

1. Agenda

Documents: [PSHS_20150609_AG.PDF](#)

2. Complete Packet

Documents: [PSHS_20150609_PK.PDF](#)



Administrative
Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

**AGENDA
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, JUNE 9, 2015
6:00 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **6:00 P.M.** on **June 9, 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://factv.fitchburgwi.gov/Cablecast/Public/Main.aspx?ChannelID=3>)

1. **Call to Order**
2. **Approval of Minutes – May 26, 2015**
3. **Public Appearances – Non-Agenda Items**
4. **Discuss licensing review process and other duties of PSHS Committee – City Attorney Mark Sewell**
5. **Consideration of Formal Complaint Requesting Suspension of Alcohol Licenses for: CLS Holdings, LTD dba Picasso's**
6. **Operator Licenses needing special attention where applicant must be present: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal) (Tabled from June 9, 2015 meeting)**
Annette White – N;
7. **Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Concerts at McKee, John Darling, Janice Kilby, Thomas Rasmussen and Maggie Wysocki.
8. **Consideration of the Following Application for Temporary Class “B”/”Class B” Retailers License “Picnic License” (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg) – For Sale of Fermented Malt Beverages only**
 - a. Fitchburg Lions Club, 2523 Targhee Street, Fitchburg WI to hold Concerts at McKee on Monday, June 15, July 20, and Aug 17, 2015 from 5:30 p.m. to 8:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI 53711.

9. Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit

- a. Fitchburg Chamber, 5540 Research Park Drive, Fitchburg, WI for Concerts at McKee Farms Park to be held Monday, June 15, July 20 and August 17, 2015 from 6:00 p.m. to 9:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Live Music
- b. Tiffani and Mike Roltgen, 5936 Schumann Drive, Fitchburg, WI for a Housewarming Party to be held on Saturday, June 20, 2015 from 2:30 p.m. to 4:30 p.m. at 5936 Schumann Drive, Fitchburg, WI with Amplified Live Music
- c. Seminole Pool & Tennis Association, 5948 Schumann Drive, Fitchburg, WI., to hold Social Events on the following 2015 dates: June 12, and July 1, 10 from 4:30 p.m. to 9:00 p.m. June 14, from 11:00 a.m. to 3:00 p.m. June 18, *25, and July 9, *16, August 6, *13 from 6:00 p.m. to 10:00 p.m. July 16, *23, *30 from 7:00 p.m. to 8:00 p.m. July 22, *29 from 7:00 p.m. to 9:00 p.m. June 13 and July 11, 18 from 7:00 a.m. to 1:00 p.m. July 27, 28 from 6:30 a.m. to 9:00 p.m. August 2, from 4:00 p.m. to 9:00 p.m. August 7, *14 from 6:00 p.m. to 8:00 p.m. August 29, 30 from 1:00 p.m. to 4:00 p.m. September 1 from 4:00 p.m. to 6:00 p.m., at 5948 Schumann Drive, Fitchburg, WI with Speaker System and Amplified Music. Dates with asterisk * indicate a rain date
- d. Hickory Knoll Fund, Inc. 5438 Highway M, Fitchburg, WI to hold a Combined Driving Horse Event on Saturday, July 18 and Sunday, July 19, 2015 from 8:00 a.m. to 4:00 p.m. at Hickory Knoll Farm, 5438 Highway M, Fitchburg, WI with Speaker System
- e. Wisconsin Ovarian Cancer Alliance, 13825 W. National Ave #103, New Berlin, WI for a Run/Walk Event to be held on Saturday, June 20, 2015 from 8:00 a.m. to Noon at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music

10. Consideration of the Following Application for Street Use Permit

- a. Hickory Knoll Fund, Inc., 5438 CTH M Fitchburg, WI 53575 for a Combined Driving Horse Event to be held on Sunday, July 19, 2015 from 7:30 a.m. to 1:30 p.m. with street closures from Caine Road from CTH M to McGibbon Culvert. Approximately 1.2 miles
- b. Wisconsin Ovarian Cancer Alliance, 13825 W. National Ave #103, New Berlin, WI for a 5K Run/2 Mile Walk Event to be held on Saturday, June 20, 2015 from 8:00 a.m. to 11:30 a.m. using Various Fitchburg Roads.

11. Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are renewal applications.

CLASS "B" FERMENTED MALT BEVERAGE RETAIL LICENSE AND RESERVE "CLASS B" INTOXICATING LIQUOR RETAIL LICENSE

Benvenuto's, Inc., 2949 Triverton Pike Drive - DBA Benvenuto's Italian Grill – Molly C. Swain, Agent

Blazin Wings, Inc., 6227 McKee Road – DBA Buffalo Wild Wings #412 – Richard S. Hacker, Agent

GD2, LLC, 2980 Cahill Main – DBA Great Dane Pub Fitchburg – Theodore Peterson, Agent

Maxamaya LLC, 5957 McKee Road – DBA Barriques Market – Matt R.Weygandt, Agent

CLASS "A"/"CLASS A" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

LT II, LLC, 5276 Williamsburg Way – DBA Liquor Town - Dane Clarence Hendricks,
Agent

Steve's at Orchard Pointe, 6227 McKee Road – DBA Steve's at Orchard Pointe –
Randall Wautlet, Agent

Target Corporation, 6321 Mckee Road – DBA Target Store T2106 – Jim Thomson,
Agent

Ultimate Mart, LLC, 3010 Cahill Main – DBA Copps Food Center #8182 – Andrew
Hein, Agent

White Way Holdings, Inc., 2050 CTH MM – DBA Town and Country Mart – Nirbhai S.
Pangli, Agent

CLASS "A" FERMENTED MALT BEVERAGE

Speedway, LLC, 2810 Fish Hatchery Road – DBA Speedway #4170 – Cara Dean,
Agent

12. Consideration of the Following Applications for Cigarette License:

- a. Copps #8182
- b. The Great Dane Pub
- c. Speedway #4170
- d. Steve's at Orchard Pointe
- e. Town and Country Mart

13. Staff Report- Operator license update

14. Announcements

- a. Next meeting date is June 23, 2015

15. 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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Agent

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Randall Wautlet, Agent

Target Corporation, 6321 Mckee Road – DBA Target Store T2106 – Jim Thomson,
Agent

Ultimate Mart, LLC, 3010 Cahill Main – DBA Copps Food Center #8182 – Andrew
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Agent

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13. Staff Report- Operator license update

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- a. Next meeting date is June 23, 2015

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**DRAFT MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, MAY 26, 2015
6:00 P.M.
FITCHBURG CITY HALL**

1. **Call to Order-** Chairperson Poole called the meeting to order at 6:06 p.m.
2. **Approval of Minutes** – Motion by Hartmann to approve the May 12, 2015 minutes.
Motion carried.
3. **Public Appearances – Non-Agenda Items**
4. Chairperson Poole opened **Public Hearing** for Consideration of the Following Applications for a Sound Amplification Permit at 6:07 p.m.
 - a. Erin Dischler, 902 Red Tail Ridge, Oregon, WI for a Retirement Party to be held on Saturday, June 13, 2015 from 11:00 a.m. to 9:00 p.m. at Greenfield Park, 5187 Greenfield Park Road, Fitchburg, WI with Amplified Music.
 - b. Madison4Kids, 2009 West Beltline Hwy, Suite 100, Madison, WI for a Breakfast Fundraiser to be held on Sunday, June 21, 2015 from 10:00 a.m. to 1:00 p.m. at 5927 Adams Road, Fitchburg, WI with Amplified Music.
 - c. Mark Gross, 5845 DeVoro Rd, Fitchburg WI for a Graduation Party to be held on Friday, June 12, 2015 from 8:00 a.m. to 10:00 p.m. at 5845 DeVoro Rd, Fitchburg WI Amplified Live Music.

Mark Gross was present and spoke regarding the graduation event.

Public Hearing closed at 6:09 p.m. Motion by Hartmann to **approve** all sound permits.
Motion carried.

5. **Staff Report- Operator license update** - Anderson reported 13 applications were approved by the Clerk's office (8 renewals, 5 new).
6. Motion by Hartmann to **table** the Operator License Needing Special Attention **until the June 9th meeting to allow the applicant an opportunity to update her application.** (Annette White – N)

Annette White was present and answered questions. Sanora Steva was present and spoke supporting Annette White.

There was discussion regarding the recommendation by the Police Department for denial of the license. After discussion, the committee requested the applicant properly complete a new application for consideration at the June 9th meeting.

7. **Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are renewal applications.**

CLASS "B"/"CLASS B" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Monkeyshines, Inc., 6209 McKee Road - DBA Monkeyshines - William G McMahan, Agent

Quivey's Grove, Inc., 6261 Nesbitt Road – DBA Quivey's Grove, Inc. – James C. Kuenning – Agent

CLASS "B" FERMENTED MALT BEVERAGE RETAIL LICENSE AND RESERVE "CLASS B" INTOXICATING LIQUOR RETAIL LICENSE

Artful Escapes, LLC, 3000 Cahill Main #214 – DBA Artful Escapes – Arlene K. Welcher, Agent

Badger Columbus Club, LLC, 5256 Verona Road – DBA Knights of Columbus Council 4527 – Daniel William Kelly, Agent

Fitchburg Flying Hound, LLC, 6317 McKee Road Suite 300 – DBA The Flying Hound Alehouse – Timothy Gilbert Thompson, Agent

Hy-Vee, Inc., 2920 Fitchrona Road – DBA Hy-Vee – Lucas Glasgon, Agent

Laredos Mexican Restaurant, Inc., 2935 S. Fish Hatchery Road – DBA Laredos Mexican Restaurant – Jose J. Onate, Agent

Pancake Café Fitchburg, LLC, 6220 Nesbitt Road – DBA Pancake Café Fitchburg, LLC – Gary L. Tierman, Agent

Pounders, LLC, 6285 Nesbitt Road – DBA Ten Pin Alley – William E. Pounders Jr, Agent

Two Dollars, LLC, 2685 Research Park Drive #200 – DBA Atomic Koi Cocktail Lounge – Hawk Sullivan, Agent

CLASS "B" FERMENTED MALT BEVERAGE

Break Away Sports Center, Inc., 5964 Executive Drive - DBA Break Away Sports Center Inc.- Mathew John Lombardino, Agent

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

Haveli Restaurant, Inc., 5957 McKee Road, #108 – DBA Haveli Restaurant – Sital Singh, Agent

Nine Springs G.C. LLC, 2201 Traceway Drive - DBA Nine Springs Golf Course – Daniel J. Larsen, Agent

Raw Green, LLC, 6250 Nesbitt Road – DBA True Coffee Roasters – Britton Wiedemann, Agent

The Noodle Shop Company-Wisconsin, Inc., 2981 Triverton Pike Drive - DBA Noodles & Company – Larissa Mathes, Agent

CLASS "A"/"CLASS A" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Aldi, Inc., 6261 McKee Road – DBA Aldi #04 – Matthew J. Hosch, Agent

DSPC Inc., 3064 Fish Hatchery Road – DBA Neil's Liquor – Bill O'Connell, Agent

Francois Oil Company Inc., 2770 S. Syene Road – DBA Syene Depot/The Station #119 – Steve J. Merry, Agent

Kelley Williamson Co., 2956 Fish Hatchery Road – DBA Mobil Mart – Suzanne Dorsey-Sterling, Agent

PDQ Food Stores, Inc., 6133 McKee Road - DBA PDQ Store #128 – Phillip J. Troia, Agent

CLASS “A” FERMENTED MALT BEVERAGE

La Hispana, LLC, 3060 Fish Hatchery Road – DBA La Hispana, LLC. – Lid H. Tejeda, Agent

PDQ Food Stores, Inc., 5280 Williamsburg Way - DBA PDQ Store #111 - Phillip J. Troia, Agent

PDQ Food Stores, Inc., 6208 McKee Road - DBA PDQ Store #131 – Phillip J. Troia, Agent

Stop-N-Go of Madison, Inc., 2932 Fish Hatchery Road - DBA Stop-N-Go #285 – Andrew J. Bowman, Agent

“CLASS C” RETAILERS’ LICENSE FOR THE SALE OF WINE

Candle Tray, LLC, 2685 Research Park Drive #100 – DBA The Roman Candle Pizzeria – James Ember, Agent

Choke Dee, LLC, 3050 Cahill Main #4 - DBA Curry In The Box – Saengrawee Pratoomtong, Agent

Haveli Restaurant, Inc., 5957 McKee Road #108 – DBA Haveli Restaurant – Sital Singh, Agent

Raw Green, LLC, 6250 Nesbitt Road – DBA True Coffee Roasters – Britton Wiedemann, Agent

The Noodle Shop Company-Wisconsin, Inc., 2981 Triverton Pike Drive - DBA Noodles & Company – Larissa Mathes, Agent

Motion by Hartmann to **approve** renewal alcohol licenses as listed, contingent upon payment of all fees owed to the City. **Motion carried.**

8. Consideration of the Following Applications for Cigarette License:

- a. Hy-Vee
- b. La Hispana
- c. Mobil Mart
- d. Monkeyshines
- e. Neil’s Liquor
- f. PDQ Store #128
- g. PDQ Store #111
- h. PDQ Store #131
- i. Stop-N-Go #285
- j. Syene Depot/The Station #119
- k. Walgreens #05087

Motion by Gonzalez to **approve** cigarette licenses as listed, contingent upon payment of all fees owed to the City. **Motion carried.**

9. Motion by Gonzalez to approve Ordinance 2015-O-13 To Amend Chapter 70, Sec. 70-309 – Forfeitures Schedule. **Motion carried.**

10. Announcements

- a. Next meeting date is June 9, 2015

11. Motion by Gonzalez to **adjourn.**
Time 6:40 p.m.

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copy

IN THE CITY OF FITCHBURG
DANE COUNTY,
STATE OF WISCONSIN
BEFORE THE PUBLIC SAFETY AND HUMAN SERVICES
COMMITTEE

**CITY OF FITCHBURG,
OFFICE OF THE CITY CLERK**
5520 Lacy Road
Fitchburg, WI 53711-5318

Plaintiff,

vs.

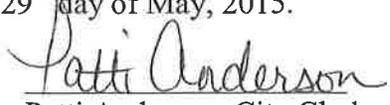
**CLS HOLDINGS, LTD
dba PICASSO'S**
c/o Registered Agent, Chadwick Leppien
5266 Williamsburg Way
Fitchburg, WI 53719

Respondent.

SUMMONS

To the Respondent, CLS Holdings, LTD dba Picasso's, please take notice that pursuant to Wisconsin Statutes §125.12(2)(ar) you are hereby commanded to appear before the Public Safety and Human Services Committee of the Common Council for the City of Fitchburg at 5520 Lacy Road, Fitchburg, Wisconsin, on June 9, 2015, at 6:00 p.m. or as soon thereafter as this matter may be heard and show cause why your liquor license should not be non-renewed. A copy of the complaint which was filed against you is attached.

Dated in Fitchburg, Wisconsin this 29th day of May, 2015.


Patti Anderson, City Clerk
City of Fitchburg

Y

**IN THE CITY OF FITCHBURG
DANE COUNTY,
STATE OF WISCONSIN
BEFORE THE PUBLIC SAFETY AND HUMAN SERVICES
COMMITTEE**

**CITY OF FITCHBURG,
OFFICE OF THE CITY CLERK**
5520 Lacy Road
Fitchburg, WI 53711-5318

Plaintiff,

vs.

**CLS HOLDINGS, LTD
dba PICASSO'S**
c/o Registered Agent, Chadwick Leppien
5266 Williamsburg Way
Fitchburg, WI 53719

Respondent.

COMPLAINT

On June 9, 2015, at 6:00 p.m., the Public Safety and Human Service Committee of the Common Council for the City of Fitchburg, Wisconsin, will meet at Fitchburg City Hall, 5520 Lacy Road, Fitchburg, Wisconsin, at which time the City Clerk will ask the committee to recommend to the Common Council that it non-renew the liquor license issued to CLS Holdings, LTD dba Picasso's in the event CLS Holdings, LTD dba Picasso's is not current with payment of taxes and fees owed to the City on July 1, 2015.

REASONS FOR INTENDED ACTION

- 1.) CLS Holdings, LTD. dba Picasso's has not paid personal property tax, utility or renewal fees. On July 1, 2015 CLS Holdings, LTD. dba Picasso's is set for renewal. City of Fitchburg ordinance 60-34(11) requires all taxes and fees owing to the City be paid as a condition for renewal.

RECOMMENDATION

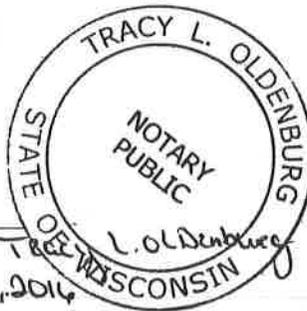
The City Clerk hereby recommends CLS Holdings, LTD. dba Picasso's liquor license be non-renewed in the event they have not paid personal property tax, utility and renewal fees as of 4:30 p.m. on June 30, 2015.

Dated in Fitchburg, Wisconsin this 29th day of May, 2015.

Patti Anderson
Patti Anderson, City Clerk
City of Fitchburg

Subscribed and sworn to before me
this 29th day of May, 2015.

Tracy L. Oldenburg
Tracy Oldenburg, Notary Public
My commission expires on Dec. 18, 2014





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I RODERICK NITZSCHE, Police Officer with the City of Fitchburg certify that I served the attached Summons & Complaint on

CLS HOLDINGS, LTD
dba PICASSO'S
c/o Registered Agent, Chadwick Leppien
5266 Williamsburg Way
Fitchburg, WI 53719

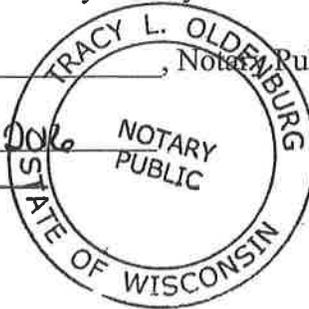
to appear at the City of Fitchburg Public Safety Meeting on Tuesday, June 9, 2015 at 6:00 p.m.

Signed: [Signature] Police Officer

Subscribed and sworn before me this 29th Day of May 2015

Tracy L. Oldenburg, Notary Public, Wisconsin

My commission expires Dec. 18, 2016





CITY OF FITCHBURG
Operator License Application
(2 Year License) - Expires June 30 of every odd year

\$85.⁰⁰

<input checked="" type="checkbox"/> New \$70	Date Rec'd: <u>5/6/15</u>	Cash <input checked="" type="checkbox"/>	Check # _____
<input type="checkbox"/> Renewal \$70	Receipt # <u>1.009425</u>		
<input checked="" type="checkbox"/> Provisional \$15	Applicant Rec'd City Policy Guidelines: <u>0</u>		

Note: Application fee will **NOT** be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Annette MARIA White Sex M (F)
First Middle Last

Address: 1906 Greenway Cross #6 Phone: (608) 665-3928
 City: Madison WI State: WI Zip: 53713 Date of Birth: _____
 How long have you lived at above address? 5 In WI 23 Driver's Lic. # _____
 Former Names: _____ Place of Employment: Stop N Go

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To

2. Have you ever been convicted of a felony? Yes (No)

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

a) Any underage alcohol violation?	YES	<u>(NO)</u>
b) Operating a motor vehicle while intoxicated?	YES	<u>(NO)</u>
c) Selling or furnishing alcoholic beverages to underage person?	YES	<u>(NO)</u>
d) Permitting underage person on licensed premises?	YES	<u>(NO)</u>
e) Allowing persons on licensed premises after closing?	YES	<u>(NO)</u>
f) Any alcohol related violation other than a, b, c, d, and e?	YES	<u>(NO)</u>
g) Sale or possession of drugs of any kind?	YES	<u>(NO)</u>
h) Fighting, disorderly conduct, assault, or battery?	YES	<u>(NO)</u>
i) Resisting arrest or obstructing an officer?	YES	<u>(NO)</u>

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

5. Within the last two (2) years, did you have or complete one of the following:

<input checked="" type="checkbox"/> Successfully completed a Responsible Alcohol Servers Course	<input type="checkbox"/> Completion of alcohol assessment program - attached
<input type="checkbox"/> Held an Operator's License issued in Wisconsin	<input type="checkbox"/> An alcohol agent for a retail alcohol license
	<input type="checkbox"/> The sole proprietor of retail alcohol license

6. **CERTIFICATION:** 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.

Signature: Annette White
 Printed Name: ANNETTE Date: 5/5/15

INVESTIGATION: Case # 15-7940 Date: 5-14-15 APPROVED / DENIED (DENIED)
 Police Department Signature: Darin White Denied based on guideline # 106



CITY OF FITCHBURG

Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 19, 2015

ANNETTE WHITE
1906 GREENWAY CROSS #6
MADISON WI 53713

This letter is to inform you that your recent Application for Operators License was denied by the Police Department based on Guideline #1 & Guideline #2. It will be put on the **Tuesday, May 26, 2015** Agenda for Public Safety & Human Services. If you wish to address this denial, the meeting will be held at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI Tuesday, May 26, 2015 at 6:00 p.m.

Guideline 1. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of any felony, unless duly pardoned, does not qualify for an alcohol beverage license. (To the extent the other guidelines reference a specific offense, this guideline shall apply if the offense constitutes a felony.)

Guideline 2. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of, released from incarceration in a State or Federal Prison System, or a county jail for, or released from parole or probation status, or has a current charge pending, for two (2) or more offenses, **arising out of separate incidents**, within the last ten (10) years in the following subcategories, does not qualify for an alcohol beverage license:

- (a) Violent crimes against the person of another, including but not limited to homicide, aggravated battery, sexual assault, injury by negligent use of a weapon, injury by negligent use of a vehicle, or injury by intoxicated use of a vehicle.
- (b) Crimes involving cooperation (or lack thereof) with law enforcement officials, including but not limited to, obstructing a police officer, resisting arrest, bribery of public officers or employees, misconduct in public office, bomb scares, or acts or threats of terrorism.
- (c) Manufacturing, distributing, delivering a controlled substance or a controlled substance analog; possessing with intent to manufacture, distribute or deliver, a controlled substance or a controlled substance analog.

Please contact our office at 270-4200 if you have any questions.

Sincerely,
Clerk's Office
City of Fitchburg

cc: Stop-N-Go



CITY OF FITCHBURG
Temporary Operator License Application
 For one (1) to fourteen (14) consecutive days. One (1) per calendar year

Temporary \$10 Date Rec'd: 4-27-15 Cash Check # _____
 Receipt # 1-9599
 Applicant Rec'd City Policy Guidelines: _____

Note: Application fee will **NOT** be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: JOHN P DARLING Sex M F
First Middle Last
 Address: 5481 IRISK LN Phone: 608 692 5375
 City: FITCHBURG State: WI Zip: 53711

Driver's License # _____ Date of Birth _____

Have you held a temporary license this year? Yes No

Sponsoring Organization: FITCHBURG LEAGUE CLUB
 Event: CONCERTS IN MCKEE PARK Event Date(s) 6/15 7/20 8/17

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

- a) Any underage alcohol violation? YES NO
- b) Operating a motor vehicle while intoxicated? YES NO
- c) Selling or furnishing alcoholic beverages to underage person? YES NO
- d) Permitting underage person on licensed premises? YES NO
- e) Allowing persons on licensed premises after closing? YES NO
- f) Any alcohol related violation other than a, b, c, d, and e? YES NO
- g) Sale or possession of drugs of any kind? YES NO
- h) Fighting, disorderly conduct, assault, or battery? YES NO
- i) Resisting arrest or obstructing an officer? YES NO

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

5. CERTIFICATION: 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.

Signature: John P. Darling

Printed Name: JOHN P DARLING Date: 04/26/2015

INVESTIGATION: Case # 15-7238 Date: 4-30-15
 Police Department Signature: [Signature] APPROVED / DENIED
 Denied-based on guideline # _____



CITY OF FITCHBURG
Temporary Operator License Application
 For one (1) to fourteen (14) consecutive days. One (1) per calendar year

Temporary \$10

Date Rec'd: 4-24-15 Cash Check # _____
 Receipt # 1-9579
 Applicant Rec'd City Policy Guidelines: _____

Note: Application fee will **NOT** be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL.**

1. Legal Name: Janice C. Kilby Sex M **F**
First Middle Last

Address: 1008 A N. Sunnyvale Ln Phone: 608-669-6014
 City: Madison State: WI Zip: 53713
 Driver's License # _____ Date of Birth _____

Have you held a temporary license this year? Yes No **(No)**

Sponsoring Organization: Fitchburg Lions Club
 Event: Concerts in McKee Park Event Date(s) 6-15, 7-20, 8-17, 2015

2. Have you ever been convicted of a felony? Yes No **(No)**

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

- a) Any underage alcohol violation? YES NO **(NO)**
- b) Operating a motor vehicle while intoxicated? YES NO **(NO)**
- c) Selling or furnishing alcoholic beverages to underage person? YES NO **(NO)**
- d) Permitting underage person on licensed premises? YES NO **(NO)**
- e) Allowing persons on licensed premises after closing? YES NO **(NO)**
- f) Any alcohol related violation other than a, b, c, d, and e? YES NO **(NO)**
- g) Sale or possession of drugs of any kind? YES NO **(NO)**
- h) Fighting, disorderly conduct, assault, or battery? YES NO **(NO)**
- i) Resisting arrest or obstructing an officer? YES NO **(NO)**

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
N/A			

5. **CERTIFICATION:** 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.

Signature: Janice Kilby

Printed Name: Janice Kilby

Date: 4-26-2015

INVESTIGATION: Case # 15-7335 Date: 4-30-15

Police Department Signature: [Signature]

APPROVED **DENIED**
 Denied based on guideline # _____



CITY OF FITCHBURG
Temporary Operator License Application
 For one (1) to fourteen (14) consecutive days. One (1) per calendar year

Temporary \$10

Date Rec'd: 4-27-15 Cash Check # _____
 Receipt # 19579
 Applicant Rec'd City Policy Guidelines: _____

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Thomas D Rasmussen Sex M F
First Middle Last

Address: 409 Lone Oak Dr Phone: 920 713 4896
 City: MADISON State: WI Zip: 53713
 Driver's License # _____ Date of Birth 1 / 1 / _____

Have you held a temporary license this year? Yes No

Sponsoring Organization: Fitchburg Lions Club
 Event: Concert @ N. Y. Park Event Date(s) 6/15 7/20 8/17

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

- a) Any underage alcohol violation? YES NO
- b) Operating a motor vehicle while intoxicated? YES NO
- c) Selling or furnishing alcoholic beverages to underage person? YES NO
- d) Permitting underage person on licensed premises? YES NO
- e) Allowing persons on licensed premises after closing? YES NO
- f) Any alcohol related violation other than a, b, c, d, and e? YES NO
- g) Sale or possession of drugs of any kind? YES NO
- h) Fighting, disorderly conduct, assault, or battery? YES NO
- i) Resisting arrest or obstructing an officer? YES NO

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

5. **CERTIFICATION:** 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.

Signature: Thomas D Rasmussen

Printed Name: THOMAS D RASMUSSEN Date: 04/26/2015

INVESTIGATION: Case # 15-7333 Date: 4-30-15 APPROVED / DENIED DENIED

Police Department Signature: Dina Miller Denied based on guideline # _____



Fitchburg

CITY OF FITCHBURG

Temporary Operator License Application

For one (1) to fourteen (14) consecutive days. One (1) per calendar year

Temporary \$10

Date Rec'd: 4-27-15 Cash Check # 9322
Receipt # 1-9578

Applicant Rec'd City Policy Guidelines: _____

Note: Application fee will NOT be refunded if denied or withdrawn. A Police check will be completed. Please read carefully and answer honestly. Falsification and/or misrepresentation may be grounds for denial of license/permit. **APPLICANT CANNOT REAPPLY FOR A 6 MONTH PERIOD FROM DATE OF DENIAL**

1. Legal Name: Maggie L Wysocki Sex M F
Address: 2820 Mickelson Pkwy #204 Phone: 608-320-2014
City: Fitchburg State: WI Zip: 53711

Driver's License # [REDACTED] Date of Birth [REDACTED]

Have you held a temporary license this year? Yes No

Sponsoring Organization: Lions Club of Fitchburg
Event: Concerts in McKee Park Event Date(s): 6/15 ; 7/20 ; 8/17

2. Have you ever been convicted of a felony? Yes No

3. Within the past ten (10) years, have you been arrested for, received a summons to appear in court for, or paid a fine for any of the following?

- a) Any underage alcohol violation? YES NO
- b) Operating a motor vehicle while intoxicated? YES NO
- c) Selling or furnishing alcoholic beverages to underage person? YES NO
- d) Permitting underage person on licensed premises? YES NO
- e) Allowing persons on licensed premises after closing? YES NO
- f) Any alcohol related violation other than a, b, c, d, and e? YES NO
- g) Sale or possession of drugs of any kind? YES NO
- h) Fighting, disorderly conduct, assault, or battery? YES NO
- i) Resisting arrest or obstructing an officer? YES NO

4. For each YES response in #3, you must identify all violations below. Attach additional sheets if necessary or continue on the back of this application. For OWI charge in the last 2 years, proof of alcohol assessment program required.

Type of Arrest, Summons, Violation or Charge	Month/Year	City	State

5. CERTIFICATION: 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.

Signature: Maggie Wysocki

Printed Name: Maggie L. Wysocki

Date: 04/27/2015

INVESTIGATION: Case # 15-7334 Date: 4-30-15

APPROVED DENIED

Police Department Signature: [Signature]

Denied based on guideline # _____

APPLICATION FOR TEMPORARY CLASS "B"/"CLASS B" RETAILER'S LICENSE

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 4-27-15

Town Village City of Fitchburg County of Dane

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 5:30 and ending 8:30 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. ORGANIZATION (check appropriate box) Bona fide Club Church Lodge/Society Veteran's Organization Fair Association

(a) Name Fitchburg Lions Club

(b) Address 2523 Targhee St. (Street) Town Village City

(c) Date organized Jan. 20, 1984

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: X

(f) Names and addresses of all officers:

President Janice M.C. Kilby DOB: [redacted]

Vice President Shawn M.W. Pfaff DOB: [redacted]

Secretary Thomas M. B. Rasmussen DOB: [redacted]

Treasurer Roger M.L. Tesch DOB: [redacted]

(g) Name and address of manager or person in charge of affair: Alice M. P. Jensen DOB: [redacted]
alicejenson6@gmail.com PHONE: 273-2991 EMAIL:

2. LOCATION OF PREMISES WHERE BEER AND/OR WINE WILL BE SOLD:

(a) Street number 2930 Chapel Valley Rd. McKee Farms Park

(b) Lot Block

(c) Do premises occupy all or part of building? None

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: MUST PROVIDE SKETCH OF SERVING AREA WITH THIS APPLICATION

3. NAME OF EVENT

(a) List name of the event Concerts @ McKee # Years for Event:

(b) Dates of event June 15 - July 20 Aug. 17, 2015 # of Bartender/Server: 4

(c) Times for event 6:00 to 8:30 DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Janice Kilby 4-26-2015 (Signature/date)

Officer Roger Lancel Tesch 4/26/2015 (Signature/date)

Date Filed with Clerk 4-27-15 Rec # 1-9579

Date Granted by Council

Officer Thomas D Rasmussen 4/26/15 (Signature/date)

Officer Shawn W Pfaff 4/26/15 (Signature/date)

Date Reported to Council or Board June 9, 2015 BSHS.

License No.

Chapel Valley Rd

Spook Pot

Park Lt.

Park Lt.

Beer

Pile Ground

Tracy Oldenburg

From: Chad Brecklin
Sent: Tuesday, June 02, 2015 12:32 PM
To: Tracy Oldenburg
Subject: Concerts at McKee

The police department has reviewed the details of Concerts at McKee and has no concerns. Please let me know if you have any questions.

Regards,

Chad

Chad A. Brecklin
Lieutenant
City of Fitchburg Police
5520 Lacy Road
Fitchburg, WI 53711
608-270-4361

Tracy Oldenburg

Subject: FW: Pre-meet for Alcohol at Concerts @ McKee
Location: CH_Conference_Room

Start: Thu 5/21/2015 9:45 AM
End: Thu 5/21/2015 10:00 AM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Tracy Oldenburg

Hi Tracy,

The Park Department has no concerns regarding this event.

Thank you.

-----Original Appointment-----

From: Tracy Oldenburg
Sent: Tuesday, April 28, 2015 9:15 AM
To: Tracy Oldenburg; Scott Endl; Chad Brecklin; 'alicejenson6@gmail.com'; akinderman@fitchburgchamber.com
Subject: Pre-meet for Alcohol at Concerts @ McKee
When: Thursday, May 21, 2015 9:45 AM-10:00 AM (UTC-06:00) Central Time (US & Canada).
Where: CH_Conference_Room

I have scheduled a Pre-Meet for the Alcohol Portion of Concerts @ McKee for Thursday, May 21st at 9:45 a.m. in the Conference Room here at City Hall. Please let me know if you are unable to make this date and time.

Thank you

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, June 9, 2015 at 6:00 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:

Fitchburg Chamber, 5540 Research Park Drive, Fitchburg, WI for Concerts at McKee Farms Park to be held Monday, June 15, July 20 and August 17, 2015 from 6:00 p.m. to 9:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Live Music

Tiffani and Mike Roltgen, 5936 Schumann Drive, Fitchburg, WI for a Housewarming Party to be held on Saturday, June 20, 2015 from 2:30 p.m. to 4:30 p.m. at 5936 Schumann Drive, Fitchburg, WI with Amplified Live Music



Jamie and Tye Gribb, 2915 S. Syene Road, Fitchburg, WI for a Neighborhood Party to be held on Saturday, June 20, 2015 from 5:30 p.m. to 9:30 p.m. at 2915 S. Syene Road, Fitchburg, WI with Amplified Live Music

Seminole Pool & Tennis Association, 5948 Schumann Drive, Fitchburg, WI, to hold Social Events on the following 2015 dates: June 12, and July 1, 10 from 4:30 p.m. to 9:00 p.m. June 14, from 11:00 a.m. to 3:00 p.m. June 18, *25, and July 9, *16, August 6, *13 from 6:00 p.m. to 10:00 p.m. July 16, *23, *30 from 7:00 p.m. to 8:00 p.m. July 22, *29 from 7:00 p.m. to 9:00 p.m. June 13 and July 11, 18 from 7:00 a.m. to 1:00 p.m. July 27, 28 from 6:30 a.m. to 9:00 p.m. August 2, from 4:00 p.m. to 9:00 p.m. August 7, *14 from 6:00 p.m. to 8:00 p.m. August 29, 30 from 1:00 p.m. to 4:00 p.m. September 1 from 4:00 p.m. to 6:00 p.m., at 5948 Schumann Drive, Fitchburg, WI with Speaker System and Amplified Music. Dates with asterisk * indicate a rain date

Hickory Knoll Fund, Inc. 5438 Highway M, Fitchburg, WI for a Combined Driving Horse Event to be held on Saturday, July 18 and Sunday, July 19, 2015 from 8:00 a.m. to 4:00 p.m. at Hickory Knoll Farm, 5438 Highway M, Fitchburg, WI with Speaker System

Wisconsin Ovarian Cancer Alliance, 13825 W. National Ave #103, New Berlin, WI for a Run/Walk Event to be held on Saturday, June 20, 2015 from 8:00 a.m. to Noon at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music

Patti Anderson
City Clerk

Published: May 29, 2015

*This application
has been withdrawn
Party cancelled.*



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 05/11/2015
 NAME (INDIVIDUAL OR ORGANIZATION) Fitchburg Chamber
 ADDRESS 5540 Research Park Drive
 CITY Fitchburg STATE WI ZIP 53711 PHONE # 608-288-8284
 E-MAIL ADDRESS akinderman@Fitchburgchamber.com
 DATE OF EVENT 6/15/2015 HOURS FOR SOUND: FROM 6pm TO 9pm
7/20/2015
8/17/2015
 TYPE OF EVENT Concert Series

LOCATION W/ADDRESS McKee Farms Park - 2930 Chapel Valley Rd.
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 1000
 PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED sound equipment
for bands

I, Angele Kinderman (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 [Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Clerks Dept. DATE 5-11-15 FEE \$50.00
 CASH CHECK # Rec 1-9601
 DATE PUBLISHED May 29, 15 HEARING DATE June 9, 2015
 ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:
 CC: Parks/Recreation Department



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 29, 2015

Fitchburg Chamber of Commerce
Attn: Angela Kinderman
5540 Research Park Drive
Fitchburg, WI 53711

Dear Angela,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 9, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



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 5-4-15

NAME (INDIVIDUAL OR ORGANIZATION) Tiffani and Mike Roltgen

ADDRESS 5936 Schumann Drive

CITY Fitchburg STATE WI ZIP 53711 PHONE # 608-513-9433

E-MAIL ADDRESS tiffaniroltgen@gmail.com

DATE OF EVENT 6-20-15 HOURS FOR SOUND: FROM 2:30 TO 4:30 p.m.

TYPE OF EVENT Housewarming Party

LOCATION W/ADDRESS 5936 Schumann Drive

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 150

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Amplifier with

3 mics and 2 speakers for western acoustic music act

I, Tiffani Roltgen (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 Tiffani Roltgen

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY [Signature] DATE 5/5/15 FEE \$50.00 CHECK # 3111

DATE PUBLISHED May 29, 2015 HEARING DATE June 9, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:
CC: Parks/Recreation Department



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 29, 2015

Tiffani and Mike Roltgen
5936 Schumann Drive
Fitchburg, WI 53711

Dear Tiffani,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 9, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



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 5-11-15

NAME (INDIVIDUAL OR ORGANIZATION) Seminole Pool, 5948 Schumann Drive

Mailing

ADDRESS c/o Karen Romadka 3513 Ice Ave dr. Madison 53719

CITY Madison STATE WI ZIP 5 PHONE #

E-MAIL ADDRESS Karen.romadka@gmail.com

DATE OF EVENT various - see attached HOURS FOR SOUND: FROM Please see attached TO

TYPE OF EVENT Swim/dive meet & social events

LOCATION W/ADDRESS Seminole Pool, 5948 Schumann Drive, Fitchburg, WI

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 100

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED PA System

I, Karen Romadka (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 [Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Cheeks Dept. DATE 5-11-15 FEE \$50.00 CHECK # Rec # 1-9649

DATE PUBLISHED May 29th. HEARING DATE June 9, 2015.

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:
CC: Parks/Recreation Department

✓ Sun. Jun 11th

Event Date	Rain Date*	Time of Event	Event Description
Monday, June 11th	Sunday June 10th None	11:00 am to 3:00 pm	Kick Off Family Picnic
✓ Friday, June 12 th	None	4:30pm- 9:00pm	Dive Meet – Maple Bluff
✓ Saturday, June 13 th	None	7:00am to 1:00pm	Swim Meet – Maple Bluff
✓ Thursday June 18 th	Thursday June 25 th	6:00pm- 10:00pm	Trivia Night
✓ Wednesday, July 1 st	None	4:30pm- 9:00pm	Dive Meet – Middleton
✓ Thursday July 9 th	Thursday July 16 th	6:00pm- 10:00pm	Trivia Night
✓ Friday, July 10 th	None	4:30pm- 9:00pm	Dive Meet – Parkcrest
✓ Saturday, July 11 th	None	7:00 am to 1:00pm	Swim Meet – Middleton
✓ Thursday July 16 th	July 23rd or July 30th	7:00pm-8:00pm	Water Ballet Show
✓ Saturday, July 18 th	None	7:00am to 1:00pm	Swim Meet – Hill Farm
✓ Wednesday, July 22 nd	Wednesday, July 29 th	7:00pm to 9:00pm	Glow Night (all members)
✓ Monday, July 27 th	None	6:30am to 9:00pm	All City Meet - <i>DIVE</i>
✓ Tuesday, July 28 th	None	6:30am to 9:00pm	All City Meet - <i>DIVE</i>
✓ Sunday August 2 nd	None	4:00pm to 9:00pm	Swim Team Social Event (food, music, awards)
✓ Friday August 7 th	Friday August 14 th	6:00pm-8:00pm	Ice Cream Social
✓ Thursday August 6 th	Thursday August 13 th	6:00pm- 10:00pm	Trivia Night
✓ Saturday August 29 th	None	1:00pm to 4:00pm	End of Summer Celebration
✓ Sunday August 30 th	None	1:00pm to 4:00pm	End of Summer Celebration
✓ Monday September 1	None	4:00-6:00pm	Dog Swim Closing the Pool -

Kick Off Family Picnic –Head on down to the pool from 11-3pm, or until the food runs out. Enjoy a hotdog, chips and lemonade. Bring a side or dessert to share.

Glo-Night – Come “Glo” with us at the best pool party of the summer!

All Pool Ice Cream Social! – Want to cool off on a hot summer night? Bring the family, the floaties, and a sumptuous sundae topping, we’ll supply the ice cream! Build your own sundae, and then hang out with friends!

Trivia Night - Have a hoot using Kahoot for an Adult Trivia Night!



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 29, 2015

Seminole Pool
Attn.: Karen Romadka
3513 Ice Age Drive
Madison, WI 53719

Dear Karen,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 9, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



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 March 26, 2015

NAME (INDIVIDUAL OR ORGANIZATION) Hickory Knoll Fund, Inc.

ADDRESS 5438 Highway M

CITY Fitchburg STATE WI ZIP 53575 PHONE # 608-835-0001

E-MAIL ADDRESS freiu@chorus.net

DATE OF EVENT July 18 & 19 HOURS FOR SOUND: FROM 8:00 A.M. TO 4:00 P.M.

TYPE OF EVENT Combined Driving Event

LOCATION W/ADDRESS Hickory Knoll and Frostwood Farms west of Caine Road

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 900

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED local announcements of schedule

sound does not carry off property

I, John Freiburger (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 [Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Clerk's Dept DATE 4-2-15 FEE \$50.00
CASH CHECK # 1394

Rec # 1-9378

DATE PUBLISHED May 29, 2015 HEARING DATE June 9, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:

CC: Parks/Recreation Department



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 29, 2015

Hickory Knoll Fund, Inc.
Attn: John Freiburger
5438 Highway M
Fitchburg, WI 53575

Dear John,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 9, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



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 April 6, 2015

NAME (INDIVIDUAL OR ORGANIZATION) Wisconsin Ovarian Cancer Alliance

ADDRESS 13825 W. National Ave Ste. 103

CITY New Berlin STATE WI ZIP 53151 PHONE # 262-797-7804

E-MAIL ADDRESS friends@wisconsinovariancancer.com

DATE OF EVENT June 20, 2015 HOURS FOR SOUND: FROM 8:00AM TO NOON

TYPE OF EVENT 5K run / 2 mile walk

LOCATION W/ADDRESS McKee Farms Park 2930 Chapel Valley Rd Fitchburg
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 500

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED sound system
amp. micro phone, mixer

I, Kelli Zembruski (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 Kelli Zembruski

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Cheeks Dept. DATE 4-9-15 FEE \$50.00 CHECK # 5404

DATE PUBLISHED May 29, 2015 HEARING DATE June 9, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:
CC: Parks/Recreation Department



Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
www.fitchburgwi.gov

May 29, 2015

Wisconsin Ovarian Cancer Alliance
Attn: Kelli Zemruski
13825 W. National Ave – Suite 103
New Berlin, WI 53151

Dear Kelli,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 9, 2015 at 6:00 P.M. in the Conference Room at City Hall, 5520 Lacy Road, Fitchburg, WI.

It will be necessary for you, or someone representing your organization to attend this meeting as you will need to be available to answer any questions the committee may have in regards to your event. Please arrive no later than 6:00 p.m.

If you have any questions, please give us a call at 270-4200. Thank you.

Sincerely,

Tracy Oldenburg
Deputy City Clerk
City of Fitchburg



Street Use Permit Application For Large Scale Events

(Three (3) or more City Blocks, or More than 1,200 feet)
\$60.00 NONREFUNDABLE application fee is required at time of filing

Sponsoring Agency (if applicable) Hickory Knoll Fund, Inc
Street Address: 5438 Highway M Fitchburg 53575
Web Site and e-mail address: hickoryknoll.net frei@chorus.net
Phone # 608-835-0001 **Fax #** 608-835-2156

Contact Person John Freiburger
Street address if different than above _____
E-mail address frei@chorus.net
Phone # 608-835-0001 **Fax #** 608-835-2156

Street name and block numbers (attach map and diagram) _____
Caine Road from Highway M to McGibbon field culvert

Date(s) of Closure/Use July 19 **Rain Date?** none
Hours of Closure/Use 7:30 to 1:30 **Estimated Attendance** 900

Describe Event (include time table indicating hours of set up and tear down if applicable)
use of Caine Road for competitor carriages to access McGibbon Farm portion of route
We have our own barricades, which are manned during the time closed

Additional permits are required for the following activities - applications available at the City Clerk's office:

Use of amplified music - Sound Permit – \$50
(Applicant may apply for both street & sound permits, but do not qualify for a discount)

Sale of beer and/or wine - Class "B" Picnic Beer/Wine License \$10

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 traffic control devices are required for this event, the City may have a supply available for community events. These signs and barricades are designed to be light weight to be handled easily by an adult. The sponsor of the event is responsible for picking up the required equipment and placing at the locations of the approved traffic control plan. The equipment is available at the City maintenance facility at 2373 S. Fish Hatchery Rd from 7 AM to 3 PM. **To Reserve Barricades:** Contact Community & Economic Development at joyce.frey@city.fitchburg.wi.us - please include "Special Events Barricades" in the subject line.

Signature of Applicant _____ **Date** 5-21-15
(Falsification of information will result in denial of permit)

Return completed application and \$60 application fee to:
Fitchburg City Clerk Office, 5520 Lacy Road, Fitchburg, WI 53711

DATE RECEIVED 4-2-15 CHECK # 1324 CASH _____
ACTION: APPROVED _____ DENIED _____ DATE _____
Rec # 9348



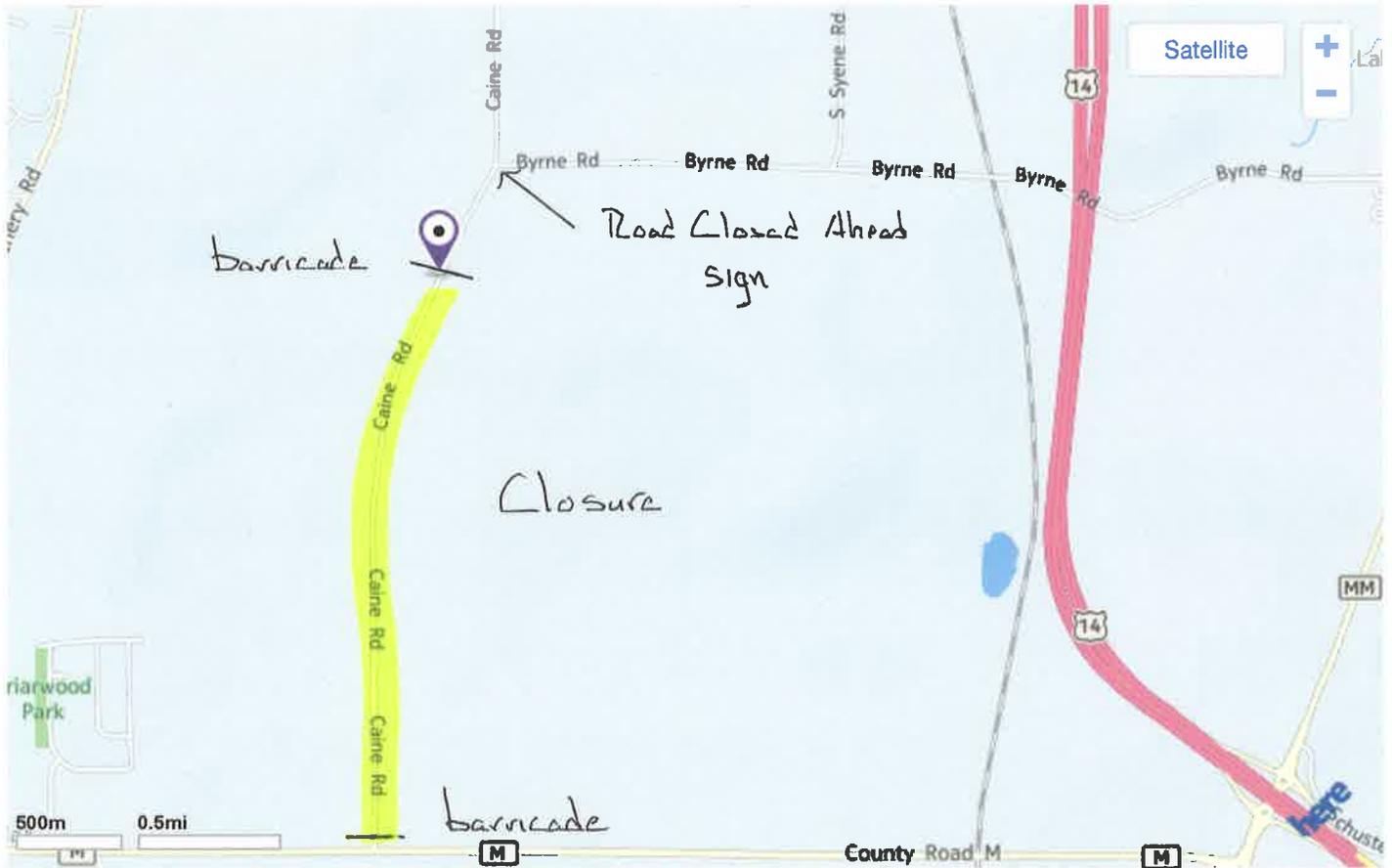
Fitchburg Wisconsin Fitchburg.TripAdvisor.com Research Fitchburg Hotels, Fitchburg Deals, and Fitchburg Attractions!

Ad



Caine Rd, Fitchburg, WI 53575

Enter notes here
255



When using any driving directions or map, it is a good idea to double check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning

Tracy Oldenburg

From: Gus VanderWegen
Sent: Thursday, May 21, 2015 11:11 AM
To: Tracy Oldenburg
Subject: RE: Street Use for Hickory Knoll

Tracy,

Public Works is OK with this event.

Gus VanderWegen, P.E.

-----Original Appointment-----

From: Tracy Oldenburg
Sent: Monday, April 27, 2015 2:17 PM
To: Tracy Oldenburg; Chad Brecklin; Gus VanderWegen; 'frei@chorus.net'
Subject: Street Use for Hickory Knoll
When: Thursday, May 21, 2015 10:15 AM-10:30 AM (UTC-06:00) Central Time (US & Canada).
Where: CH_Conference_Room

I have scheduled a Street Use meeting for the Hickory Knoll Driving Event for Thursday, May 21st at 10:15 a.m. in the Conference Room here at City Hall. Please let me know if you are unable to make this date and time.

Thank you

Tracy Oldenburg

From: Chad Brecklin
Sent: Tuesday, June 02, 2015 12:33 PM
To: Tracy Oldenburg
Subject: Hickory Knoll Driving Competition

The police department has reviewed the details of the Hickory Knoll Driving Competition and has no concerns regarding the event. Please let me know if you have any questions.

Regards,

Chad

Chad A. Brecklin
Lieutenant
City of Fitchburg Police
5520 Lacy Road
Fitchburg, WI 53711
608-270-4361



Street Use Permit Application For Large Scale Events

(Three (3) or more City Blocks, or More than 1,200 feet)
\$60.00 NONREFUNDABLE application fee is required at time of filing

Sponsoring Agency (if applicable) Wisconsin Ovarian Cancer Alliance
Street Address: 13825 W. National Ave. New Berlin, WI 53151
Web Site and e-mail address: wisconsinovariancancer.org friends@wisconsinovariancancer.com
Phone # 262-797-7804 Fax # 262-395-4457

Contact Person Kelli Zembruski
Street address if different than above _____
E-mail address kelli.zembruski@wisconsinovariancancer.org
Phone # 262-797-7804 Fax # _____
cell (414) 418-8570

Street name and block numbers (attach map and diagram) _____

Date(s) of Closure/Use June 20, 2015 Rain Date? _____
Hours of Closure/Use 8:00 AM to 11:30 AM Estimated Attendance _____

Describe Event (include time table indicating hours of set up and tear down if applicable)
5K run/2 mile walk starting & finishing in McKee Park. Registration will start at 8am Run to start at 10am. A walk will happen at the same time on the trail in McKee Park

Additional permits are required for the following activities - applications available at the City Clerk's office:

- Use of amplified music - Sound Permit - \$50
(Applicant may apply for both street & sound permits, but do not qualify for a discount)
- Sale of beer and/or wine - Class "B" Picnic Beer/Wine License \$10

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 traffic control devices are required for this event, the City may have a supply available for community events. These signs and barricades are designed to be light weight to be handled easily by an adult. The sponsor of the event is responsible for picking up the required equipment and placing at the locations of the approved traffic control plan. The equipment is available at the City maintenance facility at 2373 S. Fish Hatchery Rd from 7 AM to 3 PM. To Reserve Barricades: Contact Community & Economic Development at joyce.frey@city.fitchburg.wi.us - please include "Special Events Barricades" in the subject line.

Signature of Applicant Kelli Zembruski Date 4-8-15
(Falsification of information will result in denial of permit)

Return completed application and \$60 application fee to:
Fitchburg City Clerk Office, 5520 Lacy Road, Fitchburg, WI 53711

DATE RECEIVED 4-9-15 CHECK # 5404 CASH 1-9440
ACTION: APPROVED _____ DENIED _____ DATE _____

WOCA - MADISON

The screenshot displays a running course on the Mapmyrun website. The course is highlighted in red on a map of Madison, Wisconsin. Key landmarks include Odysseus, McKee Farms Park, Tower Hill Park, and Wildwood Park. The map shows a network of streets including S Fish Hatchery Rd, S Syene Rd, and various local roads like Odysseus Dr and McKee Farms Dr. A satellite view on the right provides a different perspective of the same area. The interface includes a sidebar with a list of streets, navigation controls, and a footer indicating map data from 2013.



Tracy Oldenburg

From: Gus VanderWegen
Sent: Thursday, May 21, 2015 11:11 AM
To: Tracy Oldenburg
Subject: RE: Street Use meeting for Ovarian Cancer

Tracy,

Public Works is OK with this event.

Gus VanderWegen, P.E.

-----Original Appointment-----

From: Tracy Oldenburg
Sent: Monday, April 27, 2015 1:59 PM
To: Tracy Oldenburg; Chad Brecklin; Scott Endl; Gus VanderWegen; 'kelli.zembruski@wisconsinovariancancer.org'
Subject: Street Use meeting for Ovarian Cancer
When: Thursday, May 21, 2015 10:00 AM-10:15 AM (UTC-06:00) Central Time (US & Canada).
Where: CH_Conference_Room

I have scheduled a Street Use meeting for the Wisconsin Ovarian Cancer Run/Walk Event for Thursday, May 21st at 10:00 a.m. in the Conference Room here at City Hall. Please let me know if you are unable to make this date and time.

Thank you

Tracy Oldenburg

From: Chad Brecklin
Sent: Tuesday, June 02, 2015 12:34 PM
To: Tracy Oldenburg
Subject: Wisconsin Ovarian Cancer Event

The police department has reviewed the details for the Wisconsin Ovarian Cancer event and has no concerns. Please let me know if you have any questions.

Regards,

Chad

Chad A. Brecklin
Lieutenant
City of Fitchburg Police
5520 Lacy Road
Fitchburg, WI 53711
608-270-4361

Tracy Oldenburg

Subject: FW: Street Use meeting for Ovarian Cancer
Location: CH_Conference_Room

Start: Thu 5/21/2015 10:00 AM
End: Thu 5/21/2015 10:15 AM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Tracy Oldenburg

Hi Tracy,

The Park Department has no concerns with this event.

Thank you.

-----Original Appointment-----

From: Tracy Oldenburg

Sent: Monday, April 27, 2015 1:59 PM

To: Tracy Oldenburg; Chad Brecklin; Scott Endl; Gus VanderWegen; 'kelli.zembruski@wisconsinovariancancer.org'

Subject: Street Use meeting for Ovarian Cancer

When: Thursday, May 21, 2015 10:00 AM-10:15 AM (UTC-06:00) Central Time (US & Canada).

Where: CH_Conference_Room

I have scheduled a Street Use meeting for the Wisconsin Ovarian Cancer Run/Walk Event for Thursday, May 21st at 10:00 a.m. in the Conference Room here at City Hall. Please let me know if you are unable to make this date and time.

Thank you

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number		456000041572003
Federal Employer Identification Number (FEIN):		_____
LICENSE REQUESTED ▶		
TYPE	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$ 100	
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input type="checkbox"/> Class B liquor	\$	
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500	
Publication fee	\$ 55	
TOTAL FEE	\$ 65500	

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Benvenuto's, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 2949 Triverton Pike Dr.
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

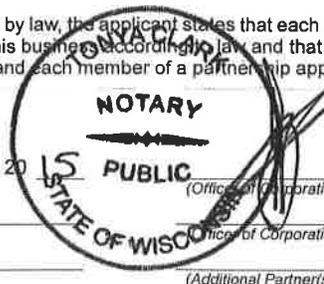
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Brian R Dominick</u>	<u>7482 Big Fork Rd</u>	<u>Three Lakes WI 54562</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Molly C Swain</u>	<u>5113 Curry Ct</u>	<u>Fitchburg WI 53711</u>

C. 1. Trade Name ▶ Benvenuto's Italian Grill Business Phone Number 608 278-7800
 2. Address of Premises ▶ 2949 Triverton Pike Dr Post Office & Zip Code ▶ Fitchburg 53711

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Restaurant w/ bar, patio, dining
- Legal description (omit if street address is given above): _____
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 6th day of April, 2015
Joyce Clark
(Clerk/Notary Public)
 My commission expires 5/27/18



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-10-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Blazin Wings, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 5500 Wayzata Blvd. Suite 1600
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Sally J. Wold</u>	<u>7001 Dublin Road, Edina, MN 55439</u>	<u>55439</u>
Vice President/Member	<u>James M. Schmidt</u>	<u>17325 25th Ave, Plymouth, MN 55447</u>	<u>55447</u>
Secretary/Member	<u>Mary J. Twinem</u>	<u>15015 44th Ave, Plymouth, MN 55447</u>	<u>55447</u>
Treasurer/Member	<u>Emily C. Decker</u>	<u>3155 Lafayette Ridge Rd., Wayzata, MN 55439</u>	<u>55439</u>
Agent	<u>Richard S. Hacker</u>	<u>738 Weald Bridge Road, Cottage Grove, WI 53527</u>	<u>53527</u>

 Directors/Managers

C. 1. Trade Name ▶ Buffalo Wild Wings Business Phone Number (608) 268-0025
 2. Address of Premises ▶ 6227 Mckee Road Post Office & Zip Code ▶ Fitchburg, 53719
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Single story bldg w/attached patio
 5. Legal description (omit if street address is given above): N/A
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
 b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. New agent - Richard S. Hacker Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

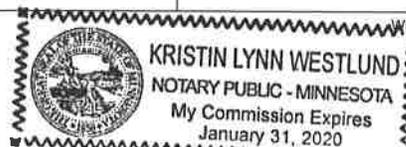
SUBSCRIBED AND SWORN TO BEFORE ME

this 14 day of April, 2015
Kristin Westlund
(Clerk/Notary Public)
 My commission expires 4/31/20

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-15</u> <u>REC 1-9499</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk



P.D.
4-2015

Applicant's WI Seller's Permit No.: <u>456000042176803</u>		FEIN Number: _____
LICENSE REQUESTED ▶		
TYPE	FEE	
<input type="checkbox"/> Class A beer	\$	
<input checked="" type="checkbox"/> Class B beer	\$ 100	
<input type="checkbox"/> Class C wine	\$	
<input type="checkbox"/> Class A liquor	\$	
<input checked="" type="checkbox"/> Class B liquor	\$ 500	
<input type="checkbox"/> Reserve Class B liquor	\$	
<input type="checkbox"/> Class B (wine only) winery	\$	
Publication fee	\$ 55	
TOTAL FEE	\$ 655	

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

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
 City

The undersigned duly authorized officer(s)/members/managers of Blazin Wings, Inc.
(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 Buffalo Wild Wings
(trade name)

located at 6227 McKee Rd Fitchburg, WI 53719

appoints Richard Hacker
(name of appointed agent)
738 Weald Bridge Rd Cottage Grove, WI 53527
(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?

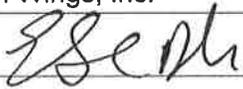
Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 52 years

Place of residence last year 738 Weald Bridge Rd Cottage Grove, WI 53527

For: Blazin Wings, Inc.
(name of corporation/organization/limited liability company)

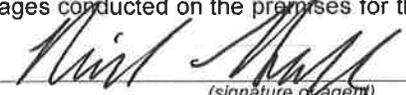
By: 
(signature of Officer/Member/Manager)

And: _____
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Richard Hacker
(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.

 4-6-15 Agent's age 52
(signature of agent) (date)
738 Weald Bridge Rd Cottage Grove, WI 53527 Date of birth 7/1/1962
(home address of agent)

**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 4-28-15 by  Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Num. <u>4560000295871082</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" type="checkbox"/> Class B liquor	\$ <u>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>655.00</u>

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ **Home Address** _____ **Post Office & Zip Code** _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company GOL LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Eliot Butler</u>	<u>3650 Lake Mendota Dr Madison</u>	<u>53705</u>
Vice President/Member	<u>Robert La Breglia</u>	<u>2783 Marshall PKwy Madison</u>	<u>53713</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Theodore H. Anderson</u>	<u>2902 Melissa Cr Fitchburg</u>	<u>53711</u>
Directors/Managers	<u>Eliot Butler</u>	_____	_____

C. 1. Trade Name Great Dane Abs - Fitchburg Business Phone Number 608 442-9000
 2. Address of Premises 2980 Canill Man Post Office & Zip Code Fitchburg 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Main bar, Dining Room, Private Dining,
5. Legal description (omit if street address is given above): Brewery, fermentation, server room, cooler
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 13th day of April, 2015
Audrey S. Jelle
(Clerk/Notary Public)
 My commission expires 9-6-15

Eliot Butler
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Robert La Breglia
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-14-15</u> <u>Rec # 1-9489</u>	Date reported to council/board _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

ok
P.D.
4-20-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of _____ Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>004000029583201</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ _____
<input checked="" type="checkbox"/> Class B beer	\$ 100
<input type="checkbox"/> Class C wine	\$ _____
<input type="checkbox"/> Class A liquor	\$ _____
<input checked="" type="checkbox"/> Class B liquor	\$ 500
<input type="checkbox"/> Reserve Class B liquor	\$ _____
Publication fee	\$ 55
TOTAL FEE	\$ 655

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)	Home Address	Post Office & Zip Code
Weygandt, Matt R	1707 Madison St Madison WI 53711	
Berge, Finn V	6824 Erdman Blvd Middleton WI 53562	

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Maxamaya LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 1825 Monroe St, Madison WI 53711

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	Matt R Weygandt	1707 Madison St Madison WI 53711	
Vice President/Member	Finn V Berge	6824 Erdman Blvd Middleton WI 53562	
Secretary/Member			
Treasurer/Member			
Agent	Matt R Weygandt	1707 Madison St Madison WI 53711	
Directors/Managers			

C.1. Trade Name Barrigues Market Business Phone Number 608/277/9463

2. Address of Premises 5957 McKee Road Post Office & Zip Code Fitchburg WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

5. Legal description (omit if street address is given above): 3500 sqft retail, approx 100 sqft patio

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of April, 20 15

Yvesenia Luco
(Clerk/Notary Public)

My commission expires 12-29-18

Matt Weygandt
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Yvesenia Luco
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company (only))



TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Receipt # 19500

4-20-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-2015 ending: 06-30-2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of Fitchburg

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Hendricks Dane Clarence 4832 Alvin Rd Sun Prairie WI 53590

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company LTI LLC DBA LIQUOR TOWN
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Dane Clarence Hendricks</u>	<u>4832 Alvin Rd</u>	<u>Sun Prairie WI 53590</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Dane Clarence Hendricks</u>	<u>4832 Alvin Rd</u>	<u>Sun Prairie WI 53590</u>
Directors/Managers	_____	_____	_____

C.1. Trade Name LIQUOR TOWN Business Phone Number 608-271-1715
 2. Address of Premises 5276 Williamsburg Way Post Office & Zip Code Fitchburg WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 4609 sq. ft. retail space, 1 walk in cooler, 2 small coolers

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No

b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.

SUBSCRIBED AND SWORN TO BEFORE ME
 this 15th day of April, 2015
Jessy J. Aldenburg
(Scribe/Notary Public)
 My commission expires DEC 18, 2016

Dane Hendricks
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>4-15-15 Rec # 1-9507</u>	Date reported to council/board
License number issued	Date license issued
	Signature of Clerk / Deputy Clerk

PK
P.D.
4-20-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }
 County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Steve's Orchard Pointe
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc, Middle Name) Home Address Post Office & Zip Code
 President/Member Randall Edward Wautlet 5236 Presevation Pl Sun Prairie, WI 53590
 Vice President/Member Joseph D Varese 6238 Inner Dr Madison, WI 53705
 Secretary/Member _____
 Treasurer/Member _____
 Agent Randall E Wautlet
 Directors/Managers _____

C. 1. Trade Name Steve's At Orchard Pointe Business Phone Number 608-442-9600
 2. Address of Premises 6227 McKee Rd Post Office & Zip Code Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All 6236 McKee Rd Suite A
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 8 day of April, 2015
Security Bell
(Clerk/Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 My commission expires 3/12/19
County of: Dane State of: WI
(Official Partner(s)/Member/Manager of Limited Liability Company if Any)



Date received and filed with municipal clerk <u>4-14-15</u> Rec # <u>16320</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ok
P.D.
4-30-15

Applicant's Wisconsin Seller's Permit Number:	456102661506103
Federal Employer Identification Number (FEIN):	_____
LICENSE REQUESTED	
<input type="checkbox"/> Class A beer	\$ FEE 250
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 55
TOTAL FEE	\$ 805

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's Wisconsin Seller's Permit Number:	456102661506103
Federal Employer Identification Number (FEIN):	██████████
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ 55
TOTAL FEE	\$ 805

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Steve's Orchard Pointe
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc, Middle Name) Home Address Post Office & Zip Code
 President/Member Randall Edward Wautlet 5236 Presevation Pl Sun Prairie, WI 53590
 Vice President/Member Joseph D Varese 6238 Inner Dr Madison, WI 53705
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Randall E Wautlet
 Directors/Managers _____

C. 1. Trade Name ▶ Steve's At Orchard Pointe Business Phone Number 608-442-9600
 2. Address of Premises ▶ 6227 McKee Rd Post Office & Zip Code ▶ Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) All 6236 McKee Rd Suite A
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 19th day of March, 20 15
Monckey Vahute
(Clerk/Notary Public)
 My commission expires 4/15/2018

Joseph D Varese
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
MACKENZIE VERKOILEN
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
Notary Public
State of Wisconsin
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2015 ending: 06/30/2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Target Corporation
 Address of Corporation/Limited Liability Company (if different from licensed premises) 33 S. 6th Street, CC-1028, Minneapolis, MN 55402
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

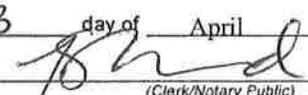
Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	See attached list.		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Jim Thomson</u>	<u>1107 Hillview Road, Black Earth, WI 53515-9767</u>	
Directors/Managers			

C. 1. Trade Name Target Store T2106 Business Phone Number 608-819-1522
 2. Address of Premises 6321 McKee Rd Post Office & Zip Code Fitchburg, WI 53719

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) within the store, 6321 McKee Rd
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 13 day of April, 20 15

 (Clerk/Notary Public)

Rachael Vega
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

My commission expires January 31, 2020

 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-15 1-9492</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning 07/01/2015 20____; ending 06/30/2016 20____;

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

Applicant's WI Seller's Permit No. <u>456102850799304</u> FEIN Number: _____	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250.00</u>
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$ _____
<input type="checkbox"/> Reserve Class B liquor	\$ _____
<input type="checkbox"/> Class B (wine only) winery	\$ _____
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>805.00</u>

1. The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ Ultimate Mart, LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Pres/Treas, Michael P Turzenski</u>	<u>4435 S Regal Manor Dr, New Berlin, WI</u>	<u>53151</u>
Vice President/Member	<u>VP, William L Dowling</u>	<u>4760 Rolling Meadow Dr, New Berlin, WI</u>	<u>53146</u>
Secretary/Member	<u>VP/Sec, Edward G Kitz</u>	<u>803 N Evergreen Circle, Hartland, WI</u>	<u>53029</u>
Treasurer/Member	_____	_____	_____
Agent	▶ <u>Andrew Hein, 5409 Joylyne Drive, Madison, WI 53716</u>		
Directors/Managers	_____		

3. Trade Name ▶ Copps #8182 Business Phone Number 608-271-2024

4. Address of Premises ▶ 3010 Cahill Main Post Office & Zip Code ▶ Fitchburg 53711

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
8. (a) **Corporate/limited liability company applicants only:** Insert state WI and date 12/17/14 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 story retail grocery and liquor

10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Ultimate Mart, LLC-under different seller's permit & FEIN
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April
Jessica M Ditscheit
 (Clerk/Notary Public)
 My commission expires 3/12/17



Edward G Kitz -VP
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Michael S -President
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: 456102827782002 | FEIN Number: [REDACTED]

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Fitchburg

County of Dane Aldermanic Dist. No. n/a (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 55
TOTAL FEE	\$ 805

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ White Way Holdings, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 4967 Highwood Cir, Middleton WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title Name (Inc. Middle Name) Home Address Post Office & Zip Code

President/Member Surinder S. Pangli, 4967 Highwood Circle, Middleton, WI 53562

Vice President/Member Nirbhai S. Pangli, 5167 Brandenburg Way, Madison, WI 53718

Secretary/Member _____

Treasurer/Member _____

Agent ▶ Nirbhai S. Pangli

Directors/Managers _____

C. 1. Trade Name ▶ Town and Country Mart Business Phone Number 608-835-1696

2. Address of Premises ▶ 2050 CTH MM, Fitchburg, WI Post Office & Zip Code ▶ 53575

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Gas Station & Conv. Store with coole

5. Legal description (omit if street address is given above): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No

b. Are charges for any offenses presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

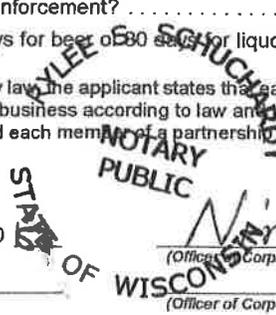
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April, 2015

[Signature]
(Clerk/Notary Public)

My commission expires 10/21/18



[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-10-15 REC# 1-9453</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

P.D.
4.20.15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. 45600004854803		FEIN Number: XXXXXXXXXX	
LICENSE REQUESTED			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	250
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input type="checkbox"/>	Class A liquor	\$	
<input type="checkbox"/>	Class B liquor	\$	
<input type="checkbox"/>	Reserve Class B liquor	\$	
<input type="checkbox"/>	Class B (wine only) winery	\$	
Publication fee		\$	55
TOTAL FEE		\$	305

For the license period beginning: 07 01 2015 ending: 06 30 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of } Fitchburg
 Village of }
 City of }

County of Dane Aldermanic Dist. No. _____ (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
Full Name(s) (Last, First and Middle Name) _____ **Home Address** _____ **Post Office & Zip Code** _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Speedway LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) POBox1580, Springfield, OH 45501
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Anthony Raymond Kenney</u>	<u>10623 Sunderland Woods Ct, Centerville, OH</u>	<u>45458</u>
Vice President/Member	<u>Glenn Michael Plumby</u>	<u>281 Southwood Trl, Beavercreek, OH</u>	<u>45440</u>
Secretary/Member	<u>David Eugene Ball</u>	<u>5560 Enon-Xenia Pk., Fairborn, OH</u>	<u>45324</u>
Treasurer/Member	<u>Ronald Louis Edmiston</u>	<u>221 Old Springfield Rd, S.Charleston, OH</u>	<u>45368</u>
Agent	<u>Cara Dean</u>	<u>808 Center Avenue, Janesville, WI</u>	<u>53548</u>

 Directors/Managers _____

- C.1. Trade Name Speedway 4170 Business Phone Number (608) 271-9779
 2. Address of Premises 2810 Fish Hatchery Rd Post Office & Zip Code Fitchburg WI 53713
 3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
 4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Gen sales area, walk in cooler, main beer sales area, one store room
 5. Legal description (omit if street address is given above): _____
 6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete reverse side** Yes No
 b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on reverse side** Yes No
 7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain.** Yes No
 8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
 9. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown under Section A or B above? [phone (608) 266-2776] Yes No
 10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
 11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law; the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME
 this 24th day of March, 2015
Katherine S. Borgwald
(Clerk/Notary Public)
 My commission expires 3/16/2017

David E. Ball David E. Ball, Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
R. L. Edmiston Ronald L. Edmiston, Treasurer
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-13-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1028507993-04

← This must be issued in the same Legal Name of the licensee below.

License Number
Period Covered
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) ULTIMATE MART, LLC			Federal Employer Identification No. (FEIN) [REDACTED]	
Trade or Business Name (if different than Legal Name) COPPS #8182			Telephone Number (608) 271-2024	
Business Address (License Location) 3010 CAHILL MAIN		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
City FITCHBURG	State WI	ZIP Code 53711	of: FITCHBURG	
Mailing Address (if different than Business Address) PO BOX 473, MS-2650			City MILWAUKEE	State WI
			ZIP Code 53201	County DANE

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 12/17/2014
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

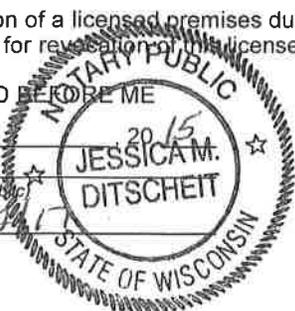
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 9th day of April

Jessica M. Ditschreit
(Clerk / Notary Public)

My commission expires 3/12/17



Edward S. Kelly - VP
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000295871-082

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>G02, LLC</u>			Federal Employer Identification No. (FEIN)		
Trade or Business Name (if different than Legal Name) <u>The Great Dane Pub - Fitchburg</u>			Telephone Number ()		
Business Address (Permit Location) <u>2980 Cahill main</u>			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone ()
City <u>Fitchburg</u>	State <u>WI</u>	ZIP Code <u>53711</u>	of: <u>Fitchburg</u>		County
Mailing Address (if different than Business Address)			City	State	ZIP Code

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) LLC

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 13th day of April, 2015
Judith S. Jelle
 (Clerk / Notary Public)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

My commission expires 9-6-15

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000048548-03

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) SPEEDWAY LLC			Federal Employer Identification No. (FEIN) ██████████	
Trade or Business Name (if different than Legal Name) SPEEDWAY 4170			Telephone Number (937) 863-7191	
Business Address (License Location) 2810 FISH HATCHERY ROAD		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (608) 271-9779
City FITCHBURG	State WI	ZIP Code 53713	of: FITCHBURG	
Mailing Address (if different than Business Address) PO BOX 1580 - LICENSE DEPT.			City SPRINGFIELD	State OH
			ZIP Code 45501	

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) LLC

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

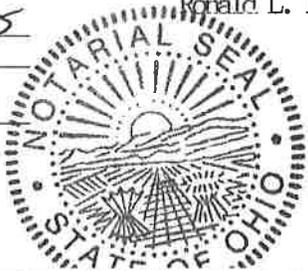
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 23RD day of March, 2015
Katherine S. Borgwald
(Clerk / Notary Public)

Ronald L. Edmiston
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Ronald L. Edmiston, Treasurer for Speedway LLC

My commission expires March 16, 2019



KATHERINE S. BORGWALD
NOTARY PUBLIC • STATE OF OHIO
My commission expires 3/16/19

Receipt # 19473

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456102661506103

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) STEVE'S ORCHARD POINTE, INC.			Federal Employer Identification No. (FEIN) ██████████		
Trade or Business Name (if different than Legal Name) STEVES AT ORCHARD POINTE			Telephone Number ()		
Business Address (Permit Location) 6227 MCKEE ROAD			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City FITCHBURG	State WI	ZIP Code 53719	Business Telephone (608) 442-9600		
Mailing Address (if different than Business Address) Application for Cigarette and Tobacco Products License			County DANE		
			State DANE		
			ZIP Code		

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 2008
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from manufacturers, distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health and Family Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products to minors?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dis/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold: over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME (understand) _____ (Officer of Court / Member/Manager of Limited Liability Company/Partner/Individual)

this 8 day of April, 2015
Serenity Bell
(Clerk / Notary Public)

My commission expires 3/12/19
County of: Dane State of: WI



Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 07/01/15-06/30/2016
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1028277820-02
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← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) WHITE WAY HOLDINGS, INC.			Federal Employer Identification No. (FEIN) ██████████		
Trade or Business Name (if different than Legal Name) TOWN AND COUNTRY MART			Telephone Number (608) 835-1696		
Business Address (License Location) 2050 CTH MM			Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		
City FITCHBURG	State WI	ZIP Code 53575	of FITCHBURG		
Mailing Address (if different than Business Address) 4967 HIGHWOOD CIRCLE			City MIDDLETON	State WI	ZIP Code 53562

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 12/11/2014
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- YES NO 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- YES NO 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (SmokeCheck.org)
- YES NO 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- YES NO 6. Does the applicant understand that they may not sell single cigarettes?
- YES NO 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- YES NO 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco/index.html may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another.

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 10 day of April, 2015

 (Clerk / Notary Public)
 My commission expires 10/21/18

