

1. Agenda

Documents: [PSHS_20150224_AG.PDF](#)

2. Complete Packet

Documents: [PSHS_20150224_PK.PDF](#)



Administrative
Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.city.fitchburg.wi.us

**AGENDA
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, FEBRUARY 24, 2015
6:30 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **6:30 P.M.** on **February 24, 2015** in the Conference Room at the Fitchburg City Hall, 5520 Lacy Rd., Fitchburg, WI for the purpose of:

(Note: Full coverage of this meeting is available through FACTv and Streaming Video, accessible on the city web site at http://www.city.fitchburg.wi.us/home_pages/media_archive.php.)

1. **Call to Order**
2. **Approval of Minutes – February 10, 2015**
3. **Public Appearances – Non-Agenda Items**
4. **Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal)** Harold Krantz – N; Tonya Maier – N; Johnathan Pepper – N; Claire Roussos – N; Shawna Schaper – N; Benjamin Steinhoff – N; Jacob Swenson – N; Debbie Von Behren - N
5. **Consideration of Change of Agent for Ultra Mart Foods, LLC. – DBA Copps #8182 -** Andrew Hein, 5409 Joylynn Drive, Madison, WI 53716
6. **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit**

Wisconsin Literacy, Inc., 211 S. Paterson Street, Suite 260, Madison, WI to hold a Frozen Family Fete Fund Raiser Event on Sunday, March 15, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music from 3:00 p.m. to 6:00 p.m.
7. **Ordinance 2015-O-06** An Ordinance Amending Chapter 56 Article IV - Animal Care and Control, Section 56-74, Prohibited Conduct
8. **Ordinance 2015-O-08** An Ordinance Amending Chapter 70, Sec. 70-309 - Forfeitures Schedule
9. **Announcements**
 - a. Next meeting date is March 10, 2015
10. **Adjournment**

Note: It is possible that members of and possibly a quorum of members of other government bodies of the municipality may be in attendance at the above stated meeting to gather information. No action will be taken by any governmental body at the above stated meeting other than the governmental body specifically referred to above in this notice. Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact Fitchburg City Hall, 5520 Lacy Road, Fitchburg WI 53711, (608) 270-4200.



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www.city.fitchburg.wi.us

**DRAFT MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, FEBRUARY 10, 2015
6:30 P.M.
FITCHBURG CITY HALL**

PRESENT: Chairperson Carol Poole, and Alder Becky Baumbach. Absente with excuse: Jason Gonzalez. Others present, Patti Anderson, City Clerk, Lt. Brecklin, Fitchburg Police Department.

1. **Call to Order-** Chairperson Poole called the meeting to order at 6:30 p.m.
2. **Approval of Minutes – January 27, 2015** Motion by Baumbach to approve minutes. Motion carried (2-0).
3. **Public Appearances – Non-Agenda Items - None**
4. Motion by Baumbach to **approve all Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal)** Daniel Delehanty – N; Cordova Gonzalez – N; Benjamin Hoffman –N; Montease Jones –N; Timothy Larson – N; Fnu Shamshad – N

Motion carried (2-0).

5. Motion by Baumbach to **approve Ordinance 2015-O-05** An Ordinance to Repeal and Recreate Chapter 66 – Secondhand Goods

Motion carried (2-0).

6. Motion by Baumbach to **approve Resolution R-11-15** Resolution Approving 2015 Agreement with Fairways Apartments for Polling Place Location – direct referral

Motion carried (2-0).

7. **Police Department Update** – Lt. Brecklin

Lieutenant Chad Brecklin presented and update of the Fitchburg Police Department, detailing statistics from 2014 and looking ahead through 2015. The Fitchburg Police department has 49 sworn staff members and 12 non-sworn staff. The department covers 35 square miles, 700+ businesses, and a population of 25,260 residents. In 2014 there were over 19,000 incidents. Lt. Brecklin discussed the crime report data, looking in detail at the trends back through 2009.

Lt. Brecklin noted that the department will move to a 2 district policing model in 2015. Officers are assigned to a district for a 2 year period. The district policing allows officers to become more familiar with the residents, business owners, and apartment managers, giving them the ability to identify problems more quickly.

The department plans to continue with their community involvement in various events and activities. Some of these events include: neighborhood & community meetings, crime day picnic, citizens' academy, youth academies, ride-along, events with the Boy's & Girls club, bicycle rodeo, and the food drive.

8. **Announcements-** Next meeting date is February 24, 2015
Baumbach reminded the committee that she will not be at the next meeting.
9. Motion by Baumbach to **adjourn**. Motion carried (2-0).
Time 7:24 p.m.

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**APPLICATION FOR OPERATORS LICENSE
CITY OF FITCHBURG, WISCONSIN
CHAPTER 60, FITCHBURG ORDINANCE
ADOPTING STATE STATUTE 125**

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: Kraute Harold F.
Last First Middle Maiden
 DATE OF BIRTH [REDACTED] AGE (At time of application) 25
 HOME ADDRESS 144 N Foreman Ave CITY Madison STATE WI ZIP 53704
 HEIGHT 6'5" WEIGHT 215 EYES Blue HAIR Blonde SEX M
 HOME PHONE # (608-469-9453) E-MAIL ADDRESS Harold F. Kraute@gmail.com
 DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Neil's liquor PHONE # 608 442 0606

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE Yes WHEN 2010
 WHERE West Side Liquor PHONE # _____

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE No
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN _____

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.
- ALL FELONIES (No date limit) YES NO
 - ALL MISDEMEANORS (No date limit) YES NO
 - ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
 - ALL ALCOHOL RELATED OFFENSES YES NO
 - ANY PENDING CITATIONS OR ARRESTS YES NO

Some information on violations may be obtained from the Wisconsin Circuit Court Access at <http://wcca.wiscourts.gov>
 This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED
<u>Speeding</u>	<u>11-07</u>	<u>Middleton, WI</u>	<u>Guilty</u>

If applicant has had an OWI charge in the last two years, the applicant **must** attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

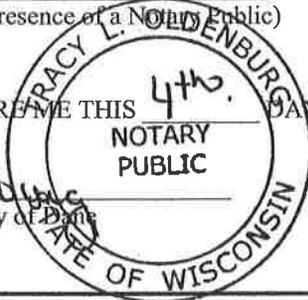
8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operators license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Harold F. Krantz
Printed Name of Applicant

Harold F. Krantz
Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF February, 2015.

Jacoby J. Aldenberg
Notary Public - State of Wisconsin, County of Dane



OFFICIAL USE ONLY

FEES 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 2-4-15

PROVISIONAL FEES 10.00
 NEW APPLICATION

H RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-9027

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2479 DATE 02-07-15 INVESTIGATOR P.O. [Signature]

APPROVED/DENIED [Signature]
Chief of Police



APPLICATION FOR OPERATORS LICENSE
 CITY OF FITCHBURG, WISCONSIN
 CHAPTER 60, FITCHBURG ORDINANCE
 ADOPTING STATE STATUTE 125

** Needs provisional*

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: Maier Tonya Sean
Last First Middle Maiden
 DATE OF BIRTH [REDACTED] AGE (At time of application) 35
 HOME ADDRESS 12 Capitol View Terr #8 CITY Madison STATE WI ZIP 53713
 HEIGHT 5'4 WEIGHT 135 EYES Brown HAIR Brown SEX F
 HOME PHONE # 608-212-4309 E-MAIL ADDRESS princessjade777@hotmail.com
 DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Top N-60 PHONE # _____

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE yes WHEN _____
 WHERE Lodi, WI PHONE # _____

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE No
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN 35 yrs

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- ALL FELONIES (No date limit) YES NO
- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

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DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED
<u>Disorderly Conduct</u>	<u>2004</u>	<u>Lodi, WI</u>	<u>pd</u>
<u>Traffic - suspended license</u>		<u>Fitchburg</u>	<u>pd</u>
<u>-tag expired</u>		<u>Fitchburg</u>	<u>pd</u>

If applicant has had an OWI charge in the last two years, the applicant **must** attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

Disorderly + Resist Arrest 7/09 no charges -

8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Tanya Maier
Printed Name of Applicant

[Signature]
Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 12 DAY OF December, 2014.

Yesenia Arce
Notary Public - State of Wisconsin, County of Dane



FEES \$ 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 12/30/14

PROVISIONAL FEES \$ 10.00

NEW APPLICATION

[Signature] RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-8813

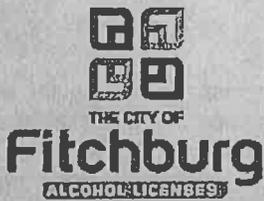
INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-495 DATE 1/13/15 INVESTIGATOR [Signature]

APPROVED/DENIED [Signature]
Chief of Police



APPLICATION FOR OPERATORS LICENSE
 CITY OF FITCHBURG, WISCONSIN
 CHAPTER 60, FITCHBURG ORDINANCE
 ADOPTING STATE STATUTE 125

* NEEDS a Provisional

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: Pepper Johnathan Karl Fredenik
Last First Middle Maiden
 DATE OF BIRTH [REDACTED] AGE (At time of application) 27
 HOME ADDRESS 808 Schultz Pl CITY Monona STATE WI ZIP 53716
 HEIGHT 5'10" WEIGHT 250 EYES Brown HAIR Brown SEX Male
 HOME PHONE # 262-325-6824 E-MAIL ADDRESS jpepper8387@gmail.com
 DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Speedway PHONE # 608-271-3121

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE yes WHEN present
 WHERE City of Monona WI, for Speedway PHONE # 608-221-2808

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE _____
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN 27 years

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- ALL FELONIES (No date limit) YES NO
- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

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DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED

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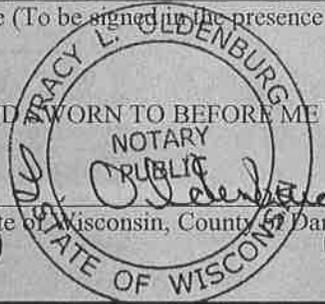
8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Jonathan Karl Frederick Pepper
Printed Name of Applicant

[Signature]
Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2nd DAY OF February, 20 15.

[Signature]
Notary Public - State of Wisconsin, County of Dane



OFFICIAL USE ONLY

FEES 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 2-2-15

PROVISIONAL FEES 10.00

NEW APPLICATION

RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-9010 TO

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2477 DATE 02-07-15 INVESTIGATOR P.O. [Signature]

APPROVED/DENIED [Signature]
Chief of Police



**APPLICATION FOR OPERATORS LICENSE
CITY OF FITCHBURG, WISCONSIN
CHAPTER 60, FITCHBURG ORDINANCE
ADOPTING STATE STATUTE 125**

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1. APPLICANT: Roussos. Claire Burgess

DATE OF BIRTH [REDACTED] AGE (At time of application) 25

HOME ADDRESS 1406 drewry lane CITY madison STATE WI ZIP 53704

HEIGHT 5'9 WEIGHT 170 EYES hazel HAIR brown SEX female

HOME PHONE # 6086923355 E-MAIL ADDRESS c.b.roussos@gmail.com

DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE barriques PHONE # 6082779463

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE no WHEN _____
WHERE _____ PHONE # _____

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE no
IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN August 2014

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

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- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

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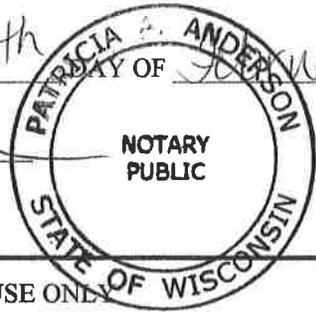
8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operators license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Claire Raussos
Printed Name of Applicant

Claire Raussos 02/09/15
Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 9th day of February, 2015.

Patricia A Anderson
Notary Public - State of Wisconsin, County of Dane



OFFICIAL USE ONLY

FEE\$ 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 2/9/15

PROVISIONAL FEES 10.00

NEW APPLICATION

CBR RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1.9050

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2904 DATE 2/12/15 INVESTIGATOR Crew Allie

APPROVED/DENIED Thomas Butts
Chief of Police



**APPLICATION FOR OPERATORS LICENSE
CITY OF FITCHBURG, WISCONSIN
CHAPTER 60, FITCHBURG ORDINANCE
ADOPTING STATE STATUTE 125**

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1. APPLICANT: Schaper Shawna Leanne
Last First Middle Maiden
 DATE OF BIRTH [REDACTED] AGE (At time of application) 24
 HOME ADDRESS 2201 Post Rd Apt 204 CITY Fitchburg STATE WI ZIP 53713
 HEIGHT 5'3 WEIGHT 200 EYES Hazel HAIR Brown SEX F
 HOME PHONE # (608) 575-3414 E-MAIL ADDRESS Shawna_9116@hotmail.com
 DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Kelley's Market PHONE # 274-7228

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE No WHEN _____
 WHERE _____ PHONE # _____

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE No
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN 24 years

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- ALL FELONIES (No date limit) YES NO
- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

Some information on violations may be obtained from the Wisconsin Circuit Court Access at <http://wcca.wiscourts.gov>
 This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED

If applicant has had an OWI charge in the last two years, the applicant must attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operators license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations – federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Shauna Schaper
Printed Name of Applicant

Shauna Schaper
Applicant Signature (To be signed in the presence of a Notary Public)



SUBSCRIBED AND SWORN TO BEFORE ME THIS 23 DAY OF Jan

Mesomica Deuce
Notary Public - State of Wisconsin, County of Dane

OFFICIAL USE ONLY

FEES 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 1-23-15

NEW APPLICATION

SS RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-89160

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2290 DATE 2/3/15 INVESTIGATOR Devin Amadio

APPROVED/DENIED Tom Blatz
Chief of Police



**APPLICATION FOR OPERATORS LICENSE
CITY OF FITCHBURG, WISCONSIN
CHAPTER 60, FITCHBURG ORDINANCE
ADOPTING STATE STATUTE 125**

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: Stanhoff Benjamin Richard
 Last First Middle Maiden
 DATE OF BIRTH _____ AGE (At time of application) 24
 HOME ADDRESS 2949 Fishhatchery Rd. Apt. 206 CITY Fitchburg STATE WI ZIP 53713
 HEIGHT 6'0" WEIGHT 165 EYES Blue HAIR Brown SEX M
 HOME PHONE # 608-444-6762 E-MAIL ADDRESS BJRStanhoff22@gmail.com
 DRIVER'S LICENSE # _____ STATE ISSUED Wisconsin

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Benvenuto's PHONE # 608-278-7800

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE Yes WHEN 2010-2013
 WHERE LaCrosse / Dane County / The Waterfront PHONE # 608-782-5400

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE No
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN 24 years

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- ALL FELONIES (No date limit) YES NO
- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

Some information on violations may be obtained from the Wisconsin Circuit Court Access at <http://wcca.wiscourts.gov>
 This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)
BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED
<u>Failure to pay forfeiture</u>	<u>11-18-13</u>	<u>LaCrosse County</u>	<u>Guilty</u>
<u>Driving w/o license</u>	<u>7-18-12</u>	<u>LaCrosse County</u>	<u>Guilty</u>

If applicant has had an OWI charge in the last two years, the applicant **must** attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operators license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Ben Stanhoff
Printed Name of Applicant

[Signature]
Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 3RD DAY OF February, 2015.

[Signature]
Notary Public State of Wisconsin, County of Dane

OFFICIAL USE ONLY

FEES \$ 35.00 CASH CHECK # _____ DATE REC. IN OFFICE 2-3-15

NEW APPLICATION

RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-9022

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2408 DATE 02-07-15 INVESTIGATOR P.O. [Signature]

APPROVED/DENIED [Signature]
Chief of Police



APPLICATION FOR OPERATORS LICENSE
 CITY OF FITCHBURG, WISCONSIN
 CHAPTER 60, FITCHBURG ORDINANCE
 ADOPTING STATE STATUTE 125

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: SWENSON JACOB LEVI
Last First Middle Maiden
 DATE OF BIRTH [REDACTED] AGE (At time of application) 33
 HOME ADDRESS 6702 PIMA DR CITY MADISON STATE WI ZIP 53719
 HEIGHT 5'9" WEIGHT 130 EYES BROWN HAIR BLACK SEX M
 HOME PHONE # 715-252-3241 E-MAIL ADDRESS JAKELSWENSON@GMAIL.COM
 DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE BARRIQUES PHONE # 608-277-9463

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE NO WHEN _____
 WHERE _____ PHONE # _____

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE NO
 IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN ~~2000~~ 3 MONTHS - MANY YEARS BEFORE

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training THAT Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.
- ALL FELONIES (No date limit) YES NO
 - ALL MISDEMEANORS (No date limit) YES NO
 - ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
 - ALL ALCOHOL RELATED OFFENSES YES NO
 - ANY PENDING CITATIONS OR ARRESTS YES NO

Some information on violations may be obtained from the Wisconsin Circuit Court Access at wiscourts.gov
 This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED

If applicant has had an OWI charge in the last two years, the applicant **must** attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operator's license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

JAKE SWENSON

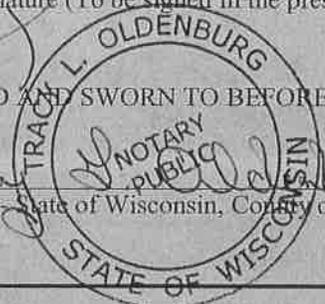
Printed Name of Applicant

[Handwritten Signature]

Applicant Signature (To be signed in the presence of a Notary Public)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 2 DAY OF FEBRUARY, 2015.

[Handwritten Signature]
Notary Public - State of Wisconsin, County of Dane



OFFICIAL USE ONLY

FEES \$ 35.00 CASH CHECK # CC Payment DATE REC. IN OFFICE 2-2-15

PROVISIONAL FEES \$ 10.00

NEW APPLICATION

RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION
(Or yearly applications received after 6-1)

RECEIPT # 1-9009

INVESTIGATION:

Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2476 DATE 02-07-15 INVESTIGATOR P.O. *[Signature]*

APPROVED/DENIED

[Signature]
Chief of Police



**APPLICATION FOR OPERATORS LICENSE
CITY OF FITCHBURG, WISCONSIN
CHAPTER 60, FITCHBURG ORDINANCE
ADOPTING STATE STATUTE 125**

INSTRUCTIONS: Complete sections 1 through 8 and return this form to the office of the City Clerk with the appropriate fee. ALL items **MUST** be completed. Allow 3 weeks for processing.

1. APPLICANT: Von Behren Debbie J

DATE OF BIRTH [REDACTED] AGE (At time of application) 58

HOME ADDRESS 2246 High Ridge Trail CITY Fitchburg STATE WI ZIP 53713

HEIGHT 5'04 WEIGHT 140 EYES green HAIR Brown SEX F

HOME PHONE # 608-273-1451 E-MAIL ADDRESS crayvon@charter.net

DRIVER'S LICENSE # [REDACTED] STATE ISSUED WI

2. PLACE OF EMPLOYMENT UNDER THIS LICENSE Neil's Liquor PHONE # 608-442-0606

3. HAVE YOU HELD AN OPERATORS LICENSE BEFORE Yes WHEN 4 years ago

WHERE Bishops Bay Country Club PHONE # 608-242-4204 232-4201

4. HAVE YOU EVER BEEN DENIED AN OPERATORS LICENSE No

IF YES EXPLAIN _____

5. HOW LONG HAVE YOU RESIDED IN THE STATE OF WISCONSIN 30 years

6. NEW APPLICANTS: State Statute 125.17(6) requires proof of completion of a Responsible Beverage Server Training Course (to be brought in before the application is reviewed.) A Provisional License may be issued only if the applicant is enrolled in a training course, or if a course has been completed. Proof of enrollment or completion must be submitted prior to issuance of a Provisional License. **Applications will not be accepted unless proof is also submitted.**

7. HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH THE FOLLOWING VIOLATIONS, IN AND/OR OUT OF WISCONSIN? INCLUDE ALL TRAFFIC VIOLATIONS. CIRCLE THE APPROPRIATE ANSWER.

- ALL FELONIES (No date limit) YES NO
- ALL MISDEMEANORS (No date limit) YES NO
- ALL TRAFFIC & LOCAL ORDINANCE OFFENSES (PAST 10 YEARS) YES NO
- ALL ALCOHOL RELATED OFFENSES YES NO
- ANY PENDING CITATIONS OR ARRESTS YES NO

Some information on violations may be obtained from the Wisconsin Circuit Court Access at <http://wcca.wiscourts.gov>. This address is provided to assist applicants and may not contain all violations. The applicant is responsible for listing all violations, including those listed on the web page and those that may not be included. **APPLICANTS MAY BE DENIED FOR FALSIFICATION AND CANNOT RE-APPLY FOR A 6 MONTH PERIOD, FROM THE DATE OF THE DENIAL.**

DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	GUILTY / DISMISSED
Unlawful use of phone	6-11-02	Dane Co.	Dismissed

If applicant has had an OWI charge in the last two years, the applicant **must** attend a meeting of the Public Safety and Human Services Committee. Successful completion of an Alcohol Assessment Program is required with proof of such completion provided prior to issuance of the operators License.

8. I do hereby swear, under penalty of perjury, that I am the person who made and signed the foregoing application for an operators license, and that all statements herein are complete, true and correct. I further understand a full background investigation may be conducted by the Fitchburg police department prior to consideration of this application. Additionally, I understand that this application may be denied if it contains any falsification and that I will not be able to renew my application, if it was previously falsified, for a 6 month period. I do further agree to comply with all laws, resolutions, ordinances, and regulations -- federal, state or local -- affecting the sale of fermented malt beverages and intoxicating liquors.

Debbie VonBehren
Printed Name of Applicant

[Signature]
Applicant Signature (To be signed in the presence of a Notary Public)



SUBSCRIBED AND SWORN TO BEFORE ME THIS 20 DAY OF January OF 2015.

[Signature]
Notary Public - State of Wisconsin, County of Dane

OFFICIAL USE ONLY

FEE\$ 35.00 CASH CHECK # _____ DATE REC. IN OFFICE _____

PROVISIONAL FEES 10.00
 NEW APPLICATION DVB RECEIVED COPY OF CITY POLICY GUIDELINES
(New Applicants Initial Here)

RENEWAL APPLICATION (Or yearly applications received after 6-1) RECEIPT # 1-9008

INVESTIGATION:
 Investigator finds no reason why this license should not be granted

Investigator cannot recommend this application for the reasons in attached report

CASE NUMBER 15-2289 DATE 2/12/15 INVESTIGATOR [Signature]

APPROVED/DENIED [Signature]
Chief of Police

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY

FEB 03 2015

Submit to municipal clerk.

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

To the governing body of: [] Town [] Village of Fitchburg County of Dane [x] City

The undersigned duly authorized officer(s)/members/managers of Ultra Mart Foods, LLC (registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Copps #8182 (trade name)

located at 3010 Cahill Main

[x] appoints ANDREW W. HEIN (name of appointed agent) 5409 JOYLYNNE DR MADISON, WI 53716 (home address of appointed agent)

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

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

Is applicant agent subject to completion of the responsible beverage server training course? [] Yes [x] No

[x] How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 40 YEARS Place of residence last year 5409 JOYLYNNE DR. MADISON, WI 53716

For: Ultra Mart Foods, LLC (name of corporation/organization/limited liability company) By: Edward J. [Signature] -VP (signature of Officer/Member/Manager) And: William L. [Signature] -VP (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

[x] I, ANDREW W. HEIN (print/type agent's name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company. (signature of agent) 1/8/2015 (date) Agent's age 40 5409 JOYLYNNE DR. MADISON, WI 53716 (home address of agent) Date of birth [Redacted]

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

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

Approved on 2-13-15 (date) by Sharon Blitts (signature of proper local official) Title Police Chief (town chair, village president, police chief)

FEB 03 2015

Received

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
HEIN		ANDREW		WILLIAM	
Home Address (street/route)		Post Office	City	State	Zip Code
5409 JOYLYNNE DR.			MADISON	WI	53716
Home Phone Number		Age	Date of Birth	Place of Birth	
608 226-9665		40	[REDACTED]	WAUKESHA	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Agent

of Ultra Mart Foods, LLC
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 40 YRS.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
ROUNDYS	6655 MCLURE ROAD	4/2003	CURRENT
KORTUS FOODS	6540 MONANA DR.	11/1996	4/2003

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Notary
Subscribed and sworn to before me
this 8th day of JANUARY, 20 15
Nicole Fleckinger
(Clerk/Notary Public)
My commission expires 10/28/2018



[Signature]
(Signature of Named Individual)



AGENT AUTHORIZATION LETTER

Date: 2/4/15

I, Edward G Kitz, officer for

Ultra Mart Foods, LLC, Copps #8182
(Corporation or LLC Name) (D/B/A)

authorize and appoint Andrew Hein as liquor/beer agent for
(Agent Name)

the premise located at 3010 Cahill main
(Address of Licensed Premise)

Edward G. Kitz -VP
Officer of Corporation or LLC

Subscribed and sworn to before me this 4th day of February, 2015.

Jessica H Ditscheit
Notary Public
State of Wisconsin, County of Milwaukee
My Commission Expires: 3/12/17



NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the City of Fitchburg Public Safety & Human Services Committee will hold a Public Hearing on Tuesday, February 24, 2015 at 6:30 P.M. In the Conference Room at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI for the purpose of receiving comments on the following application for a Sound Amplification Permit:

Wisconsin Literacy, Inc., 211 S. Paterson Street, Suite 260, Madison, WI to hold a Frozen Family Fete Fund Raiser Event on Sunday, March 15, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music from 3:00 p.m. to 6:00 p.m.

Any interested persons will be heard at this time.

Patti Anderson
City Clerk

Published: February 13, 2015



FITCHBURG OUTDOOR SOUND AMPLIFICATION APPLICATION
City of Fitchburg Clerk's Office
5520 Lacy Road
Fitchburg, WI 53711

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT

DATE 01/29/15
NAME (INDIVIDUAL OR ORGANIZATION) Wisconsin Literacy, Inc.
ADDRESS 211 S. Paterson Street, Suite 260 Madison
CITY Madison STATE WI ZIP 53703 PHONE # 608-346-3075
E-MAIL ADDRESS michele@wisconsinliteracy.org
DATE OF EVENT 03/15/15 HOURS FOR SOUND: FROM 3 pm TO 6 pm
TYPE OF EVENT Friend-raiser: Frozen Family Fete (Music and winter activity for families)
LOCATION W/ADDRESS 2930 Chapel Valley Road, Fitchburg, WI 53711

Please note: If you are using a City of Fitchburg Park, you must attach a copy of your Park Reservation Confirmation to this Application. If you are serving/selling beer and/or wine, you must also apply for a Class "B" Picnic Beer/Wine License - \$10

ESTIMATED ATTENDANCE 120
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Tables and Chairs in Warming Hut

I, Michele Erikson (APPLICANT OR AGENT) DECLARE UNDER PENALTIES OF LAW THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Cheryl's Dept. DATE 2-2-15 FEE \$50.00 CHECK # 5491
CASH DATE PUBLISHED Feb. 18. 2015 HEARING DATE Feb. 24. 2015

Rec# 1-902

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:

CC: Parks/Recreation Department

City of Fitchburg

Committee or Commission Referral

Direct Referral Initiated by:
Direct Referral Approved by:

Date Referred: **February 10, 2015** Ordinance Number: **2015-O-06**
Date to Report Back: **February 24, 2015** Resolution Number:

Sponsored by: Alders Poole, Carpenter, Baumbach Drafted by: City Attorney

**TITLE: AN ORDINANCE AMENDING CHAPTER 56 ARTICLE IV -
ANIMAL CARE AND CONTROL, SECTION 56-74, PROHIBITED CONDUCT**

Background:

Alders Poole and Carpenter have requested that the City establish a leash law. Current ordinance only requires the owner or keeper to have the animal under immediate human voice control.

Order	Referred To	Staff Contact	Place on Agenda For	Action Taken On Referral
1	Public Safety & Human Services	Anderson	February 24, 2015	
2				
3				
4				

Amendments:

Alders Poole, Carpenter, Baumbach
Introduced by

City Attorney
Drafted by

Public Safety & Human Services
Direct Referred to

February 10, 2015
Date

ORDINANCE 2015-O-06

**AN ORDINANCE AMENDING CHAPTER 56 ARTICLE IV -
ANIMAL CARE AND CONTROL, SECTION 56-74, PROHIBITED CONDUCT**

The Common Council of the City of Fitchburg, Dane County, Wisconsin do ordain as follows:

Chapter 56 Article IV. Animal Care and Control Section 56-74(1) is amended to read:

- (1) *Run at large.* Run or be at large upon any street, alley or public place in the city or on property other than that of the owner or keeper except in the following areas:
 - (a) City Dog Park
 - (b) Public hunting grounds

Effective Date: This Ordinance shall take effect upon passage and publication.

Adopted this _____ day of February, 2015.

Approved by: _____
Shawn Pfaff, Mayor

Attested by: _____
Patti Anderson, City Clerk

Published: _____

City of Fitchburg

Committee or Commission Referral

Direct Referral Initiated by:
Direct Referral Approved by:

Date Referred: **February 10, 2015** Ordinance Number: **2015-O-08**
Date to Report Back: **February 24, 2015** Resolution Number:

Sponsored by: Alders Poole, Carpenter, Baumbach Drafted by: City Attorney

TITLE: AN ORDINANCE AMENDING CHAPTER 70, SEC. 70-309 – FORFEITURES SCHEDULE

Background:

The Chapter 70 Forfeiture Schedule is being amended in conjunction with the changes being made to the Chapter 56 Animal Control. Ordinance violations related to Chapter 56 are outlined in the amended forfeiture schedule.

Order	Referred To	Staff Contact	Place on Agenda For	Action Taken On Referral
1	Public Safety & Human Services	Anderson	February 24, 2015	
2				
3				
4				

Amendments:

Alders Poole, Carpenter, Baumbach
Introduced by

City Attorney
Drafted by

Public Safety & Human Services
Direct Referred to

February 10, 2015
Date

ORDINANCE 2015-O-08

AN ORDINANCE AMENDING CHAPTER 70, SEC. 70-309 – FORFEITURES SCHEDULE

The Common Council of the City of Fitchburg, Dane County, Wisconsin do ordain as follows:

Chapter 70, Sec. 70-309 Forfeiture Schedule is amended as follows:

Delete: ~~56-74 Prohibited animal conduct — \$0 - \$50~~

Add:

56-74 (1)	Run at large Second and subsequent offenses within a 2 year period	\$0 - \$50 \$0 - \$500
56-74 (2)	Attack pedestrians Second and subsequent offenses within a 2 year period	\$0 - \$200 \$0 - \$500
56-74 (3)	Attack other animals Second and subsequent offenses within a 2 year period	\$0 - \$200 \$0 - \$500
56-74 (4)-(7)	Other prohibited animal conduct	\$0 - \$50

Effective Date: This Ordinance shall take effect upon passage and publication.

Adopted this _____ day of February, 2015.

Approved by: _____
Shawn Pfaff, Mayor

Attested by: _____
Patti Anderson, City Clerk

Published: _____