILL OUTS	908.20
131745	04/17/2025	SYMPHONY BAY PH 7	11-00-00-13910 A/R BILL OUTS	17,450.40
131791	04/18/2025	SYMPHONY BAY PH 8	11-00-00-13910 A/R BILL OUTS	945.00
131792	04/18/2025	240 N EDWARDS BLVD	11-00-00-13910 A/R BILL OUTS	135.00
131793	04/18/2025	SYMPHONY BAY PH 8	11-00-00-13910 A/R BILL OUTS	607.50
131794	04/18/2025	MEETINGS	11-30-00-52160 CITY ENGINEERING FEES	337.50
131795	04/18/2025	SPEED LIMIT STUDY HWY 50	11-30-00-52160 CITY ENGINEERING FEES	2,045.00
131796	04/18/2025	SISP APPLICATION TOWNLINE	11-30-00-52160 CITY ENGINEERING FEES	1,406.50
131797	04/18/2025	HWY 50 TLE	11-30-00-52160 CITY ENGINEERING FEES	945.00
131798	04/18/2025	GIS UPDATES	11-30-00-52160 CITY ENGINEERING FEES	56.50
131800	04/18/2025	PIERS AND HARBORS MEETIN	11-30-00-52160 CITY ENGINEERING FEES	202.50
131801	04/18/2025	255 MILLS ST	11-00-00-13910 A/R BILL OUTS	135.00
131802	04/18/2025	CONVENANT HARBOR	11-00-00-13910 A/R BILL OUTS	543.00
131803	04/18/2025	GAP PROPERTIES	11-24-00-53350 OTHER PROFESSIONAL FEES	1,224.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total KAPUR & ASSOCIATES INC:				27,418.15
KRAUSE, TODD				
05062025	05/06/2025	CTY ADMIN SRCH-CANDIDATE I	11-14-10-53990 MAYOR MISC EXPENSE	157.60
Total KRAUSE, TODD:				157.60
LAFORCE				
1278078	04/24/2025	SIMPLEX PUSHBUTTON LOCK	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	233.68
Total LAFORCE:				233.68
LANGE ENTERPRISES INC				
91050	05/02/2025	ROAD NAME SIGNS	11-34-10-53740 STREET IDENTIFICATION SIGNS	461.75
91054	05/02/2025	BRUSH DROP OFF USERS CHE	11-32-14-54300 COMPOSTING OPERATING SUPPLIES	76.70
Total LANGE ENTERPRISES INC:				538.45
LASER WORKS UNLIMITED LLC				
2019	04/23/2025	OFFICE DOOR NAME PLATE	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	16.25
2019	04/23/2025	NAME PLATE-HANLON/PC	11-69-30-53100 PLAN COMMISSION OFFICE SUPPL	14.80
Total LASER WORKS UNLIMITED LLC:				31.05
LEONARD, BEVERLY				
05082025	05/08/2025	REIMB-PURPLE MARTIN SUPPL	11-70-00-57800 AVIAN COMMITTEE EXPENSES	91.15
Total LEONARD, BEVERLY:				91.15
MCCLELLAN SALES & SERVICE				
1121	05/08/2025	TOKO 5900 BLADES	11-52-01-53400 VETS PARK OPERATING SUPPLIES	426.14
Total MCCLELLAN SALES & SERVICE:				426.14
MIDWEST TAPE LLC				
507098227	04/29/2025	AUDIO ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	267.96
507108433	04/30/2025	AUDIO ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	101.96
Total MIDWEST TAPE LLC:				369.92
MILLER-BRADFORD & RISBERG INC				
P4801802	03/05/2025	ARM	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	166.69
Total MILLER-BRADFORD & RISBERG INC:				166.69
MUNICIPAL LAW & LITIGATION GRO S.C.				
14545	04/28/2025	OUTSIDE ATTY FEES-MARCH20	11-13-10-52140 OUTSIDE ATTORNEYS FEES	1,515.00
14746	04/30/2025	MISC. ATTY FEES-MARCH 2025	11-13-10-52140 OUTSIDE ATTORNEYS FEES	349.70
Total MUNICIPAL LAW & LITIGATION GRO S.C.:				1,864.70
NELSON, KRISTAN				
050022025	05/02/2025	REFUND DUE TO PEO ERROR	42-34-50-46330 PARKING STALL COLLECTIONS	65.00
Total NELSON, KRISTAN:				65.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
OFFICE PRO INC				
726665-0	03/27/2025	MOP HEAD, GARBAGE BAGES	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	1,152.12
728049-0	05/08/2025	GARBAGE BAGS	11-52-00-53520 GROUNDS MAINT SUPPLIES	2,134.50
728806-0	04/16/2025	MOP HEAD, GARBAGE BAGES	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	145.86
728806-1	04/17/2025	PAD BUFF RED, PAD POLISHIN	40-55-10-53500 BLDG MAINT SUPPLIES-UPPER RIV	41.76
Total OFFICE PRO INC:				3,474.24
OTIS ELEVATOR COMPANY				
100401934244	05/12/2025	MAINTANCE SERVICE - 6/1/25	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	4,479.48
Total OTIS ELEVATOR COMPANY:				4,479.48
PFI FASHIONS INC				
116271	05/06/2025	UNIFORM POLOS / PULLOVERS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	406.90
Total PFI FASHIONS INC:				406.90
QUALITY STATE OIL				
251200616	04/30/2025	537.1 GAL ON RD	11-32-10-53410 VEHICLE-FUEL & OIL	1,555.43
Total QUALITY STATE OIL:				1,555.43
REINDERS				
1980238-00	05/06/2025	30 GAL DRUM, 2.5 JUG	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	1,023.34
Total REINDERS:				1,023.34
RHYME BUSINESS PRODUCTS				
39147057	05/05/2025	SHARP AGREEMENT-MAY 2025	11-16-10-55310 CH OFFICE EQUIPMENT CONTRACTS	425.05
39193814	05/09/2025	PRINTER	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	438.36
AR832844	05/01/2025	SERVICE TONER	11-12-00-53610 EQUIPMENT MAINT SERVICE COSTS	116.00
Total RHYME BUSINESS PRODUCTS:				979.41
SAFEBUILT LLC				
1686997	04/30/2025	BLDG INSP/PLAN REVIEWS-AP	11-24-00-52190 CONTRACT BUILDING INSPECTOR	17,807.67
1686997	04/30/2025	BLDG INSP/PLAN REVIEWS-AP	11-69-30-52120 OUTSIDE PROFESSIONAL PLANNING	2,172.00
Total SAFEBUILT LLC:				19,979.67
SANTA CAUSE				
REIMB-MAY20	05/06/2025	BALLOON ADV. 2025	47-70-00-57150 PROMOTIONAL GRANT	40,000.00
Total SANTA CAUSE:				40,000.00
SHERWIN WILLIAMS				
3037-2	05/05/2025	5 GAL PAINT -GARBAGE CANS/	40-52-10-53990 BUOY/STALL MISC. EXPENSES	253.30
Total SHERWIN WILLIAMS:				253.30
SIGNATURE SIGNS LLC				
6209	04/29/2025	PICK UP TRUCK LETTERING	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	158.00
6209	04/29/2025	WATER AT OFFICE SIGN	48-00-00-53400 CEM OPERATING SUPPLIES	40.00
Total SIGNATURE SIGNS LLC:				198.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
SMALE SALGADO, JESSICA ALETHEA				
SALGADO-507	05/07/2025	AVIAN BACKPACKS	47-70-00-57150 PROMOTIONAL GRANT	1,000.00
Total SMALE SALGADO, JESSICA ALETHEA:				1,000.00
STATE OF WISCONSIN				
64-246 04/25	05/01/2025	COURT FINES-APRIL 2025	11-12-00-24240 COURT FINES-STATE	7,930.48
Total STATE OF WISCONSIN:				7,930.48
T2 SYSTEMS INC				
UPS00055592	04/30/2025	AUTOMATED OWNER LOOKUP	42-34-50-54500 SUPPORT CONTRACTS	780.00
Total T2 SYSTEMS INC:				780.00
TIMBER LINE SIGN CO INC				
4476	04/30/2025	PIONEER CEMETERY SIGN	48-00-00-52400 CEM BUILDING REPAIRS	1,810.00
Total TIMBER LINE SIGN CO INC:				1,810.00
TIM'S TAP LINE CLEANING INC				
29472	04/17/2025	LINE CLEANING RIV	40-55-10-53600 UPPER RIVIERA MAINTENANCE	100.00
Total TIM'S TAP LINE CLEANING INC:				100.00
TRUGREEN PROCESSING CTR				
207870423	04/30/2025	FERTILIZER SVC	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	392.21
Total TRUGREEN PROCESSING CTR:				392.21
UNIQUE MANAGEMENT SERVICES INC				
6139364	05/01/2025	PLACEMENTS -APRIL 2025	99-00-00-55110 CIRCULATION SUPPLIES & SERVICE	41.20
Total UNIQUE MANAGEMENT SERVICES INC:				41.20
UNITED LABORATORIES				
INV434655	05/07/2025	LIQUI-ZYME ENZYME ODOS, PI	40-55-20-53500 BLDG MAINT SUPPLIES-LOWER RIV	876.12
Total UNITED LABORATORIES:				876.12
WALWORTH COUNTY SHERIFF				
1345180	05/02/2025	APRIL 2025	11-12-00-52900 CARE OF PRISONERS	165.00
Total WALWORTH COUNTY SHERIFF:				165.00
WALWORTH COUNTY TREASURER				
64-246 04/25	05/01/2025	COURT FINES-APRIL 2025	11-12-00-24200 COURT FINES-COUNTY	3,368.86
Total WALWORTH COUNTY TREASURER:				3,368.86
WELDERS SUPPLY CO				
3189490	04/30/2025	PROPANE, ARGON, SMALL OXY	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	37.20
Total WELDERS SUPPLY CO:				37.20
WINDY CITY LINEN				
289668	04/24/2025	WILMOT PROM LINEN	40-55-10-46740 UPPER RIVIERA REVENUE	242.84

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total WINDY CITY LINEN:				242.84
WITTE SUPPLY COMPANY				
165603	05/09/2025	BACKYARD GENERAL LAWN MI	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	129.00
Total WITTE SUPPLY COMPANY:				129.00
Grand Totals:				245,814.78

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "05212025","05212025A"

Invoice.Detail.GL account (2 Characters) = {<>} "61"

Invoice.Detail.GL account (2 Characters) = {<>} "62"