



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

**FINANCE, LICENSING, AND REGULATION COMMITTEE
TUESDAY, JUNE 3, 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.

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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 20, 2025
5. Discussion/Recommendation regarding Licenses & Permits
 - a. Agent Change filed by Cove Condominium Association dba The Cove of Lake Geneva to Mitchell C Whelan, for current license expiring on June 30, 2025
 - b. Massage Establishment renewal applications filed by Elevate Wellness Center and Healing Muscle Therapies
 - c. Resolution 25-R36, 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 Harbor Shores Hotel Management Inc dba Harbor Shores on Lake Geneva, 300 Wrigley Dr, Janine Osborne, Agent
6. Discussion/Recommendation on proposed changes to City of Lake Geneva Municipal Code section 62-3: Dedication of private streets (*Public Works Committee recommended approval on May 27, 2025*)
7. Presentation of Accounts
 - a. Pre-Paid Checks: \$56,065.84
 - b. Regular Checks: \$251,948.03
8. 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 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.

Call to Order

by Chairperson Ames at 4:30 pm.

Roll Call

Present: Sherri Ames, JaNelle Powers, Mary Jo Fesenmaier, Linda Frame and Brian Smith. Others present: Alderperson Cindy Yager, City Clerk Lacey L. Reynolds, Finance Director Laura Pisarcik, Harbormaster Erick Nicia and other interested persons.

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

None.

Approval of the minutes from May 6, 2025

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

Discussion/Recommendation regarding Licenses & Permits

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

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

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

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

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

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

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

Motion by Frame to conditionally approve the license contingent upon the applicant coming into compliance, second by Powers. Voice vote, approved, motion carried.

Public Event Permit Application filed by Mt Zion Church for Worship in the Park & Beach Baptism

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

Discussion/Recommendation regarding items from Piers, Harbors and Lakefront Committee May 13, 2025

Approval of Lakefront Fee Schedule increases and additions

Motion by Frame to approve, second by Powers. Voice vote, 4-approved, 1-opposed (Fesenmaier), motion carried.

Approval of Library issued Beach Passes

Motion by Frame to approve, second by Powers. Alder Fesenmaier noted there was no attachment in the packet for review. Voice vote, 4-approved, 1-opposed (Fesenmaier), motion carried.

Approval of Lagoon Lessee's season launch pass

Motion by Frame to approve, second by Powers. Alder Fesenmaier noted there was no attachment in the packet for

review. Clerk Reynolds said there will be an attachment in the council packet. Voice vote, approved, motion carried.

Discussion/Recommendation regarding the MOU for Storm Sirens between Walworth County Sheriff's Department and the City of Lake Geneva

Motion by Frame to approve, second by Powers. Fire Chief Peters explained the memorandum of understanding and shared there will be cost savings to the city. Voice vote, approved, motion carried.

Review and possible recommendation regarding archiving and access of prior years' meeting video recordings

Motion by Frame to approve, second by Powers. Discussion took place regarding the quantity of recordings to transfer and the cost to transfer them. The committee directed staff to research where the funds would come from and how many recordings had been viewed. Motion by Fesenmaier to amend the motion to include the complete amount of \$3,000 to transfer all recordings, second by Frame. Voice vote, approved, motion carried. Main motion - Voice vote, approved, motion carried.

Presentation of Accounts

Pre-Paid Checks: \$125,471.83

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

Regular Checks: \$245,814.78

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

Adjournment

Motion by Powers to adjourn, second by Smith. Voice vote, approved, motion carried. Adjourned at 4:52 pm.

Lacey L. Reynolds
City Clerk



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

626 Geneva Street
Lake Geneva, WI 53147
262.248.3673

Date: May 30, 2025

To: Finance, Licensing, & Regulation Committee

Re: License Applications for consideration on June 3, 2025

The agent change form filed by The Cove is applicable to their current license which expires on June 30, 2025. This is necessary since the previous agent has moved and no longer works at this establishment. The new applicant has passed the required background check and otherwise meets the rest of the requirements to be an agent. If the Committee has no questions, this can be recommended to the Council for approval.

The two Massage Establishment license renewal applicants have been in business for a number of years with no issues. They are undergoing the necessary background checks, meet the rest of the license requirements, and will be checked for any outstanding debt prior to license issuance. If the Committee has no questions, these applications can be recommended to the Council for approval.

Resolution 25-R36 includes most of the remaining 2025-2026 alcohol license renewal applications. All applications included in Resolution 25-R36 have been reviewed with necessary background checks being conducted. The notice of application is being 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. If the Committee has no concerns, Resolution 25-R36 can be recommended to the Council for approval.

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

The remaining few renewal applications will appear on future agendas depending on the date the applications are submitted.

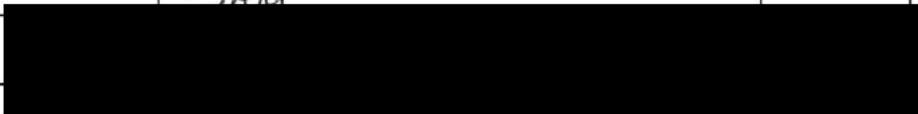
Questions regarding licensing in general or specific applications can be directed to the Clerk's office. I would request that questions be directed prior to the meeting so that answers can be researched and provided during the meeting.

Respectfully submitted,

Vanessa Jahns
Deputy City Clerk

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 KELLY	First Name SAM	M.I.
Title GENERAL MANAGER		
Signature 		Date 5/16/25

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 WHELAN	First Name MITCHELL	M.I. C
Signature 		Date 5/16/25

**City of Lake Geneva
Operator License**

License No: 2024 237

WHEREAS, the local governing body of the City of Lake Geneva, County of Walworth, Wisconsin, has, upon application, duly made, granted and authorized the issuance of an "Operator" License to:

Mitchell Whelan



AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$50.00 as required by the Municipal ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, an "Operator" License, pursuant to Sections 125.32(2) and 126.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant;

for the period from 11/25/2024 to 6/30/2025.

Given under my hand and the Great Seal of the City of Lake Geneva, County of Walworth, State of Wisconsin, this 25th day of November, 2024.

Vanessa Jahns, Deputy City Clerk

Separate the top portion and place in wallet.

**City of Lake Geneva
Operator License
License No: 2024 237
License Fee: \$50.00**

WHEREAS, the local governing body of the City of Lake Geneva, County of Walworth, Wisconsin, has, upon application, duly made, granted and authorized the issuance of an "Operator" License to:

Mitchell Whelan

AND WHEREAS, the said applicant has paid to the Treasurer the sum of \$50.00 as required by the Municipal ordinances and has complied with all requirements necessary for obtaining a license;

NOW THEREFORE, an "Operator" License, pursuant to Sections 125.32(2) and 126.68(2) of the Wisconsin Statutes, and local ordinances, is hereby issued to the said applicant;

for the period from 11/25/2024 to 6/30/2025.

**Given under my hand and the Great Seal of the City of Lake Geneva, County of Walworth,
State of Wisconsin, this 25th day of November, 2024.**

Vanessa Jahns, Deputy City Clerk

Separate the top portion and place in wallet.
Bottom portion remains on file at the establishment



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Elevate Wellness Center

Corporate Name (if applicable): _____

Business Address (Physical): 801 Geneva Parkway No suite 104

Mailing Address (if different): _____

City, State, Zip: Lake Geneva WI 53147

Phone: 262-203 4054 Email: holie@elevatewellness.com

Please explain the nature of services to be provided: Massage therapy
Personal Training / Health Coach

BUSINESS OWNER (APPLICANT) INFORMATION

Please include information for all business owners

Full Name: Hollie Bullen

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

Elevate Wellness Center

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

☒ NO ☐ YES If yes, please explain: _____

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

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

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

APPLICANT SIGNATURE: [Signature] Date: 5/07/2025

For Office Use Only

Date Filed: 5/8/25 Receipt #: 14.001908 Amt Paid: \$50.00

Forwarded to Police Dept: _____ Background Completed: _____

Police Chief Recommendation: _____ Approved _____ Denied _____

Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐

Forwarded to Building Dept: N/A Inspector approval required for new establishments

Building Inspector Recommendation: N/A - Renewed Approved _____ Denied _____

FLR/Council Approval Dates: _____ License #: _____

Verified: Stark ☐ MSI ☐ Notes/Conditions: _____

Copies to: Building & Zoning Police Chief Fire Chief



CITY OF LAKE GENEVA

MASSAGE ESTABLISHMENT APPLICATION

\$50.00 ANNUAL LICENSE FEE

EXPIRES JUNE 30TH EACH YEAR

Is Application: Original ☐ or Renewal ☒

Application must be accompanied by the following documents:

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

BUSINESS INFORMATION

Trade Name: Healing Muscle Therapies

Corporate Name (if applicable): _____

Business Address (Physical): 201 Broad St, Ste D, ~~Lake Geneva WI 53147~~

Mailing Address (if different): _____

City, State, Zip: Lake Geneva, WI 53147

Phone: 262-515-7035 Email: info@healingmt.com

Please explain the nature of services to be provided: Massage Therapy Services:
(Relaxation, Deep Tissue, Thai Massage, Foot Massage)

BUSINESS OWNER (APPLICANT) INFORMATION

(Marti) Please include information for all business owners

Full Name: Martha Evan Doolittle

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

N/A

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

☒ NO

☐ YES

If yes, please explain:

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

☒ NO

☐ YES

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

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

APPLICANT SIGNATURE: Martha E. Doolittle Date: 5/7/25

For Office Use Only

Date Filed: <u>5/12/25</u>	Receipt #: <u>27-000150</u>	Amt Paid: <u>\$50.00</u>
Forwarded to Police Dept: _____	Background Completed: _____	
Police Chief Recommendation: _____	Approved	Denied
Fingerprinting required for new establishments - Fingerprinted by LGPD: ☐		
Forwarded to Building Dept: <u>N/A</u>	Inspector approval required for new establishments	
Building Inspector Recommendation: <u>NA - Renewal</u>	Approved	Denied
FLR/Council Approval Dates: _____	License #: _____	
Verified: Stark ☐ MSI ☐ Notes/Conditions: _____		
Copies to:	Building & Zoning	Police Chief
		Fire Chief

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-R36	Date Introduced: June 9, 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:

- Brutap LLC dba Brunos Liquors, 524 Broad St, James Sharkus, Agent
- Decorum Lake Geneva, LLC dba Comfort Suites Lake Geneva East, 300 E Main St, Stephanie Zuniga, Agent
- Gage Marine Corp dba Lake Geneva Cruise Line Store, 812 Wrigley Dr Center Pier Bldg, William Gage, Agent
- Gage Marine Corp dba Lake Life Store, 803 Main St Unit 1E, William Gage, Agent
- New World Wine Shop Inc dba New World Wine Shop, 830 W Main St, Terence, Conell, Agent

“Class A” Intoxicating Liquor

- Edie, Inc dba Marigold, 725 W Main St, Angela Carlson, Agent

Class “B” Fermented Malt Beverage

- Tienda El Rancho Inc dba Tienda El Rancho Inc, 11151 Elkhorn Rd, Mercedes Jaramillo, Agent

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

- L&B Mainstreet Inc dba Champs Sports Bar & Grill, 747 W Main St, Jes Christianson, Agent
- Cove Condominium Assoc dba The Cove of Lake Geneva, 111 Center St, Mitchell, Whelan, Agent (Hotel Exemption)
- Ovalle-Perez LLC dba Taqueria el Gallo de Oro, 820 Williams St, Cynthia Ovalle, Agent

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

- Breakfast Bungalow Great Eggs LLC dba Great Eggs, 220 Cook St #101, Catherine Griffith, Agent
- House of Bogini LLC dba House of Bogini 152 Center St, Sasha Butinas, Agent
- Medusa Grill & Bristro LLC dba Medusa Kitchen, 272 Broad St Unit A, Gegory Anagnos, Agent
- MC Property Management Inc dba Mill Creek Hotel, 123 Center St, Eleanor Canino, Agent
- Martins Olympic Restaurant LLC dba Olympic Restaurant, 748 Main St, Yolanda, Zavaleta, Agent
- El Zacatecano LLC dba El Zacatecano, 627 Williams St, Christian Ovalle-Alonso, Agent

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.

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

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

Attest:

Page 14 of 112

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)

Brutap LLC

2. Business Trade Name or DBA

Brunos Liquors

4. Wisconsin Seller's Permit Number

456-1027154523-03

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

08/12/2010

8. Wisconsin DFI Registration Number

B-06844

9. Premises Address

524 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) 248-6407

17. Premises Email

brunosliquors@hotmail.com

18. Website

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

See Attached 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
Sharkus	James	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 Sharkus	First Name James	M.I. E
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature <i>James E. Sharkus</i>		Date 5/23/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/23/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Green

Areas in ~~blue~~ have liquor storage

Cooler

INVOICES
IN
Office
See
ATTN
Office

Basement

Main Floor

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)

Brutap LLC

2. Business Trade Name or DBA

Brunos Liquors

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

Sharkus

2. First Name

James

3. M.I.

E

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.
Sharkus	James	E
Title		
Owner		
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	First Name	M.I.
SHARKUS	James	E.
Signature		Date

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)

Decorum Lake Geneva, LLC

2. Business Trade Name or DBA

Comfort Suites Lake Geneva East

4. Wisconsin Seller's Permit Number

456103069415702

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

04/08/2021

8. Wisconsin DFI Registration Number

D069269

9. Premises Address

300 E. Main 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) 248-2300

17. Premises Email

szuniga@kinseth.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.

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

20. Mailing Address (if different from premises address)

801 E. 2nd Avenue Suite 200

21. City

Coralville

22. State

IA

23. Zip Code

52241

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.

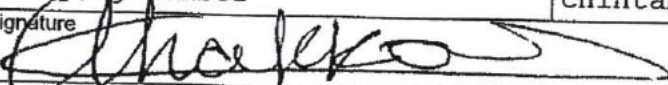
Last Name	First Name	Title	Phone
Thakkar	Chintan	Member	
Patel	Ajit	Member	
Zuniga	Stephanie	Agent	

Part D: Attestation

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

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

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

Last Name Thakkar		First Name Chintan		M.I.
Title Managing member		Email chintan@decorummg.com	Phone (815) 670-5249	
Signature 		Date 5/2/25		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/5/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
05/02/2024

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)

Decorum Lake Geneva East

2. Business Trade Name or DBA

Comfort Suite Lake Geneva east

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

Zuniga

2. First Name

Stephanie

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 →

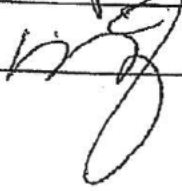
Part D: Business Attestation

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 THAKKAR		First Name CHINTAN	M.I.
Title MEMBER	Email [REDACTED]		
Signature 		Date 5/2/25	

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 Zuniga		First Name Stephanie	M.I. L.
Signature 		Date 5/2/25	

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

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 Main St. 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

1

16. Premises Phone

262 248 6206

17. Premises Email

ellen.burlingegagemarine.com gagemarine.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.

store front with retail space on main level. Refrigerator in same area, freezer and other storage in basement. One section of retail space is designated for sale of packaged beverages. (invoices kept in front counter)

20. Mailing Address (if different from premises address)

P.O. 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	[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.	
Gage	William	B	
Title	Email	Phone	
Owner / President	[REDACTED]	[REDACTED]	
Signature	Date		
[Signature]	5/19/25		
Part E: For Clerk Use Only			
Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/19/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

ALLEY

CHINA
WEST

MAIN STREET

Beverage Sales*

TICKETS
SALES

LAKE LIFE
STORE FRONT

803 MAIN ST.

REPAIR
SALES

~~STORAGE & REFRIGERATION~~

~~BEVERAGE
SALES~~

Alcohol Beverage
Appointment of Agent

Date 5/19/28

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

9. Zip Code

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ☒ Yes ☐ No
Submit proof of completion. NA
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 Gage	First Name William	M.I. B
Title owner / president	[REDACTED]	
Signature 	Date 5/19/25	

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 Gage	First Name William	M.I. B
Signature 	Date 5/19/25	

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

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			
3. 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		7. Date of Organization	
WI		02/04/1958	
8. Wisconsin DFI Registration Number			
1E04231			
9. Premises Address			
812 Wrigley Drive Center Pier Building			
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		1	
16. Premises Phone		17. Premises Email	
262 248 6206		ellen.burling@gagemarine.com	
18. Website		cruiselakegeneva.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 building with area on pier side designated for sales of packaged beverages. Refrigeration on premises and sales take place inside the building. all areas can be secured and locked.			
20. Mailing Address (if different from premises address)			
P.O. Box 68			
21. City		22. State	23. Zip Code
Lake Geneva		WI	53147

Part B: Questions

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

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

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

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

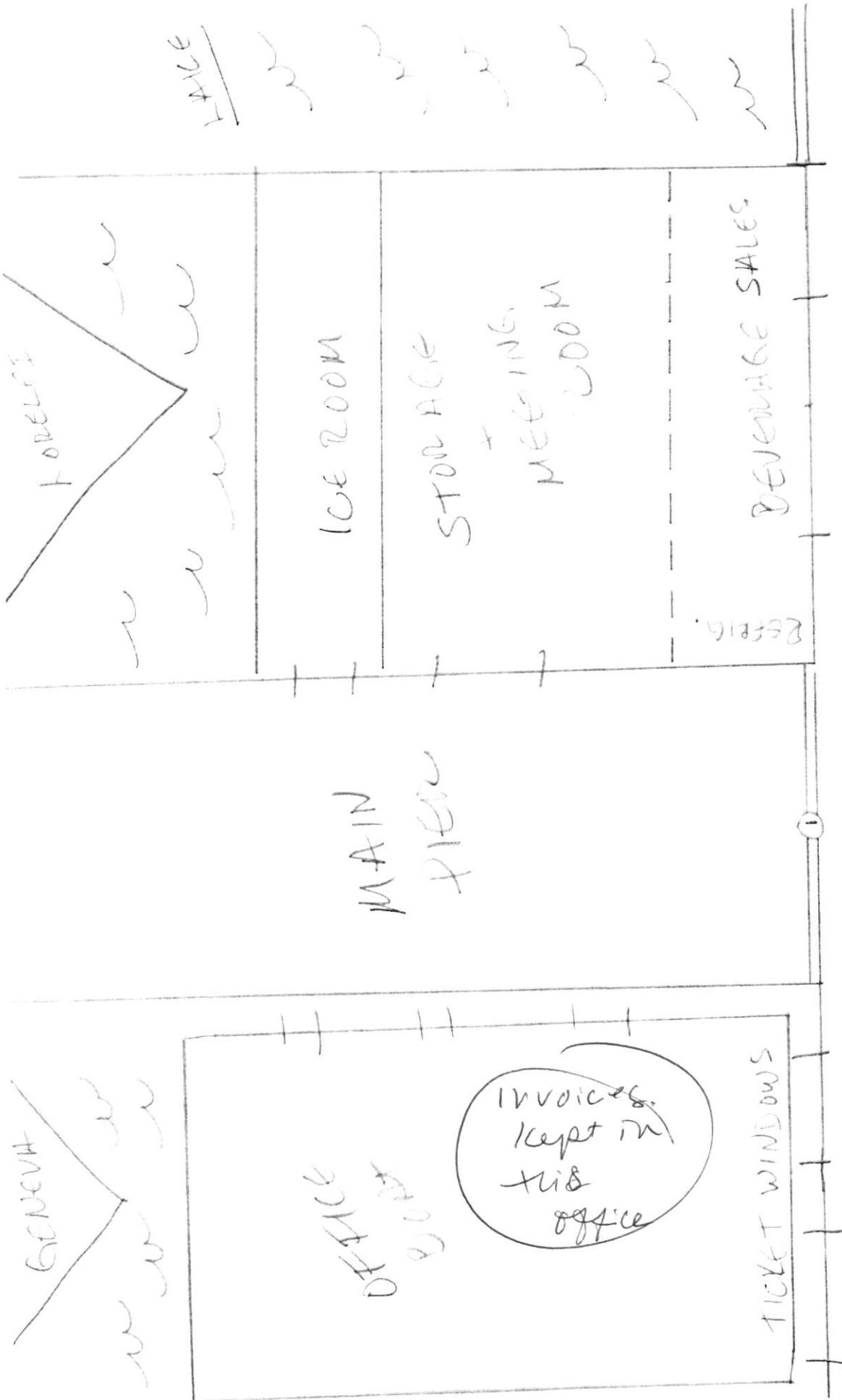
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 Gage	First Name William	M.I. B
Title Owner / President		
Signature 		Date 5/19/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/19/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



RIVIERA DOCK

RIV BLDG.

RIV BLDG.

Alcohol Beverage
Appointment of Agent

Date 5/19/25

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) Gaze 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 Gaze	2. First Name William	3. M.I. B
[Redacted]		
[Redacted]		
8. State WI		

Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	☒ Yes ☐ No N/A
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 <i>Gage</i>	First Name <i>William</i>	M.I. <i>B</i>
Title <i>Owner / President</i>	Email <i>bill.gage@gagemart.com</i>	Phone <i>202 215 9663</i>
Signature <i>[Signature]</i>		Date <i>5/19/25</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>[Signature]</i>	First Name <i>[Signature]</i>	M.I.
Signature <i>William B. Gage Jr.</i>		Date <i>5/19/25</i>

DUE FRIDAY

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) <u>NEW WORLD WINE SHOP INC.</u>			
2. Business Trade Name or DBA <u>NEW WORLD WINE SHOP</u>			
3. [Redacted]		4. Wisconsin Seller's Permit Number <u>456-102889651802</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>3/16/2015</u>	
8. Wisconsin DFI Registration Number <u>N044173</u>			
9. Premises Address <u>830 W MAIN 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: <u>LAKE GENEVA</u>		15. Aldermanic District
16. Premises Phone <u>262-812-4080</u>	17. Premises Email <u>JSibbing@gmail.com</u>		18. Website <u>N/A</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>OPEN SALES FLOOR - STORAGE SOUTH OF MAIN SPACE STORE ROOM</u> <u>RECORD KEPT IN OFFICE ADJACENT MAIN SPACE EAST SIDE</u>			
20. Mailing Address (if different from premises address) <u>N/A</u>			
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.

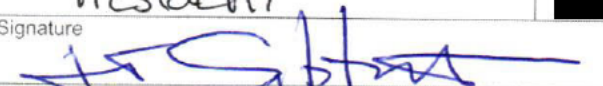
Last Name	First Name	Title	Phone
Sibbing Conell	Jerry Terence	President AGENT	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
Sibbing	Jerry	T
Title	Email	Phone
President		
Signature	Date	
	5/15/2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/19/25			
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)

NEW WORLD WINE SHOP INC.

2. Business Trade Name or DBA

NEW WORLD WINE 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

CONNELL

2. First Name

TERENCE

3. M.I.

R

8. State

WI

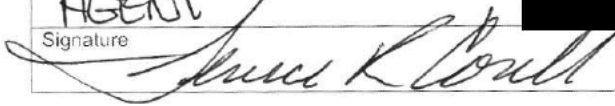
Part C: Agent Questions

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 →

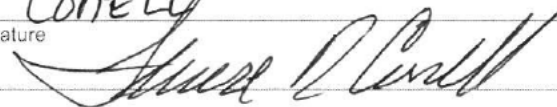
Part D: Business Attestation

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 Conell	First Name Terence	M.I. R
Title AGENT		
Signature 		Date 5/15/2025

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 CONELL	First Name TERENCE	M.I. R
Signature 		Date 5/15/2025

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

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

Part A: Premises/Business Information

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

Edie, INC

2. Business Trade Name or DBA

MAC 2012

4. Wisconsin Seller's Permit Number

600-1028820832-03

5. Entity type (check one)

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

6. State of Organization

WISCONSIN

7. Date of Organization

5/1/2015

8. Wisconsin DFI Registration Number

456-1028820832-02

9. Premises Address

725 W MAIN ST Lake Geneva

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) 729-4027

17. Premises Email

tbachman911@gmail.com

18. Website

Shapedie.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.

2,500 SQ FT MAINST LOCATED BUILDING - 2,000 SQ FT RETAIL FRONTAGE
500 SQ FT BACK ROOM FOR STORAGE. ALCOHOL STORED IN BACK ROOM

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

4a. Name of Business Entity

4b. Business Entity FEIN

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
Parkson	Angela	Mbr / Agent	
BACHMANN	TOM	owner	
Wechet	Sheryl	Associate	

Part D: Attestation

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

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

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

Last Name	First Name	M.I.
BACHMANN	Thomas	W
Title	Email	Phone
Treasurer		
Signature	Date	
Thomas W. Bachmann	4/4/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/12/25			
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) Edie, INC	
2. Business Trade Name or DBA MANI GOLO	
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 Carlson	2. First Name Angela	3. M.I. M
[Redacted Address]		
[Redacted Address]		
8. State WI		

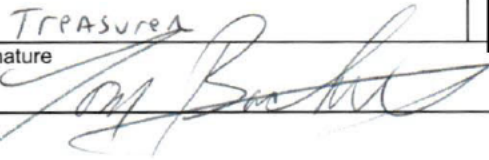
Part C: Agent Questions

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

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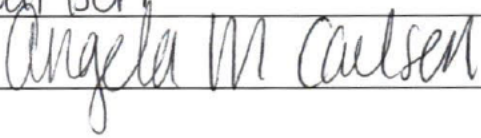
Part D: Business Attestation

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 BACHMANN	First Name THOMAS	M.I. W
Title TREASURER	[REDACTED]	
Signature 		Date 4/1/25

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 Carlson	First Name Angela	M.I. M
Signature 		Date 04/01/2025

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 \$ _____
- ☐ "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 5/15

Part A: Premises/Business Information

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

Tienda El Rancho, Inc

2. Business Trade Name or DBA

Tienda El Rancho, Inc

4. Wisconsin Seller's Permit Number

456-10200 48704-03

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

2-22-2006

8. Wisconsin DFI Registration Number

T038370

9. Premises Address

1151 Elkhorn 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

4

16. Premises Phone

262-249-0698

17. Premises Email

None

18. Website

None

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

It's stored in restaurant area in a 3 door cooler. first door @ walk in cooler, outside of the store, on the back. Invoices are kept in office.

20. Mailing Address (if different from premises address)

1151 Elkhorn 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 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
Jaramillo	Gerardo	Pres	
Jaramillo	Mercedes	VP	

Part D: Attestation

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

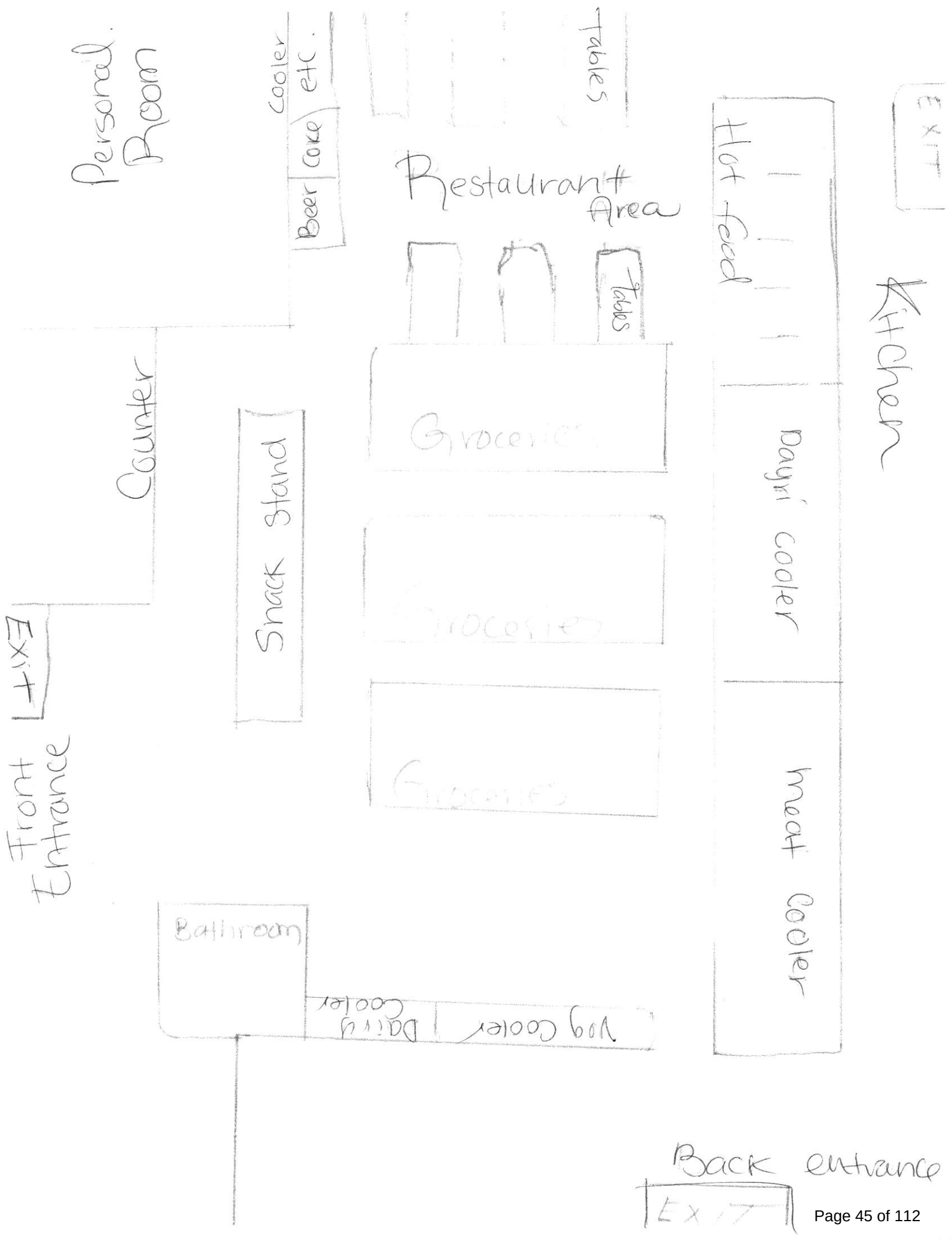
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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.
Jaramillo	Mercedes	
Title		
VP.		
Signature	05-15-25	
Mercedes Jaramillo		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/15/25			
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)

Tienda El Rancho Inc

2. Business Trade Name or DBA

Tienda El Rancho 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

Jaramillo

2. First Name

Mercedes

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	Jaramillo	First Name	Mercedes	M.I.	
Title	V.P.				
Signature	Mercedes Jaramillo			Date	05-15-25

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		First Name		M.I.	
Signature	Mercedes Jaramillo			Date	05-15-25

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

pd
5/23

Part A: Premises/Business Information

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

L+B Mainstreet Inc

2. Business Trade Name or DBA

Champs Sports Bar + Grill

4. Wisconsin Seller's Permit Number

456-0000338-497-03

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

8/22/1985

8. Wisconsin DFI Registration Number

2023443

9. Premises Address

747 W Main 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

1

16. Premises Phone

2622486008

17. Premises Email

ChampsLakeGeneva@gmail.com

18. Website

ChampsLakeGeneva.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.

Invoices in office liquor stored in basement, alcohol served from inside + on the bar garden bar

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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
Jes Christenson	Jes	owner	
Jake Bush	Jake	owner	
Grace Licht	Grace	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	Christenson	First Name	Jes	M.I.	R
Title	owner				
Signature					3-23-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	5/23/25	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)

L + B Mainstreet

2. Business Trade Name or DBA

Champs Sports Bar & 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

Christenson

2. First Name

Jes

3. M.I.

R

8. State

WI

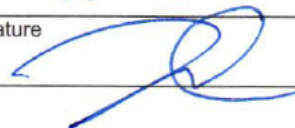
Part C: Agent Questions

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	Christenson	First Name	Jes	M.I.	R
Title	owner	Email	[REDACTED]		
Signature				Date	3-23-25

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	Christenson	First Name	Jes	M.I.	R
Signature				Date	3/23/25

Form
AB-200

Alcohol Beverage License Application

For Municipal Use Only	
Municipality	Lake Geneva
License Period	7/1/23 to 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

pd
\$122

Part A: Premises/Business Information

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

COVE CONDOMINIUM Assoc.

2. Business Trade Name or DBA

COVE OF LAKE GENEVA

4. Wisconsin Seller's Permit Number

5. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

3/16/1995

8. Wisconsin DFI Registration Number

C041208

9. Premises Address

111 CENTER ST.

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of LAKE GENEVA

15. Aldermanic District

N/A 2

16. Premises Phone

262-249-9460

17. Premises Email

btatopoles@covetoflake... covetoflakegeneva.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.

Condo style hotel, selling beer and drinks in gift shop and cabana bar by outdoor pool, storage is lower level between Elevator 1 and sales office. Invoices in back office.

20. Mailing Address (if different from premises address)

same

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol 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
WHELAN	MITCHELL	AGENT
STELTER	MARK	BOD PRESIDENT
WALLNER	DONNA	BOD VP
HALLERDINO	MARK	BOD TREASURER
FINKENBINE	JANE	BOD SECRETARY
WADINGTON	SANDRA	BOD SPEL. PROT

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>Samuel</i>	M.I. <i>T</i>
Title <i>General Manager</i>		
Signature <i>Samuel T. Kelly</i>		Date <i>5.15.2025</i>

Part E: For Clerk Use Only

Date Application Was Filed With Clerk <i>5/22/25</i>	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5/16/25

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)

Cove Condominium Assoc.

2. Business Trade Name or DBA

Cove of 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.

~~Previous agent moved away. BF~~
Renewal paperwork.

Part B: Agent Information

1. Last Name

WHELAN

2. First Name

MITCHELL

3. M.I.

C

8. State

WI

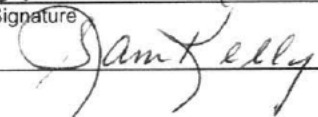
Part C: Agent Questions

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 KELLY	First Name SAM	M.I.
Title GENERAL MANAGER		
Signature 		Date 5/16/25

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 WHELAN	First Name MITCHELL	M.I. C
Signature 		Date 5/16/25

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 \$ 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)

Quale-Perez LLC

2. Business Trade Name or DBA

Taqueria El gallo de oro

4. Wisconsin Seller's Permit Number

456-1030363273-02

3. Entity Type (check one)

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

6. State of Organization

WI

7. Date of Organization

10/29/18

8. Wisconsin DFI Registration Number

0835163

9. Premises Address

820 Williams St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

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

15. Aldermanic District

4

16. Premises Phone

(262) 779 4055

17. Premises Email

taqueriaelgallodeoro@gmail.com

18. Website www.TavernaLg.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.

We store our alcohol in the back room by customers bathroom. we also have it at our bar and serve it in our dining room & enclosed outdoor patio. * Invoices kept in file cabinet in liquor storage 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
Buall	Cynthia	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.

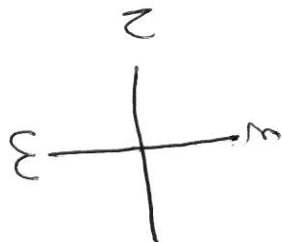
Last Name	First Name	M.I.
Buall	Cynthia	E
Title		
Owner		
Signature	05118125	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/19/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Marshall St

Williams St



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)

Owens - Perez LLC

2. Business Trade Name or DBA

Taqueria El Gato de Oro

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

Owens

2. First Name

Cynthia

3. M.I.

E

8. State

WI

9. Zip Code

10. Date of Birth

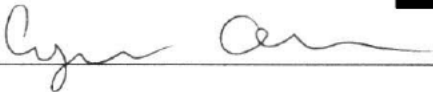
Part C: Agent Questions

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 Ouale	First Name Cynthia	M.I. E
Title Owner	Email [REDACTED]	Phone [REDACTED]
Signature 		Date 05/18/25

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 Ouale	First Name Cynthia	M.I. E
Signature 		Date 05/18/25

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
5/1/19

Part A: Premises/Business Information

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

BREAKFAST BUNGAOW GREATEGGS LLC

2. Business Trade Name or DBA

GREAT EGG5

4. Wisconsin Seller's Permit Number

456-1031097493-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WISCONSIN

7. Date of Organization

04-19-2022

8. Wisconsin DFI Registration Number

B107534

9. Premises Address

220 COOK STREET #101

10. City

LAKE GENEVA

11. State

WI

12. Zip Code

53147

13. County

WALWORTH

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

15. Aldermanic District

1

16. Premises Phone

262-812-4077

17. Premises Email

greteggslakegeneva@gmail.com / GREAT55LAKEGENEVA.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.

FIRST FLOOR UNIT 101, KITCHEN, INDOOR AND OUTDOOR SEATING 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
GRIFITH	CATHERINE	PRESIDENT / AGENT	
OCHALCK	PAUL	MANAGER	

Part D: Attestation

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

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

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

Last Name GRIFITH	First Name CATHERINE	M.I. L
Title PRESIDENT		
Signature Cathy Griffith		5-16-25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/19/25	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

GREAT EGGS ALCOHOL BEVERAGE MAP
220 COOK STREET

COOK STREET

ALLEY

OUTSIDE
TABLES

OUTSIDE
TABLES

FRONT
DOOR

DINING
AREA

TABLES

KITCHEN

HALLWAY

OUTSIDE
TABLES

SPACE 101

Alcohol Beverage
Appointment of AgentDate
5-16-25

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)

BREAKFAST BUNGALOW GREAT EGGS LLC

2. Business Trade Name or DBA

GREAT EGGS

3. Entity Type (check one)

- ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

- ☒ Municipal Retail License ☐ State Permit

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

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

Part B: Agent Information

1. Last Name

GRIFFITH

2. First Name

CATHERINE

3. M.I.

L

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 GRIFITH	First Name CATHERINE	M.I. L
Title PRESIDENT		
Signature Cathy Griffith		Date 5-16-25

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 GRIFITH	First Name CATHERINE	M.I. L
Signature Cathy Griffith		Date 5-16-25

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	\$ 200
Background Check Fee	\$
Publication Fee	\$ 25
Total Fees	\$ 225 pd 5/9

Part A: Premises/Business Information

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

House Of Bogini

2. Business Trade Name or DBA

House Of Bogini

4. Wisconsin Seller's Permit Number

4500-1031433900-04

5. Entity Type (check one)

☐ Sole Proprietor

☐ Partnership

☒ Limited Liability Company

☐ Corporation

☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

5/1/2023

8. Wisconsin DFI Registration Number

H075163

9. Premises Address

152 Center St

10. City

Lake Geneva

11. State

WI

12. Zip Code

53147

13. County

Walworth

14. Governing Municipality: ☒ City ☐ Town ☐ Village

of: Lake Geneva

15. Aldermanic District

16. Premises Phone

(262) 903-8003

17. Premises Email

house of bogini@gmail.com N/A

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 in hall cabinet, under bar, behind bar, in coolers, consumed in restaurant area & front sidewalk. Invoices kept in kitchen 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
Butinas	Sasha	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.
Butinas	Sasha	K
Title		
Signature		
Owner		
Sasha		

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/9/25			
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

Alcohol Beverage
Appointment of AgentDate
5.8.25

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)

House of Begini

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

Butinas

2. First Name

Sasha

3. M.I.

K

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 <i>Butinas</i>	First Name <i>Sasha</i>	M.I. <i>K</i>
Title <i>Owner</i>		
Signature <i>Sasha</i>	Date <i>5.8.25</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>Butinas</i>	First Name <i>Sasha</i>	M.I. <i>K</i>
Signature <i>Sasha</i>	Date <i>5.8.25</i>	

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> Pd 515

Part A: Premises/Business Information

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

Medusa Grill & Bistro LLC.

2. Business Trade Name or DBA

Medusa Kitchen

3. FEIN

4. Wisconsin Seller's Permit Number

456-0002765267-02

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

01-96

8. Wisconsin DFI Registration Number

9. Premises Address

272 Broad St Unit A Lake Geneva

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

262-729-4044

17. Premises Email

medusakitchen.com

18. Website

medusakitchen.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.

Single level space, wine storage at wine bar, wine sold @ bar and diningroom tables. Records kept at Accountant office - chamberlain

20. Mailing Address (if different from premises address)

507 Broad St PMB104 Lake Geneva

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	Gregory	owner/operator	

Part D: Attestation

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

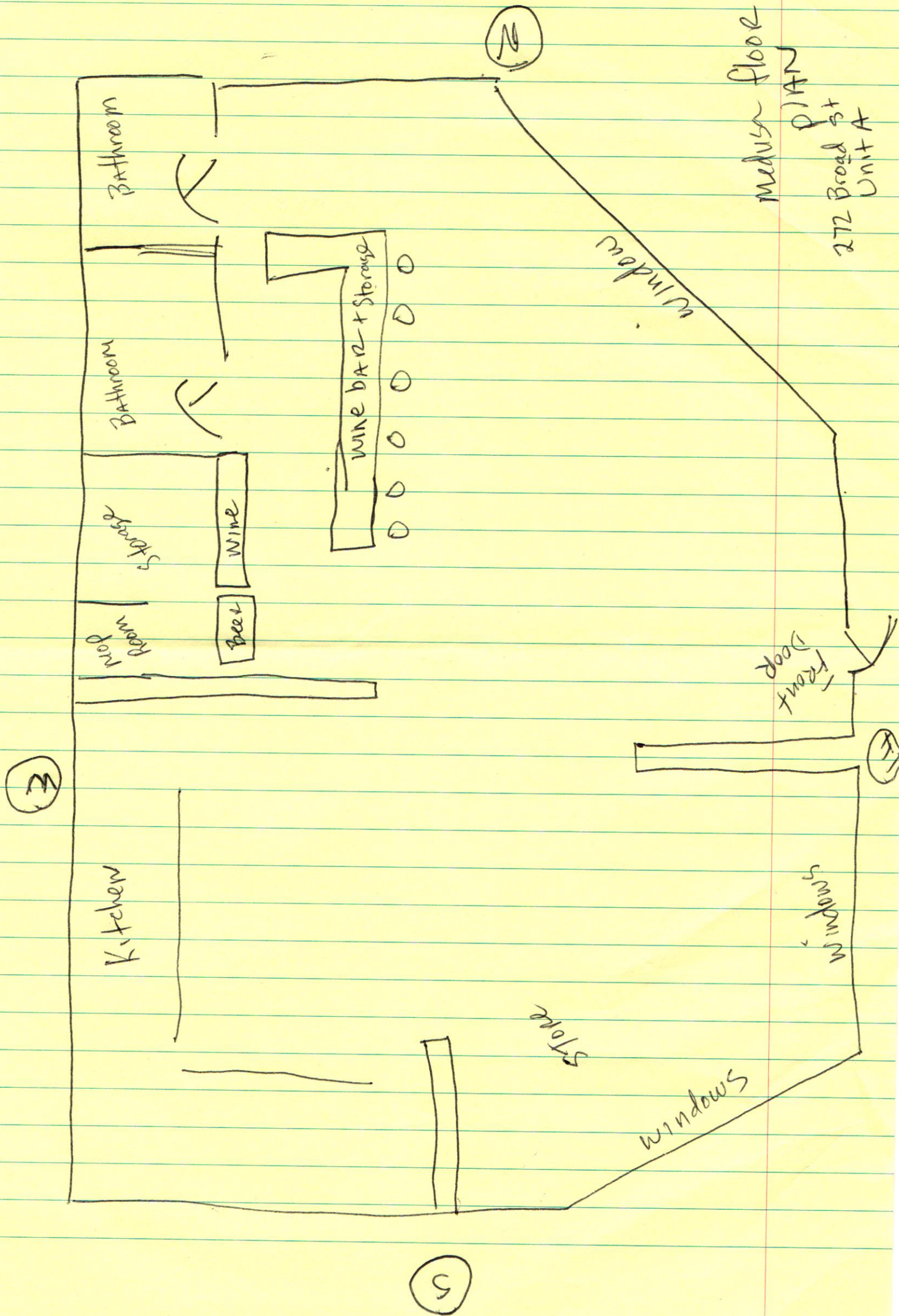
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 Gregory		M.I.
Title owner/operator		Email [REDACTED]		Phone [REDACTED]
Signature [Signature]			Date 4-2-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/5/25	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 4-2-25

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)
Medusa Grill & Bistro, LLC.
2. Business Trade Name or DBA
Medusa Kitchen
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 Gregory 3. M.I.

8. State
WI

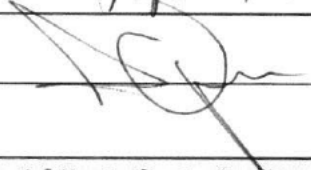
Part C: Agent Questions

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>Anagnos</i>	First Name <i>Gregory</i>	M.I.
Title <i>owner operator</i>		
Signature 		Date <i>4-2-25</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>Anagnos</i>	First Name <i>Gregory</i>	M.I.
Signature 		Date <i>4-2-25</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 \$ 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
4/11

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>MC PROPERTY MANAGEMENT INC</u>		
2. Business Trade Name or DBA <u>MILL CREEK HOTEL</u>		
[REDACTED]		4. Wisconsin Seller's Permit Number
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>DECEMBER 14, 2001</u>	8. Wisconsin DFI Registration Number <u>MOSS627</u>
9. Premises Address <u>123 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: <u>LAKE GENEVA</u>	15. Aldermanic District
16. Premises Phone <u>262-248-6647</u>	17. Premises Email <u>treasurer2@millcreekhotel.com</u>	18. Website <u>www.millcreekhotel.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>WINE AND BEER ARE STORED IN THE COOLER/REFRIGERATOR INSIDE THE FRONT OFFICE. THE WINE AND BEER WILL BE DISPLAYED IN THE LOBBY AND BY THE CERTIFIED AGENTS IN THE FRONT DESK. THE BEVERAGE CAN BE CONSUMED IN THE SUMMER DINING AREA, BACK DECK, FRONT DECK, SATINIA AREA.</u> <u>RECORDS WILL BE STORED IN THE FRONT OFFICE</u>		
20. Mailing Address (if different from premises address)		
21. City	22. State	23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	Phone
PETERSEN	MAXWELL	PRESIDENT - BOD	
HERNANDEZ	MAGROS	TRAINER - BOD	
CALINO	ELIZABETH	AGENT	

Part D: Attestation

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

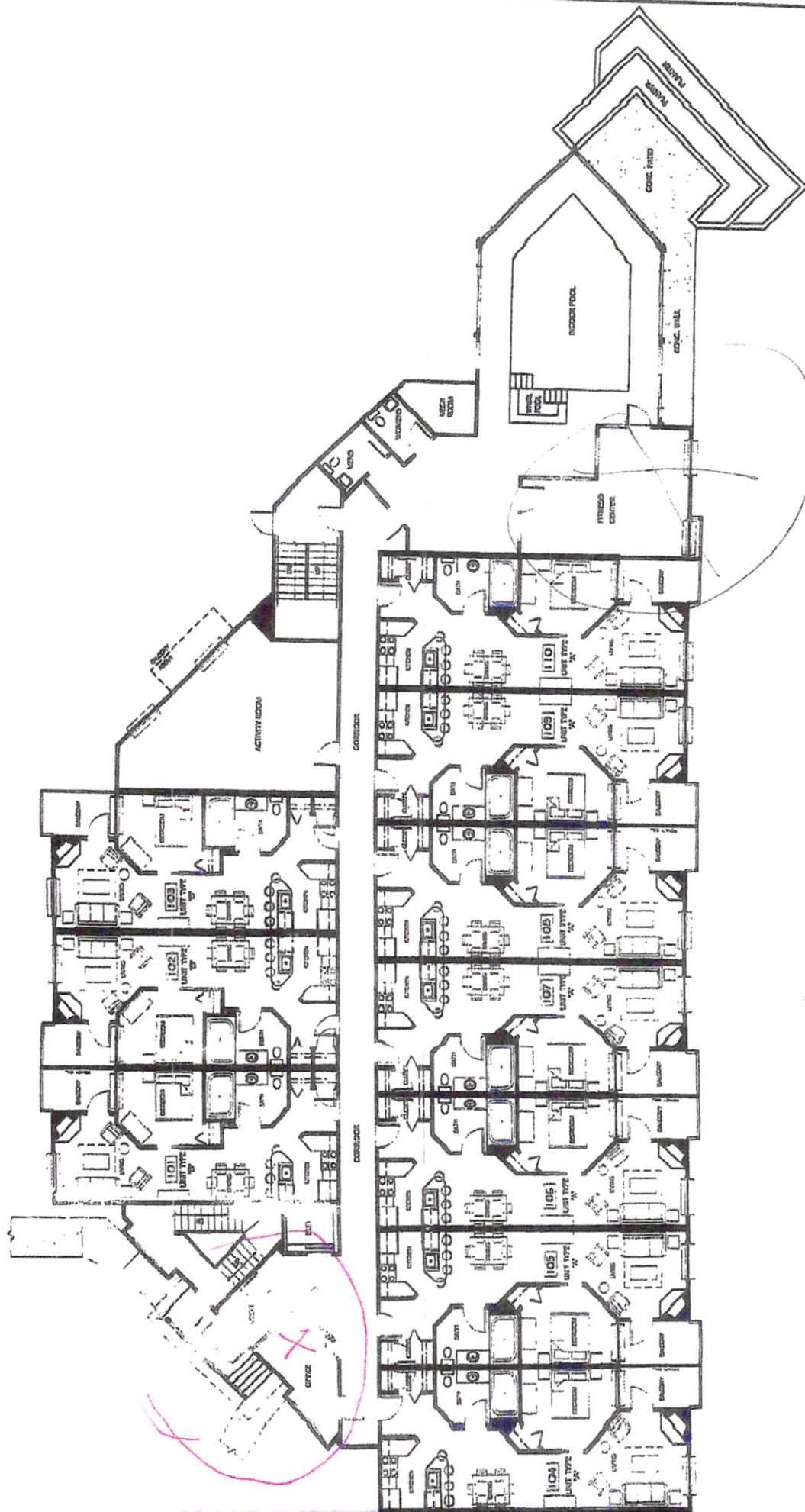
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name PETERSEN	First Name MAXWELL	M.I.
Title PRESIDENT - B.O.D.		
Signature <i>Maxwell J. Petersen</i>	Date 4.4.2008	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 4/11/08	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	



FIRST FLOOR PLAN

Alcohol Beverage
Appointment of AgentDate
4.10.2020

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)

MC PROPERTY MANAGEMENT LLC

2. Business Trade Name or DBA

MILL CREEK HOTEL

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

CANINO

2. First Name

ELEANOR

3. M.I.

✓

8. State

WI

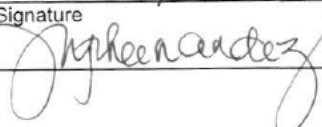
Part C: Agent Questions

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 HERNANDEZ	First Name MILAGROS	M.I.
Title AN OWNER/GENERAL MANAGER		
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 CANYO	First Name ELEANOR	M.I. V.
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 \$ 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
5/5

Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship) <u>MARTINS OLYMPIC RESTAURANT L.L.C</u>		
2. Business Trade Name or DBA <u>OLYMPIC RESTAURANT</u>		
4. Wisconsin Seller's Permit Number <u>456-10290394421-02</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
9. Premises Address <u>748 MAIN ST.</u>		
10. City <u>LAKE GENEVA</u>	11. State <u>WI</u>	12. Zip Code <u>53147</u>
13. County	14. Governing Municipality: ☒ City ☐ Town ☐ Village of: <u>LAKE GENEVA</u>	15. Aldermanic District
16. Premises Phone <u>262 248 6541</u>	17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. <u>All Alcohol will be kept in one building (748 W Main St). The building consists of front dining area, staff prep kitchen, kitchen and basement. Alcohol stored for sale is kept in staff section cooler. Alcohol inventory stored in locked room 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 . . . ☐ 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
ZAVALETA	SOIANA	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.
Title		Email		Phone
Signature Soiana Zavaleta			Date 5-5-25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk 5/5/25	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)

OMARTIN'S OLYMPIC RESTAURANT

2. Business Trade Name or DBA

OLYMPIC 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

ZAVALETA

2. First Name

YOLANDA

3. M.I.

8. State

WI

9. Zip Code

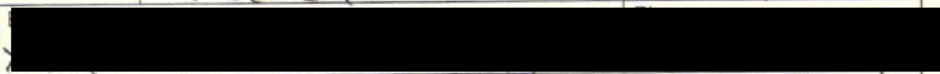
Part C: Agent Questions

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

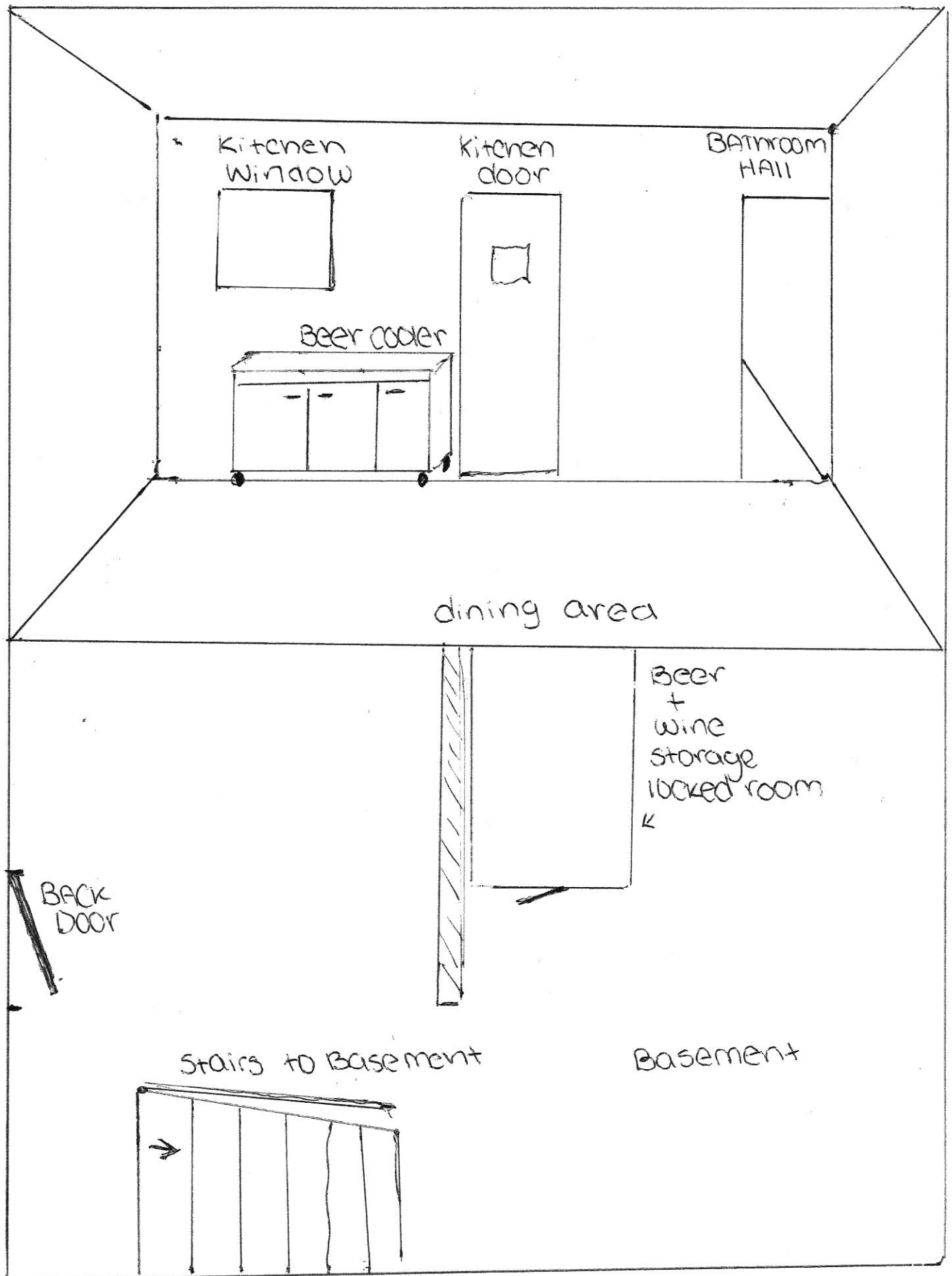
READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that 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 Zavaketa	First Name Yolanda	M.I.
Title owner		
Signature Yolanda Zavaketa		Date 5-5-25

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 Zavaketa	First Name Yolanda	M.I.
Signature Yolanda Zavaketa		Date 5-5-25



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> <i>pd 5/16</i>
Total Fees	\$ <u>225</u>

Part A: Premises/Business Information

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

El Zacatecano LLC

2. Business Trade Name or DBA

El Zacatecano

4. Wisconsin Seller's Permit Number

456-1029714934-02

5. Entity Type (check one)

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

6. State of Organization

Wisconsin

7. Date of Organization

May 11 2020

8. Wisconsin DFI Registration Number

E055845

9. Premises Address

627 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

District #1

16. Premises Phone

(262) 812-8059

17. Premises Email

ElZacatecanoDvalle@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.

The building is divide into two sections, one side has a walk in cooler where we store some beer, that side also has the coolers for where we stored it. the other side is the dining room, and we serve beer also that side has a 5' x 5' sign

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
Ovalle - Alonso	Christina	owner	[REDACTED]
Alonso	Alga	manager	(261) 23 7123

Part D: Attestation

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

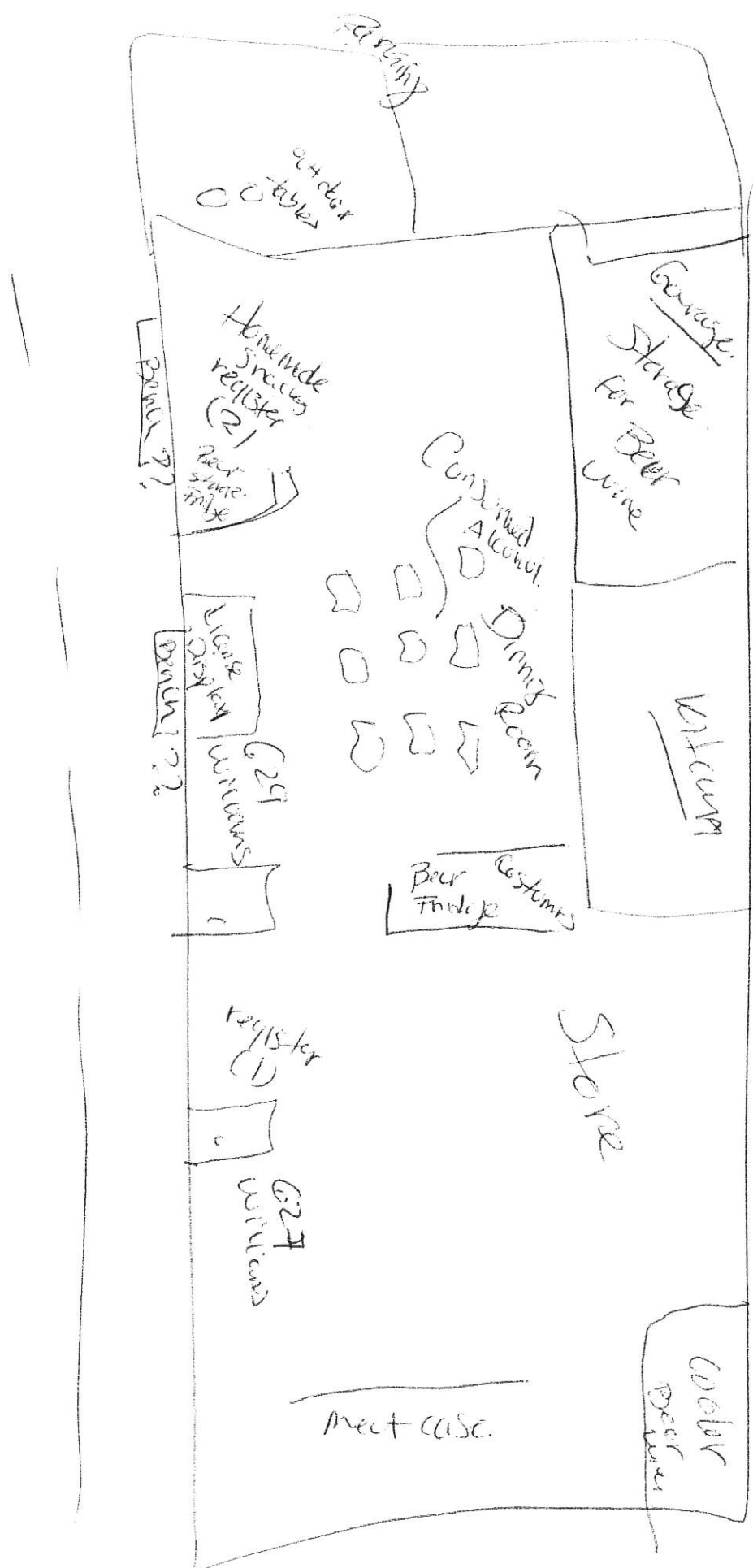
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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

Last Name	First Name	M.I.
Ovalle	Christina	M
Title	[REDACTED]	
Signature	Date	
Christina Ovalle	5-6-2025	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
5/6/25			
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)

El Zacatecano LLC

2. Business Trade Name or DBA

El Zacatecano

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

Ovalle-Alonso

2. First Name

Christian

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*? ☒ Yes ☐ No
Submit a completed Form AB-100 with this form.
3. Have you been a Wisconsin resident for at least 90 continuous days? ☒ Yes ☐ No
See instructions for exceptions.

Continued →

Part D: Business Attestation

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Gralle-Alonso</i>	First Name <i>Christian</i>	M.I. <i>M</i>
Title <i>Owner</i>		
Signature <i>Christian Gralle</i>		Date <i>5-6-2025</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 <i>Gralle-Alonso</i>	First Name <i>Christian</i>	M.I. <i>M</i>
Signature <i>Christian Gralle</i>		Date <i>5-6-2025</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 \$ 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)

Harbor Shores Hotel Management Inc

2. Business Trade Name or DBA

Harbor Shores on Lake Geneva

3. FEIN

4. Wisconsin Seller's Permit Number

456-0000172568-02

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

HO31901

9. Premises Address

300 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) 248-9181

17. Premises Email

info@harborshoreslg.com

18. Website

www.harborshoreslg.com

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

meeting rooms, restaurant (Gino's East), hotel rooms, pools, stored in lower level storage, office and restaurant

20. Mailing Address (if different from premises address)

21. City

22. State

23. Zip Code

Part B: Questions

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

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

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

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

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

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

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

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

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

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

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

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

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

Part C: Individual Information

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

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

Last Name	First Name	Title	
Weaver	Samuel	President	
Eltoft	Kevin	V-P	
Walsh	George	Secretary	
Osborne	Janine	Agent	

Part D: Attestation

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

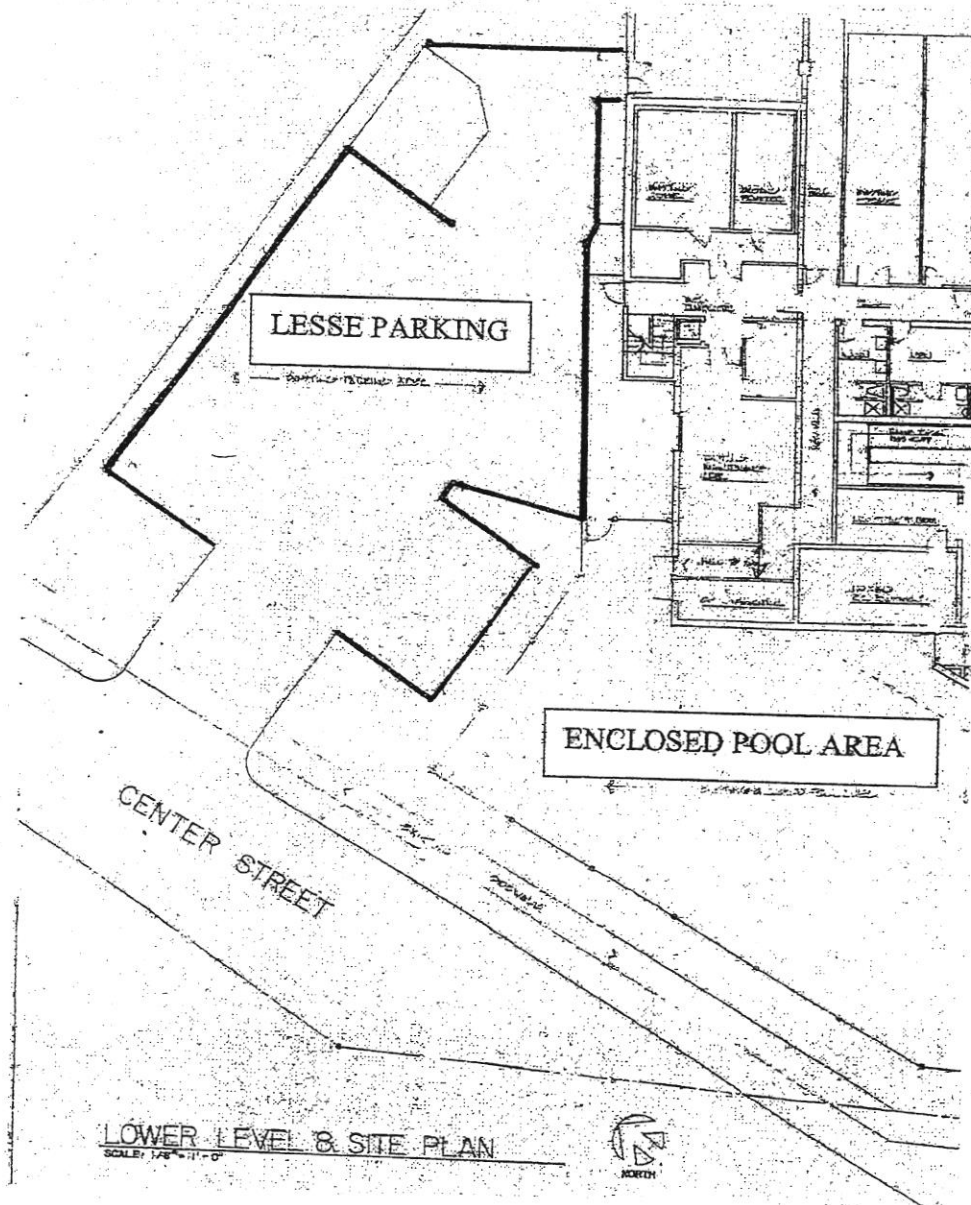
- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

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 Carstensen	First Name Tammie	M.I.
Title CEO		
Signature 	Date 3-29-2025	

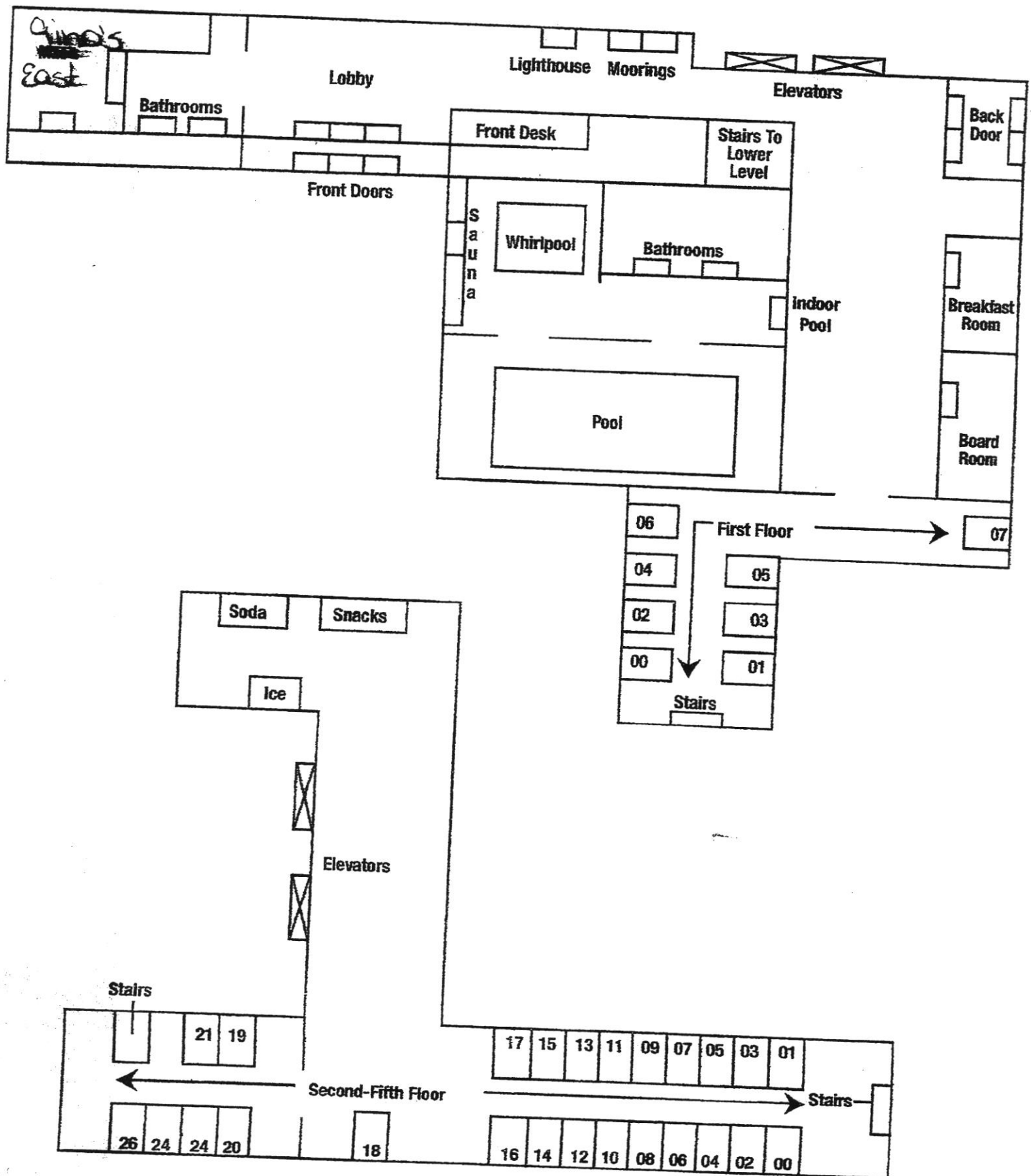
Part E: For Clerk Use Only

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)	



liquor served
meeting rooms
pools
Restaurant
hotel rooms

Property Layout



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)

Harbor Shores Hotel Management Inc

2. Business Trade Name or DBA

Harbor Shores on 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

Osborne

2. First Name

Janine

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 Carstensen	First Name Tammie	M.I.
Title CEO		
Signature 		Date 3/29/2025

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 Osborne	First Name Janine	M.I.
Signature 		Date 03/29/25

Proposed Subdivision Code Amendment: Private Streets

Date: 05.20.25

Section 62-3 **Development and** Dedication of Private Streets

- (a) The following map and list shows private streets currently located within the City limits of the City of Lake Geneva: ^[1]

[1] Editor's Note: The Private Streets Map *is included at the end of this chapter*

- (b) As stated in Section 98-702(14), private streets developed after [the effective date of this amendment] shall be constructed to public street standards as set forth in Chapter 66 Subdivision Design Standards.
- (a) Private streets developed prior to [the effective date of this amendment] and listed on the Private Streets Map may be dedicated to the City of Lake Geneva. The City of Lake Geneva will accept any such dedication, provided that the street is improved to the following specifications:
- (1) Minimum roadway width of 46 22 feet, as measured from curb to curb.
 - (2) Thirty-inch mountable curb and gutter on both sides.
 - (3) Eight-inch compact stone base
 - (4) Four-inch asphalt surface applied in two lifts
 - (5) Forty-foot minimum right-of-way dedication
 - (6) Fire Lane Improvements as required under Section 98-727 Fire Department Access and Provision of Fire Lanes

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Paid and unpaid invoices included.

Invoice.Batch = "TAX05202025","05222025","05222025PD","05232025","05302025"

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
AMAZON CAPITAL SERVICES				
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	11-16-10-53100 CITY HALL OFFICE SUPPLIES	205.00
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	11-22-00-53100 OFFICE SUPPLIES	164.00
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	61-00-00-53100 OFFICE SUPPLIES EXPENSE	61.50
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	62-00-00-92100 OFFICE SUPPLIES & EXPENSE	61.50
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	82.00
89C4-APR 202	04/30/2025	BUS PRIME MEMBERSHIP REN	99-00-00-53100 LIBRARY OFFICE SUPPLIES	205.00
89C4-APR 202	04/30/2025	DRY ERASE WHITEBOARD CAL	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	33.99
89C4-APR 202	04/30/2025	MAGNETIC DRY ERASE ERASE	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	2.12
89C4-APR 202	04/30/2025	TCV SWITCH MODULATOR-IT	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	18.95
89C4-APR 202	04/30/2025	HONEYWLL FAN	11-16-10-53100 CITY HALL OFFICE SUPPLIES	16.89
89C4-APR 202	04/30/2025	ENERGIUZER C BATTERIES	11-16-10-53100 CITY HALL OFFICE SUPPLIES	14.47
89C4-APR 202	04/30/2025	LAPTOP RAM MEMORY -DPW	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	25.98
89C4-APR 202	04/30/2025	FILE POCKET FOLDERS	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	13.14
89C4-APR 202	04/30/2025	MAGNETIC DRY ERASE ERASE	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	2.12
89C4-APR 202	04/30/2025	PRINTER DRUM-ADMINISTRAT	11-14-20-53100 CITY ADMIN OFFICE SUPPLIES	99.99
89C4-APR 202	04/30/2025	HANGING FILE FOLDERS-B&Z	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	61.84
89C4-APR 202	04/30/2025	FILE FOLDERS	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	39.26
89C4-APR 202	04/30/2025	LAPTOP CHARGER-ADMINISTR	11-14-20-53100 CITY ADMIN OFFICE SUPPLIES	6.74
89C4-APR 202	04/30/2025	LAPTOP	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	189.90
89C4-APR 202	04/30/2025	PHASER WASTE TONER	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	67.99
89C4-APR 202	04/30/2025	LAMINATING POUCHES	42-34-50-53100 OFFICE SUPPLIES	26.95
89C4-APR 202	04/30/2025	AA BATTERIES	11-16-10-53100 CITY HALL OFFICE SUPPLIES	14.99
89C4-APR 202	04/30/2025	DYMO FILE FOLDER LABELS	11-16-10-53100 CITY HALL OFFICE SUPPLIES	8.55
89C4-APR 202	04/30/2025	LAPTOP -SHARI AMES	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	217.00
89C4-APR 202	04/30/2025	ADDING MACHINE ROLLS	11-16-10-53100 CITY HALL OFFICE SUPPLIES	15.99
89C4-APR 202	04/30/2025	WHITE CORRECTION TAPE	11-16-10-53100 CITY HALL OFFICE SUPPLIES	9.99
89C4-APR 202	04/30/2025	MECHANICAL PENCILS-AMAND	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	9.49
89C4-APR 202	04/30/2025	SELF INKING DATE STAMP	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	26.90
89C4-APR 202	04/30/2025	WEBCAM PRO-ADMINISTRATO	11-14-20-53100 CITY ADMIN OFFICE SUPPLIES	69.27
89C4-APR 202	04/30/2025	EXPANDING FILES	11-15-10-53100 ACCTG OFFICE SUPPLIES	23.44
89C4-APR 202	04/30/2025	LAPTOP SPEAKER-ADMINISTR	11-14-20-53100 CITY ADMIN OFFICE SUPPLIES	15.98
89C4-APR 202	04/30/2025	MAGIC SPONGE ERASER SHEE	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	9.99
89C4-APR 202	04/30/2025	LIFT STATION UPS BATTERY BA	61-00-00-93800 MAINT-LIFT STATIONS	79.99
89C4-APR 202	04/30/2025	ENVELOPES 6X9	62-00-00-92100 OFFICE SUPPLIES & EXPENSE	6.05
89C4-APR 202	04/30/2025	ENVELOPES 6X9	61-00-00-53100 OFFICE SUPPLIES EXPENSE	6.04
89C4-APR 202	04/30/2025	COLLECTION SYSTEM CAMER	61-00-00-93810 MAINT-MAINS	145.85
89C4-APR 202	04/30/2025	BOOKENDS	62-00-00-92100 OFFICE SUPPLIES & EXPENSE	8.50
89C4-APR 202	04/30/2025	BOOKENDS	61-00-00-53100 OFFICE SUPPLIES EXPENSE	8.49
89C4-APR 202	04/30/2025	EXPO MARKERS-CREDIT MEM	11-22-00-53400 OPERATING SUPPLIES	33.16-
89C4-APR 202	04/30/2025	PHONE HOLDER-CREDIT MEM	11-22-00-54500 FIRE IT SERVICES	19.96-
89C4-APR 202	04/30/2025	MILWAUKEE TOOL BATTERY PA	11-22-00-52175 2% FIRE DUES EXPENSES	939.96
89C4-APR 202	04/30/2025	WIRELESS CAR CHARGER	11-22-00-54500 FIRE IT SERVICES	59.95
89C4-APR 202	04/30/2025	CLEANING SUPPLIES	11-22-00-53510 EQUIP MAINT SUPPLIES-FIRE DEPT	128.96
89C4-APR 202	04/30/2025	CAR 4 HITCH PLACEMENT	50-22-00-58000 FIRE EQUIPMENT PURCHASES	100.07
89C4-APR 202	04/30/2025	MAGNETS, BOARDS	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	87.96
89C4-APR 202	04/30/2025	CLOTHING REPLACEMENT	11-22-00-51380 FIRE DEPT UNIFORMS	53.44
89C4-APR 202	04/30/2025	MISC SUPPLIES	11-22-00-54100 FIRE TRAINING PAY	79.00
89C4-APR 202	04/30/2025	MISC SUPPLIES	11-22-00-53100 OFFICE SUPPLIES	152.02
89C4-APR 202	04/30/2025	MISC SUPPLIES	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	755.06
89C4-APR 202	04/30/2025	MISC SUPPLIES	11-22-00-54500 FIRE IT SERVICES	26.95

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
89C4-APR 202	04/30/2025	MAGNETS, ADHESIVE TAPE	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	91.44
89C4-APR 202	04/30/2025	ADULT PRINT	99-00-00-54100 LIBRARY ADULT MATERIALS	579.67
89C4-APR 202	04/30/2025	MSIC YOUTH SUPPLIES	99-00-00-54110 LIBRARY YOUTH MATERIALS	202.69
89C4-APR 202	04/30/2025	YOUTH MATERIALS	99-00-00-54110 LIBRARY YOUTH MATERIALS	64.00
89C4-APR 202	04/30/2025	MISC SUPPLIES	99-00-00-52110 GENERAL ADMIN EXPENSES	241.27
89C4-APR 202	04/30/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	69.72
89C4-APR 202	04/30/2025	ADULT PRINT	99-00-00-54100 LIBRARY ADULT MATERIALS	457.34
89C4-APR 202	04/30/2025	ADULT PRINT	99-00-00-54100 LIBRARY ADULT MATERIALS	181.14
89C4-APR 202	04/30/2025	ADULT PRINT	99-00-00-54100 LIBRARY ADULT MATERIALS	408.95
89C4-APR 202	04/30/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	60.00
89C4-APR 202	04/30/2025	GEL PENS	99-00-00-53100 LIBRARY OFFICE SUPPLIES	10.24
89C4-APR 202	04/30/2025	OFFICE SUPPLIES	99-00-00-53100 LIBRARY OFFICE SUPPLIES	19.68
89C4-APR 202	04/30/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	35.97
89C4-APR 202	04/30/2025	ADULT PRINT	99-00-00-54100 LIBRARY ADULT MATERIALS	106.18
89C4-APR 202	04/30/2025	PLATES AND NAPKINS-REIMB	99-00-00-52110 GENERAL ADMIN EXPENSES	25.63
89C4-APR 202	04/30/2025	BUILDING SUPPLIES	99-00-00-53500 LIBRARY MAINT SUPPLIES	170.88
89C4-APR 202	04/30/2025	100 POSTCARDS	99-00-00-55170 LIBRARY OUTREACH	16.33

Total AMAZON CAPITAL SERVICES:

7,147.22

ARAM PUBLIC LIBRARY

ARAMLIBRAR	05/27/2025	JUNETEENTH PROGRAM	99-00-00-54150 LIBRARY PROGRAMS	159.25
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Total ARAM PUBLIC LIBRARY:

159.25

AT&T

2385771017	05/11/2025	CITY HALL-LINES- .45	11-16-10-52210 CITY HALL TELEPHONE	214.27
2385771017	05/11/2025	POLICE MAIN-LINES- .45	11-21-00-52210 PD TELEPHONE EXPENSE	214.27
2385771017	05/11/2025	COURT MAIN-LINES- .05	11-12-00-52210 MUNICIPAL CT TELEPHONE	23.81
2385771017	05/11/2025	METER-LINES- .05	42-34-50-52210 TELEPHONE EXPENSE	23.81
262248210205	05/13/2025	RIVIERA ELEVATOR	40-55-20-52210 RIVIERA ELEVATOR PHONE EXPENSE	205.12
262248226405	05/13/2025	FIRE DEPT	11-22-00-52210 FIRE TELEPHONE EXPENSE	421.94
262248456705	05/13/2025	POLICE-911 MODEM	11-21-00-52620 PD COMMUNICATION SYS MAINT FEE	427.44
262248471505	05/13/2025	CITY HALL-PORTS	11-16-10-52210 CITY HALL TELEPHONE	537.94
262248491305	05/13/2025	STREET FAX	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	210.97
262248567105	05/13/2025	RIVIERA ELEVATOR	40-55-20-52210 RIVIERA ELEVATOR PHONE EXPENSE	210.97
262249529905	05/16/2025	LIBRARY - 6 LINES	99-00-00-52210 LIBRARY TELEPHONE EXP	163.26
262249529905	05/16/2025	STREET - 1 LINE	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	27.22
262249529905	05/16/2025	COURT FAX	11-12-00-52210 MUNICIPAL CT TELEPHONE	27.22
262249529905	05/16/2025	CITY HALL-ALARM LINES	11-16-10-52210 CITY HALL TELEPHONE	27.22
262249529905	05/16/2025	CEMETERY - 1 LINE	48-00-00-52210 CEM TELEPHONE EXP	27.22
262249529905	05/16/2025	LOWER RIVIERA - 1 LINE	40-55-20-52210 RIVIERA ELEVATOR PHONE EXPENSE	27.22
262249529905	05/16/2025	UPPER RIVIERA - 2 LINES	40-55-10-52210 TELEPHONE EXPENSE	54.43
262249529905	05/16/2025	FIRE DEPT - 2 LINES	11-22-00-52210 FIRE TELEPHONE EXPENSE	54.43
262249529905	05/16/2025	POLICE - 3 LINES	11-21-00-52210 PD TELEPHONE EXPENSE	81.63
4957422010	05/11/2025	CITY HALL-PORTS- .45	11-16-10-52210 CITY HALL TELEPHONE	320.43
4957422010	05/11/2025	POLICE MAIN-PORTS- .45	11-21-00-52210 PD TELEPHONE EXPENSE	320.43
4957422010	05/11/2025	COURT MAIN-PORTS .05	11-12-00-52210 MUNICIPAL CT TELEPHONE	35.60
4957422010	05/11/2025	METER-PORTS- .05	42-34-50-52210 TELEPHONE EXPENSE	35.60
S660270270-2	04/01/2025	ETHERNET-APRIL	11-21-00-52210 PD TELEPHONE EXPENSE	338.90

Total AT&T:

4,031.35

AT&T MOBILITY

287305036061	04/23/2025	911 CELL	11-21-00-52210 PD TELEPHONE EXPENSE	1,531.60
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Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total AT&T MOBILITY:				1,531.60
AT&T WISCONSIN				
262R72091105	05/01/2025	911-APRIL	11-21-00-52620 PD COMMUNICATION SYS MAINT FEE	2,600.00
Total AT&T WISCONSIN:				2,600.00
BLACK, MARY				
05/16/25	05/21/2025	RIVIERA DEPOSIT REFUND-05/	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total BLACK, MARY:				1,000.00
CDW GOVERNMENT				
AD7Q72J	04/18/2025	COMP REPLACE-SENTINEL ON	11-21-00-58100 EQUIPMENT OUTLAY	2,443.00
AD7Q72J	04/18/2025	SENTINEL ONE-ENDPT PROTE	11-22-00-54500 FIRE IT SERVICES	1,196.00
Total CDW GOVERNMENT:				3,639.00
CHARTER COMMUNICATIONS				
152474201051	05/14/2025	INTERNET SERV.- MAY 2025	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	119.99
152474301051	05/14/2025	INTERNET SERV- MAY 2025	11-21-00-52210 PD TELEPHONE EXPENSE	359.99
152474401051	05/14/2025	INTERNET SERV- MAY 2025	11-16-10-52210 CITY HALL TELEPHONE	219.99
Total CHARTER COMMUNICATIONS:				699.97
CINDY PAPENFUS				
06/02/25	03/12/2025	LEAP CONF-MEALS 6/18-06/20/2	11-21-00-53310 PD MEALS & LODGING	126.00
Total CINDY PAPENFUS:				126.00
CITY OF LAKE GENEVA				
APR 2025	04/30/2025	WAL CTY S/A-APR 2025	89-00-00-24800 DUE TO CITY-S/A	154.50
Total CITY OF LAKE GENEVA:				154.50
CITY OF LAKE GENEVA BID				
APR 2025	04/30/2025	WAL CTY S/A-APR 2025	89-00-00-24700 DUE TO BID DISTRICT	211.12
Total CITY OF LAKE GENEVA BID:				211.12
CITY OF LAKE GENEVA PETTY CASH				
LAUNCH BAN	05/28/2025	ADD'L LAUNCH RAMP CASH	40-52-11-10100 LAUNCH RAMP CHANGE FUND	100.00
Total CITY OF LAKE GENEVA PETTY CASH:				100.00
CITY OF LAKE GENEVA POLICE DEPT				
05/21/25	05/21/2025	PETTY CASH-POSTAGE	11-21-00-53120 PD POSTAGE	18.55
05/21/25	05/21/2025	PETTY CASH-DONOR PURCHA	11-21-00-57360 DONOR PURCHASES	100.00
Total CITY OF LAKE GENEVA POLICE DEPT:				118.55
CRANE, GABI				
05/10/25	05/21/2025	RIVIERA DEPOSIT REFUND 05/1	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total CRANE, GABI:				1,000.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
ELAN FINANCIAL SERVICES				
1459-APRIL20	04/25/2025	HARBORMASTER-CERTIFIED M	40-54-10-53100 BEACH OFFICE SUPPLIES	5.58
1459-APRIL20	04/25/2025	PRISMM INC	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	109.00
1459-APRIL20	04/25/2025	MAXWELL MANSION	11-14-20-53990 CITY ADMIN MISC EXPENSE	116.60
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	42-34-50-53120 POSTAGE EXPENSE	146.00
1459-APRIL20	04/25/2025	VIMEO - YEARLY FEE	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	900.00
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	42-34-50-53120 POSTAGE EXPENSE	73.00
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	73.00
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	73.00
1459-APRIL20	04/25/2025	HOME DEPOT- TOILET FLAPP, F	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	25.69
1459-APRIL20	04/25/2025	BUISNESS CARDS	11-24-00-53100 BLDG INSPECTOR OFFICE SUPPLIES	32.68
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	146.00
1459-APRIL20	04/25/2025	TRISTAN CRIST MAGIC THEATR	11-14-20-53990 CITY ADMIN MISC EXPENSE	192.00
1459-APRIL20	04/25/2025	PARKING- AVIATION SNIPS, ELE	42-34-50-53400 OPERATING SUPPLIES-ENFORCEMEN	23.95
1459-APRIL20	04/25/2025	USPS POSTAGE STAMPS	42-34-50-53120 POSTAGE EXPENSE	292.00
1459-APRIL20	04/25/2025	SLING-MONTHLY BILLING	42-34-50-53100 OFFICE SUPPLIES	21.63
1459-APRIL20	04/25/2025	INTUIT QBOOKS ONLINE RETU	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	378.00-
2474-APRIL20	04/25/2025	MONTHLY VERIZON SUBSCRIP	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	472.53
2474-APRIL20	04/25/2025	POINT BRACKET FOR TOOL BO	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	115.92
2474-APRIL20	04/25/2025	STANDUP DESK	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	279.20
2474-APRIL20	04/25/2025	GAS CAP-CEM	48-00-00-53400 CEM OPERATING SUPPLIES	38.07
2474-APRIL20	04/25/2025	GLOVES	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	532.75
2474-APRIL20	04/25/2025	GLOVES	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	129.71
2474-APRIL20	04/25/2025	CONCRETE BLOCKS	11-32-12-53400 OPERATING SUPPLIES-SNOW & ICE	1,895.00
2474-APRIL20	04/25/2025	TRUCK MATS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	199.98
2474-APRIL20	04/25/2025	PLUG BRASS FITING	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	48.72
2474-APRIL20	04/25/2025	HYBRID HOSE, PLUGS,- BREAK	43-32-10-17020 DPW CAPITAL PROJECTS	307.03
2474-APRIL20	04/25/2025	AIR FILTER- BREAKROOM	43-32-10-17020 DPW CAPITAL PROJECTS	91.88
2474-APRIL20	04/25/2025	QUICK LINK, ANCHOR SHACKL	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	146.98
2474-APRIL20	04/25/2025	FOUNTAIN PICTURES	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	34.74
2474-APRIL20	04/25/2025	BRUSH	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	1.49
2474-APRIL20	04/25/2025	HEX HEAD-DIRT SHED	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	27.34
2474-APRIL20	04/25/2025	TAIL LIGHT BLUE CHEVY	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	45.88
2474-APRIL20	04/25/2025	MICROWAVE	11-32-10-53500 BLDG MAINT SUPPLIES-STR DEPT	169.99
2474-APRIL20	04/25/2025	HEAVY DUTY TRIMMER- CEM	48-00-00-53400 CEM OPERATING SUPPLIES	77.97
2474-APRIL20	04/25/2025	GLOVES	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	68.88
2474-APRIL20	04/25/2025	REGIONAL NEW SUB	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	14.99
2474-APRIL20	04/25/2025	CLIMBER FOOTPLATES	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	181.23
2474-APRIL20	04/25/2025	AMAZON RETURN CREDIT	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	105.57-
2474-APRIL20	04/25/2025	HOME DEPOT RETURN	43-32-10-17020 DPW CAPITAL PROJECTS	34.40-
4077-APR2025	04/25/2025	AMAZON REFUND	99-00-00-54100 LIBRARY ADULT MATERIALS	123.99-
4077-APR2025	04/25/2025	VISTAPRINT REFUND	99-00-00-52110 GENERAL ADMIN EXPENSES	36.19-
4077-APR2025	04/25/2025	VISTAPRINT REFUND	99-00-00-52110 GENERAL ADMIN EXPENSES	42.85-
4077-APR2025	04/25/2025	AMAZON REFUND	99-00-00-54100 LIBRARY ADULT MATERIALS	5.52-
4077-APR2025	04/25/2025	DUNN LUMBER BLDG SUPPLIE	99-00-00-53500 LIBRARY MAINT SUPPLIES	53.53
4077-APR2025	04/25/2025	FACEBOOK AD	99-00-00-54155 LIBRARY MARKETING	3.53
4077-APR2025	04/25/2025	FACEBOOK AD	99-00-00-54155 LIBRARY MARKETING	76.77
4077-APR2025	04/25/2025	GOOGLE SUITE	99-00-00-55150 LIBRARY COMPUTER SOFTWARE	118.91
4077-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	18.05
4077-APR2025	04/25/2025	LUNCH - TRAVEL	99-00-00-52110 GENERAL ADMIN EXPENSES	49.58
4077-APR2025	04/25/2025	LUNCH - STAFF IN-SERVICE	99-00-00-53320 STAFF CONTINUING EDUCATION	64.46
4077-APR2025	04/25/2025	LUNCH - STAFF IN-SERVICE	99-00-00-53320 STAFF CONTINUING EDUCATION	30.85
4077-APR2025	04/25/2025	LUNCH - STAFF IN-SERVICE	99-00-00-53320 STAFF CONTINUING EDUCATION	19.44
4077-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	18.23
4077-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	34.44
4077-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	108.15
4077-APR2025	04/25/2025	FACEBOOK AD	99-00-00-54155 LIBRARY MARKETING	100.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
4077-APR2025	04/25/2025	POSTAGE	99-00-00-53120 LIBRARY POSTAGE	28.00
4077-APR2025	04/25/2025	POSTAGE	99-00-00-53120 LIBRARY POSTAGE	146.00
4077-APR2025	04/25/2025	RECYCLING - MAIN	99-00-00-52110 GENERAL ADMIN EXPENSES	405.08
4077-APR2025	04/25/2025	YARD SIGNS - MARKETING - LG	99-00-00-52110 GENERAL ADMIN EXPENSES	1,516.19
4077-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	21.91
4416-APRIL20	04/25/2025	ELECTION SUPPLIES & FOOD 2	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	159.10
4416-APRIL20	04/25/2025	GIFTS CITY ADMIN RECRUITME	11-14-10-53990 MAYOR MISC EXPENSE	68.58
4416-APRIL20	04/25/2025	ELECTION FOOD 2025 SPRING	11-14-30-53110 BALLOTS/OTHER ELECTION EXPENSE	116.35
4416-APRIL20	04/25/2025	NEWSPAPER	11-14-30-53990 CITY CLERK MISCELLANEOUS EXP	3.00
4416-APRIL20	04/25/2025	ZOOM SUBSCRIPTION-APRIL 2	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	168.70
4416-APRIL20	04/25/2025	ZOOM SUBSCRIPTION REFUND	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	8.80-
5921-APR2025	04/25/2025	GIFT CERTIFICATE - FRIENDS DO	99-00-00-54150 LIBRARY PROGRAMS	50.00
5921-APR2025	04/25/2025	PARKING FOR STAFF IN-SERVI	99-00-00-53320 STAFF CONTINUING EDUCATION	20.00
5921-APR2025	04/25/2025	FOOD FOR STAFF IN-SERVICE	99-00-00-53320 STAFF CONTINUING EDUCATION	74.40
5921-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	9.59
5921-APR2025	04/25/2025	PROGRAM SUPPLIES	99-00-00-54150 LIBRARY PROGRAMS	25.39
5921-APR2025	04/25/2025	POSTAGE	99-00-00-53120 LIBRARY POSTAGE	39.55
5921-APR2025	04/25/2025	LIBRARY JOURNAL SUBSCRIPT	99-00-00-54120 LIBRARY MAGAZINES & NEWSPAPER	179.99
7498-APR 202	04/25/2025	4IMPRINTS-TIOLETRY BAGS	11-22-00-57360 DONATION PURCHASES	652.67
7498-APR 202	04/25/2025	VISTAPRINT-MATTE POSTCARD	11-22-00-57360 DONATION PURCHASES	310.16
7498-APR 202	04/25/2025	VISTAPRINT-BANNER	11-22-00-57360 DONATION PURCHASES	10.00
7498-APR 202	04/25/2025	DUNN LUMBAR-5OZ-FUZE-IT A	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	8.69
7498-APR 202	04/25/2025	TAYLOR TINS-CHICAGO TAGS/L	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	273.00
7498-APR 202	04/25/2025	NATIONAL REGISTRY OF EMT	11-22-00-55100 EMS TRAINING PAY	159.00
7498-APR 202	04/25/2025	SPIRITUS-DELTA BAG, CONFIG	11-29-00-54140 MEDICAL RESERVE CORPS	420.29
7498-APR 202	04/25/2025	CLARION EVENTS BOOKS	11-22-00-54100 FIRE TRAINING PAY	42.00
7498-APR 202	04/25/2025	WALGREENS-PHOTOS	11-22-00-53500 BLDG MAINT SUPPLIES-FIREHOUSE	30.35
7498-APR 202	04/25/2025	GUAC STAR-DISPATCHERS LU	11-22-00-53990 FIRE MISCELLANEOUS EXP	79.12
7498-APR 202	04/25/2025	KWIK TRIP-LP GAS F/OPD VALV	11-22-00-51155 FIRE SAFETY/PUBLIC ED EXP	68.97
7498-APR 202	04/25/2025	SPEEDWAY-FDIC FUEL	11-22-00-53410 FD FUEL EXPENSE	42.38
Total ELAN FINANCIAL SERVICES:				12,199.49
FISCHER, JULIE				
05/17/25	05/21/2025	RIVIERA DEPOSIT REFUND 05/1	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
05/17/25	05/21/2025	LESS SETUP CHARGE	40-55-10-46740 UPPER RIVIERA REVENUE	50.00-
Total FISCHER, JULIE:				950.00
GAGE MARINE CORP				
05/28/25	05/29/2025	OVERPAID ON 2 CLASS A COM	11-00-00-44100 LIQUOR & MALT BEVERAGE LICENSE	1,100.00
Total GAGE MARINE CORP:				1,100.00
GENEVA ON LINE				
1171030	05/01/2025	INTERNET-MAY	11-21-00-52210 PD TELEPHONE EXPENSE	39.00
Total GENEVA ON LINE:				39.00
HAYWOOD, ANISSA J				
05/18/25	05/21/2025	RIVIERA DEPOSIT REFUND 05/1	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total HAYWOOD, ANISSA J:				1,000.00
HINZPETER, COURTNEY				
06/02/25	05/22/2025	MEALS-LEAP 6/19-06/18-06/20/2	11-21-00-53310 PD MEALS & LODGING	126.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total HINZPETER, COURTNEY:				126.00
JONES, HEATHER				
JUNE 2025	06/01/2025	RIVIERA EVENTS COORDINATO	47-00-00-57212 RIVIERA MARKETING COORDINATOR	5,833.34
Total JONES, HEATHER:				5,833.34
KORNAK, EMILY				
KORNACK-517	05/17/2025	PROGRAM REFRESHMENTS	99-00-00-54150 LIBRARY PROGRAMS	13.19
Total KORNAK, EMILY:				13.19
KRAJOVIC, MICHAEL W.				
05/30/25	05/30/2025	HILMOOR CONSULTANT-05/30/2	11-62-01-59900 OTHER PROFESSIONAL SERVICES	1,500.00
Total KRAJOVIC, MICHAEL W.:				1,500.00
LAKE GENEVA JAYCEES				
05/03/25	05/21/2025	RIVIERA DEPOSIT REFUND 05/0	40-55-10-23530 SECURITY DEPOSITS-UPPER RIV	1,000.00
Total LAKE GENEVA JAYCEES:				1,000.00
OTIS ELEVATOR COMPANY				
F10000224373	05/05/2025	ANNUAL ELEV MAINT	40-55-10-53600 UPPER RIVIERA MAINTENANCE	125.00
Total OTIS ELEVATOR COMPANY:				125.00
RAGAISIS, CHRIS				
RAGAISIS-527	05/27/2025	BARDS AND BOOKWYRMS OPE	99-00-00-54150 LIBRARY PROGRAMS	200.00
Total RAGAISIS, CHRIS:				200.00
REHORST, JASON D				
REHORST-521	05/21/2025	GEOLOGY ROCKS	99-00-00-54150 LIBRARY PROGRAMS	300.00
Total REHORST, JASON D:				300.00
REYNOLDS, LORI				
06/02/25	03/12/2025	LEAP CONF MEALS-06/21-06/18	11-21-00-53310 PD MEALS & LODGING	126.00
Total REYNOLDS, LORI:				126.00
RHYME BUSINESS PRODUCTS				
38973812	04/09/2025	KYOCERA TASKALFA508CI APR	11-12-00-53610 EQUIPMENT MAINT SERVICE COSTS	182.41
Total RHYME BUSINESS PRODUCTS:				182.41
SHIRODA, CORTNEY				
05/19/25	03/12/2025	MEALS-TRAINING 06/02-06/06/2	11-21-00-53310 PD MEALS & LODGING	95.00
Total SHIRODA, CORTNEY:				95.00
TOST, SETH				
TOST-060125	05/27/2025	METAL DETECTING	99-00-00-54150 LIBRARY PROGRAMS	225.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total TOST, SETH:				225.00
TRANS UNION LLC				
03511837	03/25/2025	BKGRD-CULLEN	99-00-00-52110 GENERAL ADMIN EXPENSES	31.61
03511837	03/25/2025	BKGRD-AGUADO/WINTER/SEE	11-21-00-54110 PD APPLICATION PROCESS	126.52
03511837	03/25/2025	BKGRD-HANLON	11-32-10-52050 DRUG AND MEDICAL TESTING	31.63
11412040	11/25/2024	BACKGROUND CK-SCHAITEL	62-00-00-92600 EMPLOYEE PENSIONS & BENEFITS	31.62
Total TRANS UNION LLC:				221.38
US BANK				
MAY - 3341	05/13/2025	HALL-TRAINING REFUND	11-21-00-54100 PD TRAINING EXPENSES	51.81-
MAY - 3341	05/13/2025	TYPING MASTER-TELECOM TE	11-21-00-54110 PD APPLICATION PROCESS	49.00
MAY - 3341	05/13/2025	KALAHARI-FROGGATT TRNG	11-21-00-53310 PD MEALS & LODGING	196.00
MAY - 3341	05/13/2025	KALAHARI-BUCHTA TRNG	11-21-00-53310 PD MEALS & LODGING	196.00
MAY - 3341	05/13/2025	TACTACAM-HILLMOOR CAMER	11-21-00-53800 PD SPECIAL INVESTIGATIONS	15.00
MAY - 3341	05/13/2025	AMAZON-AWARDS TABLECLOT	11-21-00-53990 PD MISCELLANEOUS EXP	98.46
MAY - 3341	05/13/2025	WALMART-CAR WASH SUPPLIE	11-21-00-53610 PD EQUIP MAINT SERV COSTS	53.62
MAY - 3341	05/13/2025	AMAZON-LIBRARY BAG SUPPLI	11-21-00-53160 CRIME PREVENTION PROGRAM	191.58
MAY - 3341	05/13/2025	HANSEN-ELITE APPAREL	11-21-00-51380 PD UNIFORM ALLOWANCE	225.00
MAY - 3341	05/13/2025	TOMMI'S GARDENS-FLOWERS	11-21-00-53990 PD MISCELLANEOUS EXP	84.40
MAY - 3341	05/13/2025	WALMART-MEDICAL SUPPLIES	11-21-00-53700 PD MEDICAL SUPPLIES	79.83
MAY - 3341	05/13/2025	WALMART-KITCHEN SUPPLIES	11-21-00-53990 PD MISCELLANEOUS EXP	11.68
MAY - 3341	05/13/2025	AMAZON-TONER	11-21-00-53100 PD OFFICE SUPPLIES	107.58
MAY - 3341	05/13/2025	USPS - MAIL BLOOD	11-21-00-53120 PD POSTAGE	18.55
MAY - 3341	05/13/2025	BORO-ESSTAC	11-21-00-51380 PD UNIFORM ALLOWANCE	78.00
MAY - 3341	05/13/2025	BORO-MIDWAY USA	11-21-00-51380 PD UNIFORM ALLOWANCE	570.23
MAY - 3341	05/13/2025	AMAZON-THUMB DRIVES	11-21-00-53100 PD OFFICE SUPPLIES	9.03
MAY - 3341	05/13/2025	AMAZON-PHONE CORDS	11-21-00-52210 PD TELEPHONE EXPENSE	30.97
MAY - 3341	05/13/2025	PFFWCF-HALL, RICHARD TRAI	11-21-00-54100 PD TRAINING EXPENSES	103.63
MAY - 3341	05/13/2025	HOOTSUITE ANNUAL MEMBER	11-21-00-53160 CRIME PREVENTION PROGRAM	1,188.00
MAY - 3341	05/13/2025	FVTC - HANSEN, HINZPETER T	11-21-00-54100 PD TRAINING EXPENSES	297.00
MAY - 3341	05/13/2025	DOUBLETREE-RODRIGUEZ TR	11-21-00-53310 PD MEALS & LODGING	294.00
MAY - 3341	05/13/2025	TACTACAM-HILLMOOR CAMER	11-21-00-53800 PD SPECIAL INVESTIGATIONS	15.00
MAY - 3341	05/13/2025	GENEVA PAINT STORE-PAINTB	11-21-00-53420 PD SPECIAL EQUIPMENT	7.35
MAY - 3341	05/13/2025	WALSER-HAPPYASH	11-21-00-51380 PD UNIFORM ALLOWANCE	187.93
MAY - 3341	05/13/2025	SPOTZ-HAPPYASH	11-21-00-51380 PD UNIFORM ALLOWANCE	198.76
MAY - 3341	05/13/2025	USPS-MAIL BLOOD	11-21-00-53120 PD POSTAGE	37.10
MAY - 3341	05/13/2025	AMAZON-KELLER	11-21-00-51380 PD UNIFORM ALLOWANCE	281.73
MAY - 3341	05/13/2025	HOME DEPOT-CANVAS DROP C	11-21-00-53990 PD MISCELLANEOUS EXP	42.18
Total US BANK:				4,615.80
US CELLULAR				
0730667187	05/12/2025	HARBORMASTER CELL	40-55-10-52210 TELEPHONE EXPENSE	50.74
0730667187	05/12/2025	ADMINISTRATOR CELL	11-16-10-52210 CITY HALL TELEPHONE	52.23
0730667187	05/12/2025	BUILDING INSPECTOR CELL	11-24-00-52620 TELEPHONE EXPENSE	17.74
0730667187	05/12/2025	BEACH CELL	40-54-10-52210 BEACH TELEPHONE	17.24
0730667187	05/12/2025	RIVIERA CELL-HEATHER	47-70-00-57155 TOURISM MUNICIPAL DEVELOPMENT	60.43
0730667187	05/12/2025	PARKING CELL #1	42-34-50-52210 TELEPHONE EXPENSE	38.81
0730667187	05/12/2025	PARKING CELL #2	42-34-50-52210 TELEPHONE EXPENSE	41.01
0730667187	05/12/2025	CITY MAINTENANCE CELL	11-16-10-52210 CITY HALL TELEPHONE	39.94
0730667187	05/12/2025	PARKING SUPERVISOR CELL	42-34-50-52210 TELEPHONE EXPENSE	17.24
0730667187	05/12/2025	CITY CLERK CELL	11-16-10-52210 CITY HALL TELEPHONE	52.73
0730667187	05/12/2025	PARKS SUPERINTENDENT	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	45.73
0730667187	05/12/2025	CEMETERY CELL	48-00-00-52210 CEM TELEPHONE EXP	17.74

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
0730667187	05/12/2025	STREET DIRECTOR (TOM) CEL	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	47.23
0730667187	05/12/2025	STREET FOREMAN (NEIL) CELL	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	52.73
0730667187	05/12/2025	STREET FOREMAN (BRETT) CE	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	17.74
0730667187	05/12/2025	ARBORIST (JON) CELL	11-32-10-52210 ST DEPT TELEPHONE EXPENSE	22.24
0730667187	05/12/2025	PARKING MANAGER CELL	42-34-50-52210 TELEPHONE EXPENSE	17.24
Total US CELLULAR:				608.76
WE ENERGIES				
5473997859	05/12/2025	UNIT B LIBRARY	99-00-00-52220 LIBRARY UTILITIES	747.11
5474251815	05/12/2025	UNIT A RESTROOMS	11-52-00-52240 PARKS GAS HEAT	42.70
5474314626	05/12/2025	UNIT A LIBRARY-UNIT A	99-00-00-52220 LIBRARY UTILITIES	66.19
5482159563	05/16/2025	CITY HALL GAS/HEAT	11-16-10-52240 CITY HALL GAS HEAT	732.50
5482159563	05/16/2025	FIREHOUSE GAS/HEAT	11-22-00-52240 FIREHOUSE GAS HEAT	326.70
5482159563	05/16/2025	UPPER RIVIERA GAS/HEAT	40-55-10-52240 UPPER RIVIERA GAS HEAT	103.58
5482159563	05/16/2025	HOST DRIVE WATER TOWER	11-22-00-52240 FIREHOUSE GAS HEAT	82.57
5482159563	05/16/2025	MUSEUM GAS/HEAT	11-51-10-52240 MUSEUM-GAS HEAT	275.71
5482159563	05/16/2025	1055 CAREY ST BUILDING	11-32-10-52240 ST DEPT BLDG GAS HEAT	171.68
5482159563	05/16/2025	1065 CAREY ST BUILDING	11-32-10-52240 ST DEPT BLDG GAS HEAT	316.48
5482159563	05/16/2025	1070 CAREY ST BUILDING	11-32-10-52240 ST DEPT BLDG GAS HEAT	90.53
5482159563	05/16/2025	VETS PARK GAS/HEAT	11-52-01-52240 VETS PARK GAS HEAT	63.35
5482159563	05/16/2025	CEMETERY GAS/HEAT	48-00-00-52240 CEM GAS HEAT EXP	67.81
Total WE ENERGIES:				3,086.91
Grand Totals:				56,065.84

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Paid and unpaid invoices included.

Invoice.Batch = "TAX05202025","05222025","05222025PD","05232025","05302025"

Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "06042025","06042025A"

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

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

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
ASSOCIATED APPRAISAL CONSULTANTS INC				
180098	05/01/2025	PROF APPRSL SRVCS-MAY 202	11-15-40-52100 ASSESSOR CONTRACTED SERVICES	3,645.83
180601	06/01/2025	JUNE 2025 ASSMT SRVCS	11-15-40-52100 ASSESSOR CONTRACTED SERVICES	3,645.83
Total ASSOCIATED APPRAISAL CONSULTANTS INC:				7,291.66
BATZNER PEST CONTROL				
77492709	05/20/2025	PEST CONTROL-MAY	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	65.00
Total BATZNER PEST CONTROL:				65.00
BEARINGS INC SOUTH				
609732	05/08/2025	BELT	11-32-10-53510 VEHICLE/EQUIPMENT MAINTENANCE	199.84
Total BEARINGS INC SOUTH:				199.84
BUMPER TO BUMPER				
499196	05/25/2025	HEADLIGHTS	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	28.78
Total BUMPER TO BUMPER:				28.78
CATEGORY FIVE TECHNOLOGIES				
22505	04/23/2025	BOTTLE FILLING STATIONS	43-52-00-53000 PARKS AND REC CAPITAL PROJECTS	27,294.00
Total CATEGORY FIVE TECHNOLOGIES:				27,294.00
CINTAS FIRST AID & SAFETY				
5272058701	05/27/2025	FIRST AID CABINET RESTOCK	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	133.16
Total CINTAS FIRST AID & SAFETY:				133.16
COLUMN SOFTWARE PBC				
0DA94F58-000	06/20/2024	1310 W MAIN ST	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	49.09
0DA94F58-000	06/20/2024	190 E MAIN ST	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	47.59
0DA94F58-000	06/21/2024	1420 W MAIN ST	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	55.10
0DA94F58-000	09/18/2024	STR OCT HEARING	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	50.60
0DA94F58-000	09/18/2024	101 N EDWARDS BLVD	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	62.62
0DA94F58-000	09/26/2024	LG ZONING CODE	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	70.13
c2330076-0050	05/13/2025	CC MIN 04.15.25	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	101.31
C2330076-005	05/13/2025	CC MIN 04.28.25	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	269.89
C2330076-005	05/13/2025	CC MIN 04.14.25	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	242.91
C2330076-005	05/14/2025	ORD 25-04-25-07	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	49.05
C2330076-005	05/20/2025	2025 SDWK SP AS-PUB HEAR	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	54.95
C2330076-005	05/21/2025	TEXT AMENDMENT	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	53.60
C2330076-005	05/21/2025	1624 S LSD	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	64.12
C2330076-005	05/21/2025	708 MADISON ST	11-10-00-53140 OFFICIAL PUBLICATIONS & NOTICE	59.61
Total COLUMN SOFTWARE PBC:				1,230.57

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
CONSERV FS INC				
60072321	05/19/2025	FERTILIZER	11-52-00-53620 GROUNDS FERTILIZER/WEED CONTR	970.15
Total CONSERV FS INC:				970.15
COPIES & PRINTS PLUS LLC				
344017	05/15/2025	SINGLE SIDED 8X11	11-70-00-57800 AVIAN COMMITTEE EXPENSES	90.00
Total COPIES & PRINTS PLUS LLC:				90.00
DEKIND COMPUTER CONSULTANTS				
42047	05/15/2025	CUSTOM HARDWARE PCKG - M	11-15-10-54500 COMPUTER IT SVC & EQUIPMENT	128.99
Total DEKIND COMPUTER CONSULTANTS:				128.99
DEMCO INC.				
7649476	05/20/2025	PROCESSING SUPPLIES	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	315.13
Total DEMCO INC.:				315.13
DOWN TO EARTH CONTRACTORS INC				
8596	05/22/2025	MINI AXCAVATOR, QUAD AXEL, D	11-32-15-54500 STORM SEWER MAINTENANCE	3,860.00
Total DOWN TO EARTH CONTRACTORS INC:				3,860.00
DUNN LUMBER				
2019665	05/14/2025	ADHESIVE 28OZ,SAW BLADE-RI	40-55-20-53550 FOUNTAIN MAINT EXP	31.76
2023957	05/19/2025	NUTS & BOLTS, WOOD STAIN, T	43-32-10-17020 DPW CAPITAL PROJECTS	112.54
2024309	05/20/2025	2X8 SYP TREATED	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	84.62
2024311	05/20/2025	CAMO GREEN DECK SCREW	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	39.99
2024582	05/20/2025	SYP TREATED 2X4	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	26.63
2024670	05/20/2025	3/4" COMP BALL VALVE-BEACH	40-54-10-53520 BEACH MAINTENANCE SUPPLIES	69.98
2024917	05/20/2025	NUTS AND BOLTS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	6.18
2025767	05/21/2025	RUBBER TIEDOWN	11-52-00-53400 PARKS OPERATING SUPPLIES	5.98
2026109	05/21/2025	TEE BRASS HOSE CLAMP - #12	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	16.55
2029115	05/27/2025	HAND PRUNER	11-32-13-54300 TREE & BRUSH OPER SUPPLIES	56.99
Total DUNN LUMBER:				451.22
EVERGREEN SEPTIC SERVICE LLC				
26707	05/13/2025	GREASE TRAP CLEANING	40-55-20-53600 RIV MAINTENANCE SERVICE COSTS	202.50
Total EVERGREEN SEPTIC SERVICE LLC:				202.50
GFC LEASING-WI				
I01020667	05/17/2025	RICHOH IM IMAGE FEE- JUNE 2	99-00-00-55320 LIBRARY EQUIP LEASES & MAINT	247.81
Total GFC LEASING-WI:				247.81
GFL ENVIRONMENTAL				
V20000016473	05/15/2025	MALLARD RIDGE WASTE	11-36-00-52960 SOLID WASTE-STREET DEPT	281.76
Total GFL ENVIRONMENTAL:				281.76
GIRAFFE ELECTRIC II INC				
25-0209	05/07/2025	LOBBY LIGHTS NOT WORKING	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	337.50

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total GIRAFFE ELECTRIC II INC:				337.50
HOGAN ENVIRONMENTAL CLEANING LLC				
2656	05/20/2025	PERF. ASBESTOS PRE-RENOVA	99-00-00-52500 LIBRARY BLDG REPAIR	1,200.00
Total HOGAN ENVIRONMENTAL CLEANING LLC:				1,200.00
HUMPHREYS CONTRACTING LLC				
5/15/25	05/15/2025	INSTALL CONCRETE AT SALT S	11-32-12-53400 OPERATING SUPPLIES-SNOW & ICE	6,980.00
5/9/2025	05/09/2025	INSTALL CURB AT CUMBERLAN	11-32-15-54500 STORM SEWER MAINTENANCE	1,322.72
Total HUMPHREYS CONTRACTING LLC:				8,302.72
INGRAM BOOK COMPANY				
88038851	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.82
88038851	05/08/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	16.68
88038852	05/08/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	19.40
88038852	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
88038853	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	4.21
88038853	05/08/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	29.01
88038854	05/08/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	12.77
88038854	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
88038855	05/08/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	31.16
88038855	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	3.14
88038856	05/08/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	59.05
88038856	05/08/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	5.21
88140235	05/14/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.82
88140235	05/14/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	16.58
88140236	05/14/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	35.77
88140236	05/14/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.82
88140237	05/14/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	105.07
88140237	05/14/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	9.42
88140238	05/14/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	3.64
88140238	05/14/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	33.71
88140239	05/14/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	333.05
88140239	05/14/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	31.92
88183705	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	12.24
88183705	05/16/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	116.25
88183706	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
88183706	05/16/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	19.31
88183707	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
88183707	05/16/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	9.40
88183708	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	6.28
88183708	05/16/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	67.47
88183709	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	30.16
88183709	05/16/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	232.02
88183710	05/16/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.31
88183710	05/16/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	12.04
88217689	05/19/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	77.66
88217689	05/19/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	15.60
88236753	05/20/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	3.14
88236753	05/20/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	34.53
88236754	05/20/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	19.39
88236754	05/20/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
88236755	05/20/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	.25
88236755	05/20/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	17.25

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
88246531	05/20/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	24.50
88246531	05/20/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.82
88246532	05/20/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	.58
88246532	05/20/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	35.19
88263278	05/21/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	5.46
88263278	05/21/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	97.44
88263279	05/21/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	6.78
88263279	05/21/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	70.13
88285146	05/22/2025	ADULT BOOK	99-00-00-54100 LIBRARY ADULT MATERIALS	32.05
88285146	05/22/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	3.64
88285147	05/22/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	389.67
88285147	05/22/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	51.67
88285148	05/22/2025	ADULT BOOK	99-00-00-54100 LIBRARY ADULT MATERIALS	17.70
88285148	05/22/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	.25
88285149	05/22/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	83.84
88285149	05/22/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.81
88285150	05/22/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	61.54
88285150	05/22/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.00
88306424	05/23/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	15.63
88306424	05/23/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	127.51
88306425	05/23/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	29.65
88306425	05/23/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	254.17
88306426	05/23/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	4.21
88306426	05/23/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	52.00
88306427	05/23/2025	MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	5.28
88306427	05/23/2025	ADULT BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	39.73
88306428	05/23/2025	ADULT BOOK	99-00-00-54100 LIBRARY ADULT MATERIALS	11.07
88306428	05/23/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	1.57
88306429	05/23/2025	YOUTH BOOKS	99-00-00-54110 LIBRARY YOUTH MATERIALS	116.43
88306429	05/23/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	6.04
88318857	05/23/2025	YOUTH BOOK	99-00-00-54110 LIBRARY YOUTH MATERIALS	13.49
88318857	05/23/2025	PROCESSING MATERIALS	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	2.64
Total INGRAM BOOK COMPANY:				3,006.03
ITU ABSORBTECH INC				
8494963	02/28/2025	MAT SERVICE	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	136.73
8509844	03/28/2025	MAT SERVICE	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	97.08
8509845	03/28/2025	MAT SERVICE	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	136.73
8524713	04/25/2025	MAT SERVICE	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	140.53
8532027	05/09/2025	MAT SERVICE-RIV	40-55-10-53600 UPPER RIVIERA MAINTENANCE	81.64
8539653	05/22/2025	MAT SERVICE	11-32-10-53600 ST DEPT BLDG MAINT SERV COSTS	103.73
Total ITU ABSORBTECH INC:				696.44
JERRY WILLKOMM INC				
319827	05/23/2025	1505 GALLONS	11-32-10-53410 VEHICLE-FUEL & OIL	4,543.60
Total JERRY WILLKOMM INC:				4,543.60
JOHNS DISPOSAL SERVICE				
1684989	05/14/2025	2YD GARBAGE FRONT	48-00-00-53600 CEM MAINT SERVICE EXP	219.00
Total JOHNS DISPOSAL SERVICE:				219.00
LAKE GENEVA JAYCEES				
LGJAYCES-52	06/01/2025	FIREWORKS CONTRIBUTION-2	40-54-10-57800 VENETIAN FESTIVAL FIREWORKS	10,000.00

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total LAKE GENEVA JAYCEES:				10,000.00
LANGE ENTERPRISES INC				
91212	05/15/2025	DO NOT ENTER SIGN/POST	11-34-10-53740 STREET IDENTIFICATION SIGNS	113.50
91212	05/15/2025	HANDICAP SPC SIGN/POSTS/B	42-34-50-58700 OUTLAY-PARKING	1,161.32
Total LANGE ENTERPRISES INC:				1,274.82
LARRY'S TOWING & RECOVERY				
8916	05/19/2025	TOWING-RED FORD EXPLORE	11-34-10-52900 CAR TOWING	200.00
8917	05/19/2025	TOWING-GREEN HUNDAI SANT	11-34-10-52900 CAR TOWING	200.00
Total LARRY'S TOWING & RECOVERY:				400.00
LAUTERBACH & AMEN LLP				
102450	03/27/2025	PROGRESS BILLING-12/31/2024	11-15-10-52130 INDEPENDENT AUDIT FEES	10,000.00
Total LAUTERBACH & AMEN LLP:				10,000.00
MARED MECHANICAL				
SV-INV005492	05/20/2025	LEAKING BOILER PUMP , INSTA	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	3,139.00
SV-INV005494	05/20/2025	REPAIRS FOUND ON PM	11-51-10-52400 MUSEUM-MAINTENANCE & REPAIRS	868.19
Total MARED MECHANICAL:				4,007.19
MCCLELLAN SALES & SERVICE				
1030	03/18/2025	BELTS, CAPS, HYDRO OIL, HYD	11-32-10-52500 ST DEPT EQUIPMENT REPAIRS	276.50
Total MCCLELLAN SALES & SERVICE:				276.50
MGT OF AMERICA CONSULTING				
GHR500980	05/27/2025	RECRUITMENT FINAL , BACKG	11-14-20-53990 CITY ADMIN MISC EXPENSE	5,664.80
MGT36644	03/28/2025	INTERIM ADMIN HOURS AND T	11-14-20-51100 CITY ADMINISTRATOR SALARY	14,169.69
Total MGT OF AMERICA CONSULTING:				19,834.49
MIDWEST TAPE LLC				
507213492	05/22/2025	ADULT AUDIO BOOKS	99-00-00-54100 LIBRARY ADULT MATERIALS	159.96
507213492	05/22/2025	AUDIO BOOKS/ PROCESSING C	99-00-00-55120 LIBRARY PROCESSING SUPPLIES	7.96
Total MIDWEST TAPE LLC:				167.92
MOEGENBURG RESEARCH INC				
2024369-IN	03/20/2025	APPRAISAL FORMER HILMOOR	11-30-00-52170 SURVEYING	5,000.00
Total MOEGENBURG RESEARCH INC:				5,000.00
NORTHWIND PERENNIAL FARM				
11371	05/23/2025	GARDEN CARE-05/21/25	99-00-00-53600 LIBRARY BLDG MAINT SERVICES	275.00
Total NORTHWIND PERENNIAL FARM:				275.00
ODP BUSINESS SOLUTIONS LLC				
419862207001	05/12/2025	COPY PAPER	11-12-00-53100 MUNICIPAL CT OFFICE SUPPLIES	41.89
423513201001	05/17/2025	TAB VIEWABLES-REFILL KIT	11-15-10-53100 ACCTG OFFICE SUPPLIES	36.18

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total ODP BUSINESS SOLUTIONS LLC:				78.07
OFFICE PRO INC				
732151-0	05/19/2025	TOWEL, ROLL, DISPENSER, WA	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	221.02
732484-0	05/21/2025	TISSUE, TOWELS	11-52-00-53500 BLDG MAINT SUPPLIES-PARKS	1,084.65
732501-0	05/21/2025	JRT DISPENSER X4	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	129.44
C 732904-0	05/27/2025	CREDIT FOR RETURNED DISPE	11-16-10-53500 CITY HALL BLDG MAINT SUPPLIES	52.31-
Total OFFICE PRO INC:				1,382.80
OLSEN SAFETY EQUIPMENT CORP				
0424561-IN	05/08/2025	SAFETY VESTS	11-32-10-53900 FIRST AID AND SAFETY SUPPLIES	112.85
Total OLSEN SAFETY EQUIPMENT CORP:				112.85
OTIS ELEVATOR COMPANY				
F10000244968	05/05/2025	LOGISTICS AND FUEL IMPACT	11-16-10-53600 CITY HALL MAINT SERVICE COSTS	250.00
Total OTIS ELEVATOR COMPANY:				250.00
PITNEY BOWES				
1027493485	05/20/2025	INK AND TAPE FOR POSTAGE	11-16-10-55320 CH POSTAGE METER RENT & EXP	199.18
Total PITNEY BOWES:				199.18
QUALITY STATE OIL				
251330614	05/13/2025	506 GALLONS OFF ROAD	11-32-10-53410 VEHICLE-FUEL & OIL	1,310.54
251330615	05/13/2025	151.6 GAL ON RD	11-32-10-53410 VEHICLE-FUEL & OIL	432.95
251350229	05/15/2025	325.6 GAL ON RD	11-32-10-53410 VEHICLE-FUEL & OIL	929.92
251421416	05/22/2025	279.8 GAL ON RD	11-32-10-53410 VEHICLE-FUEL & OIL	815.90
251421417	05/22/2025	225.1 GAL OFF RD	11-32-10-53410 VEHICLE-FUEL & OIL	583.01
Total QUALITY STATE OIL:				4,072.32
QUILL LLC				
43881811	04/25/2025	COPY PAPER,SOAP, DAWN PR	99-00-00-53500 LIBRARY MAINT SUPPLIES	210.21
Total QUILL LLC:				210.21
RHYME BUSINESS PRODUCTS				
39193815	05/09/2025	KYOCERA TASKALFA508CI MAY	11-12-00-53610 EQUIPMENT MAINT SERVICE COSTS	160.11
Total RHYME BUSINESS PRODUCTS:				160.11
ROCKFORD RIGGING INC				
0655183-IN	05/13/2025	NYLON WEB SLINGS	11-32-10-53400 OPERATING SUPPLIES-STREET DEPT	56.66
Total ROCKFORD RIGGING INC:				56.66
SHERWIN WILLIAMS				
3151-2	05/12/2025	5 GAL PAINT PIER PAINT	40-52-10-53990 BUOY/STALL MISC. EXPENSES	253.30
Total SHERWIN WILLIAMS:				253.30
STINEBRINK'S PIGGLY WIGGLY				
023061131451	04/15/2025	PW CARD	99-00-00-54150 LIBRARY PROGRAMS	6.48

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
Total STINEBRINK'S PIGGLY WIGGLY:				6.48
VANDEWALLE & ASSOCIATES INC				
202505007	05/16/2025	CITY ZONING	11-69-30-52180 ZONING CODES	2,397.40
202505007	05/16/2025	COST RECOVERY	11-00-00-13910 A/R BILL OUTS	3,004.80
Total VANDEWALLE & ASSOCIATES INC:				5,402.20
WESTENN MECHANICAL CONTRACTORS				
5289	05/21/2025	INSTALLATION OF EXHUAST FA	43-32-10-17020 DPW CAPITAL PROJECTS	15,702.00
Total WESTENN MECHANICAL CONTRACTORS:				15,702.00
WI DEPARTMENT OF TRANSPORTATION				
395-00003933	05/01/2025	W MAIN ST/ HWY 50 WIS DOT	43-32-10-17010 STREET IMP PROGRAM	1,879.87
395-00003933	05/01/2025	C LAKE GENEVA, MAIN ST/ HW	43-32-10-17010 STREET IMP PROGRAM	1,768.90
395-00003933	05/01/2025	EDWARDS BLVD. DESIGN	43-32-10-17010 STREET IMP PROGRAM	4,531.30
Total WI DEPARTMENT OF TRANSPORTATION:				8,180.07
YMCA				
05202025	05/20/2025	REIMB-ATHLETIC FIELD MAINT	47-70-00-57150 PROMOTIONAL GRANT	103,550.00
Total YMCA:				103,550.00
Grand Totals:				251,948.03

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Invoice Number	Invoice Date	Description	GL Account and Title	Net Invoice Amount
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Report Criteria:

Detail report.

Invoices with totals above \$0.00 included.

Only unpaid invoices included.

Invoice.Batch = "06042025","06042025A"

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

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