

1. Agenda

Documents: [PSHS_20150623_AG.PDF](#)

2. Complete Packet

Documents: [PSHS_20150623_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 23, 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 23, 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 – June 9, 2015**
- 3. Public Appearances – Non-Agenda Items**
- 4. Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Books and Brews, Sharanya Dayal, Mary Dilba, Michael Everson, Patrick Keller, Mary Power, Wendy Rawson, Dennis Rego, Scott Wineke and Maggie Wysoki. Bike for Boys & Girls Club, Joseph Fernhole, Matthew Hamilton, Robert Montgomery.
- 5. 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 and Wine**
 - a. Friends of the Fitchburg Library, 5530 Lacy Road, Fitchburg WI to hold Books and Brews Event on Saturday, July 11, 2015 from 6:30 p.m. to 9:30 p.m. at The Fitchburg Public Library, 5530 Lacy Road, Fitchburg, WI 53711
 - b. Boys & Girls Club of Dane County, 1818 W. Beltline Hwy, Madison, WI to hold a Charity Bike Ride on Saturday July 18, 2015 from 11:30 a.m. to 2:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI
- 6. Lucas Glasgow, Store Director for Fitchburg Hy-Vee, located at 2920 Fitchrona Road, Fitchburg, WI, has requested a change in the premise description for Friday, July 17, 2015 to allow for serving of alcohol in the east side of the parking lot for a Fundraiser Event during the hours of 4:00 p.m. to 8:00 p.m.**
- 7. Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit**
 - a. Calvary Gospel Church, 5301 Commercial Ave, Madison, WI for a Worship Service on Sunday, July 5, 2015 at Belmar Hills Park, 4600 Jenewein Road, Fitchburg, WI with Amplified Live Music from 1:30 p.m. to 3:30 p.m.

- b. Make-A-Wish Wisconsin, 1 S Pinckney Street, Suite 40, Madison, WI for a Run/Walk Event on Sunday, September 20, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 8:00 a.m. to 1:00 p.m.
- c. Realtors Association of South Central Wisconsin, 4801 Forest Run Road, Suite 101 Madison, WI for a Ghoulish Gallop 10K/5K Run/Walk on Saturday, October 17, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 7:00 a.m. to 11:00 a.m.
- d. Boys & Girls Club of Dane County, 1818 W. Beltline Hwy, Madison, WI for a Charity Bike Ride on Saturday, July 18, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 7:00 a.m. to 1:30 p.m.

8. Consideration of the Following Application for Street Use Permit

- a. Make-A-Wish Wisconsin, 1 S Pinckney Street, Suite 40, Madison, WI for a Run/Walk Event on Sunday, September 20, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI using Various Fitchburg Roads from 6:30 a.m. to 11:30 a.m.
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9. 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

Schneids LLC, 2952 Fish Hatchery Road – DBA Schneids Sports Bar & Grill – John A. Schneider, Agent

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

CLS Holdings, LTD, 5266 Williamsburg Way – DBA Picasso's – Chadwick Leppien, Agent

DTL Holdings, LLC, 2951 Triverton Pike Drive – DBA Liliana's Restaurant – David Parry Heide, Agent

Funk's, LLC, 5956 Executive Drive – DBA Funk's Pub – Jeffery J. Funk, Agent

Hatchery Hill Hotel, LLC, 2969 Cahill Main – DBA Wyndham Garden – David A. Schutz, Agent

Hatchery Hill Hotel Two, LLC, 5421 Caddis Bend – DBA Candlewood Suites – David A. Schutz, Agent

Hatchery Hill Restaurant, Inc., 3040 Cahill Main – DBA Casa del Sol – David A. Schutz, Agent

Tuscany Mediterranean Grill, LLC, 2969 Cahill Main - DBA Tuscany Mediterranean Grill – David A. Schutz, Agent

CLASS “B” FERMENTED MALT BEVERAGE

Thai Noodles, LLC, 5957 McKee Road #103 – DBA Thai Noodles – Ryan Farrell, Agent

CLASS “A” FERMENTED MALT BEVERAGE

LaConcha, LLC, 3054 Fish Hatchery Road – DBA LaConcha Bakery & Deli – Tomas Ballesta, Agent

CLASS “A”/“CLASS A” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR

Blow Dry Style Lounge, LLC, 5956 Executive Drive – DBA Blow Dry Style Lounge – Mary Lue Arvans, Agent

10. **Consideration of the Following Applications for Cigarette License:**
 - a. La Concha Bakery & Deli
11. **Staff Report- Operator license update**
12. **Announcements**
 - a. Next meeting date is July 14, 2015
13. **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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**DRAFT MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, JUNE 9, 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 Gonzalez to approve the May 26, 2015 minutes.
Motion carried.
3. **Public Appearances – Non-Agenda Items - NONE**
4. **Discuss licensing review process and other duties of PSHS Committee** – City Attorney Mark Sewell

City Attorney, Mark Sewell spoke and answered questions regarding the licensing renewal process and procedures. Mark also spoke and answered questions regarding the duties of the Public Safety Committee as outline in the City of Fitchburg Ordinances.

5. Gonzalez moved to **sustain** Clerk Anderson's formal Complaint Requesting Suspension of Alcohol Licenses for: CLS Holdings, LTD dba Picasso's
Motion carried.
6. Motion by Gonzalez to **approve all 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 to June 9, 2015 meeting)** Annette White – N;

Annette White was present and answered questions regarding her operator license application.

Motion carried.

7. Motion by Gonzalez to **approve all 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.
Motion carried.
8. Motion by Hartmann to approve **the Applications 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.
Motion carried.

9. Chairperson Poole opened **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit** at 6:28 p.m.

- 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

Angela Kinderman representing the Fitchburg Chamber of Commerce was present and answered questions regarding this years events.

- 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

Tiffani Roltgen was present and answered questions regarding their housewarming party.

- 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

Karen Romadka, representing Seminole Pool and Tennis spoke and answered questions regarding the listed dates and events.

- 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

John Freiburger was present and answered questions regarding the combined driving horse event.

- 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.

Kelli Zemruski was present and answered questions regarding the run/walk event.

Public Hearing closed at 6:39 p.m. Motion by Hartmann to **approve** all sound permits.
Motion carried.

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

John Freiburger was present and answered questions regarding the combined driving horse event.

- 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.

Kelli Zembruski was present and answered questions regarding the run/walk event.

Motion by Gonzalez to **approve** all Street Use permits.

Motion carried.

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

Motion by Gonzalez to **approve** renewal alcohol licenses as listed, contingent on all fees being paid to the City that are owed.

Motion carried.

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

Motion by Gonzalez to **approve** new cigarette licenses as listed, contingent on all fees being paid to the City that are owed.

Motion carried.

13. Staff Report- Operator license update

Anderson reported that 32 applications have been issued (31 renewals, 1 new).

Anderson also reported that calls and letters are being made to the licensed establishments as a reminder that they are all required by law to have licensed operator's on staff at all times in order to remain open for business. Currently, most establishments are inadequately licensed for the new license period beginning on July 1, 2015.

14. Announcements

a. Next meeting date is June 23, 2015

15. Motion by Hartmann to adjourn.

Time 6:56 p.m.

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CITY OF FITCHBURG

Temporary Operator License Application
(2 Year License) - Expires June 30 of every odd year

New \$70
 Renewal \$70
 Provisional \$5 + \$5 = \$10

Date Rec'd: 5-21-15 Cash Check # 1326
Receipt # 1-9796 Lic.# Issued: _____
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: SHARANYA MEENA DAYAL Sex M (F)
First Middle Last

Address: 415 N BALDWIN ST. Phone: 952-412-8985
City: MADISON State: WI Zip: 53703 Date of Birth: / /
How long have you lived at above address? AUG, 2014 In WI 9 yrs Driver's Lic. #
Former Names: _____ Place of Employment: KARBENT BREWING BEERS AND BEERS

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To
<u>214 N DICKINSON ST, MA</u>	<u>MADISON</u>	<u>WI</u>	<u>53703</u>	<u>AUG, 2012</u>	<u>AUG, 2014</u>

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	<input checked="" type="checkbox"/> NO
b) Operating a motor vehicle while intoxicated?	YES	<input checked="" type="checkbox"/> NO
c) Selling or furnishing alcoholic beverages to underage person?	YES	<input checked="" type="checkbox"/> NO
d) Permitting underage person on licensed premises?	YES	<input checked="" type="checkbox"/> NO
e) Allowing persons on licensed premises after closing?	YES	<input checked="" type="checkbox"/> NO
f) Any alcohol related violation other than a, b, c, d, and e?	YES	<input checked="" type="checkbox"/> NO
g) Sale or possession of drugs of any kind?	YES	<input checked="" type="checkbox"/> NO
h) Fighting, disorderly conduct, assault, or battery?	YES	<input checked="" type="checkbox"/> NO
i) Resisting arrest or obstructing an officer?	YES	<input checked="" type="checkbox"/> 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. Within the last two (2) years, did you have or complete one of the following:

Successfully completed a Responsible Alcohol Servers Course
 Held an Operator's License Issued in Wisconsin

Completion of alcohol assessment program - attached
 An alcohol agent for a retail alcohol license
 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: Sharanya Meena Dayal Email: meena@karben4.com
Printed Name: Sharanya Meena Dayal Date: 05/20/15

INVESTIGATION: APPROVED / DENIED
Case # 15-8612 Date: 05-24-15
Police Department Signature: P.O. [Signature] 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: 6-1-15 Cash Check # 1326
 Receipt # 1-9996

Applicant Rec'd City Policy Guidelines:

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1. Legal Name: Michael P. Everson Sex M F
First Middle Last
 Address: 206 Davidson St, Apt. 6 Phone: 608-235-1721
 City: Madison State: WI Zip: 53716

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

Have you held a temporary license this year? Yes No

Sponsoring Organization:

Event: Friends of Fitchburg Library Event Date(s) July 11

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

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Type of Arrest, Summons, Violation or Charge	Month/Year	City	State
<u>OWI</u>	<u>11-07</u>	<u>Madison</u>	<u>WI</u>

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: Mike Everson, Michael Everson

Printed Name: Michael Everson Date: 5-26-2015

INVESTIGATION: Case # 15-9205 Date: 06-03-15 APPROVED DENIED

Police Department Signature: P.O. [Signature] Denied based on guideline # _____



APPLICATION FOR TEMPORARY
OPERATORS LICENSE
CITY OF FITCHBURG

1. APPLICANT NAME Keller Patrick Alton D.O.B. [REDACTED]
Last First Middle

2. ADDRESS 1448 Daray Dr. PHONE # 608-442-9000
Oregon WI 53575
[City] [State] [Zip Code]

DriversLic.# [REDACTED]

3. ORGANIZATION Great Dame Pub + Brewing Co.
 4. EVENT Books and Brews
Friends of Fitchburg Library
[Sponsoring Organization]

DATE[s] 7/11/2015

5. HAVE YOU HAD A TEMPORARY LICENSE THIS YEAR NO

6. HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING VIOLATIONS?
BE SPECIFIC. INCLUDE TRAFFIC. CIRCLE APPROPRIATE ANSWER.

ALL FELONIES YES NO
 ALL MISDEMEANORS YES NO
 ALL TRAFFIC & LOCAL ORDINANCE OFFENSES [PAST 5 YEARS] YES NO
 ANY PENDING CITATIONS OR ARRESTS YES NO

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

BE SPECIFIC AND ATTACH ADDITIONAL PAGE IF NECESSARY

VIOLATION	DATE	LOCATION	DISPOSITION

[IF APPLICANT HAS HAD AN OWI CHARGE IN THE LAST TWO YEARS, THE APPLICANT MUST ATTEND THE NEXT MEETING OF THE PUBLIC SAFETY & HUMAN SERVICES COMMITTEE.]

7. APPROVED BY PUBLIC SAFETY & HUMAN SERVICES _____
 8. REPORTED TO COUNCIL _____
 9. APPROVED _____ DENIED _____
 10. ISSUED _____

[For one [1] to fourteen [14] consecutive days. One [1] each year.

(Over)



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

New \$70 *Temporary \$100* Date Rec'd: 5-21-15 Cash Check # 1326
 Renewal \$70 Receipt # 1-9796 Lic.# Issued: _____
 Provisional \$15 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: Mary E Power Sex M (F)
 Address: 3006 Hartwicke Dr Phone: 303 880 0547
 City: Fitchburg State: WI Zip: 53711 Date of Birth: _____
 How long have you lived at above address? 2 1/2 In WI 2 1/2 yrs Driver's Lic. # _____
 Former Names: Mary Power Anderson Place of Employment: retired Books and Beers

Prior Street Address if Above Address is Less Than 5 Years	City	State	Zip	From	To
<u>Sunset Hill Dr Lone Tree CO</u>			<u>80124</u>	<u>'86</u>	<u>'12</u>

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:

Completion of alcohol assessment program - attached

Successfully completed a Responsible Alcohol Servers Course

An alcohol agent for a retail alcohol license

Held an Operator's License issued in Wisconsin

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: Mary Power Email: skipower92@gmail.com
 Printed Name: Mary Power Date: 5/21/15

INVESTIGATION: (APPROVED) DENIED

Case # 15-8611 Date: 05-27-15

Police Department Signature: P.O. [Signature] 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: _____ Cash Check # 1326

Receipt # 1-9796

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: Wendy Williams Ransom Sex M (F)

Address: 3951 Maple Grove Dr Phone: 608-729-1704

City: Madison State: WI Zip: 53719

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

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

Sponsoring Organization: Friends of the Fitchburg Library

Event: BOOKS + Brews Event Date(s) July 11, 2015

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: [Handwritten Signature]

Printed Name: Wendy W. Ransom

Date: 4-20-15

INVESTIGATION: APPROVED / DENIED

Case # 15-6807 Date: 04-22-15

Police Department Signature: P.O. [Signature]

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: 5-20-15 Cash Check # 1326
 Receipt # 1-9796
 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: Dennis R Rego Sex M F
First Middle Last

Address: 124993 Valley Rd Phone: (603) 293-0758
 City: Ellis State: NC Zip: 53929

Driver's License: _____ Date of Birth: 1-1-1988

Have you held a temporary license this year? Yes No

Sponsoring Organization: Friends of Fitchburg Library
 Event: Books + Brews Event Date(s): 7-11-15

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: Dennis Rego

Printed Name: Dennis Rego Date: 5/14/15

INVESTIGATION: APPROVED / DENIED

Case # 15-8613 Date 05-27-15
 Police Department Signature: P.O. [Signature] Denied based on guideline # _____



CITY OF FITCHBURG

Operator License Application

Temporary #10 (2 Year License) - Expires June 30 of every odd year

- New \$70
Renewal \$70
Provisional \$15

Date Rec'd 5-21-15 Cash [] Check # 1326
Receipt # 1-9796 Lic.# Issued:
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: 608-780-2014
City: Fitchburg State: WI Zip: 53711 Date of Birth:
How long have you lived at above address? 16 mo. In WI all but 5 yrs Driver's Lic. #
Former Names: Marlene L Wysocki Place of Employment: Retired Brooks and Brews

Table with 6 columns: Prior Street Address if Above Address is Less Than 5 Years, City, State, Zip, From, To. Includes entries for Plantation, FL and Fitchburg, WI.

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

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

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.

Table with 4 columns: 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:
[] Completion of alcohol assessment program - attached
[] Successfully completed a Responsible Alcohol Servers Course
[] An alcohol agent for a retail alcohol license
[] Held an Operator's License issued in Wisconsin
[] 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 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 Email: mwysocki2@yahoo.com
Printed Name: Maggie L Wysocki Date: 5/21/2015

INVESTIGATION: APPROVED [X] DENIED []
Case # 15-8610 Date: 05-25-15
Police Department Signature: P.O. [Signature] 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: 5-21-15
Cash
Check # CC
Receipt # 1-9715
Lic. # Issued
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: JOSEPH R FERNHOLE
Address: 562 S. SEGOE RD
City: MADISON State: WI Zip: 53711
Driver's License #
Date of Birth

Have you held a temporary license this year? Yes No

Sponsoring Organization:

Event: Bike for Boys + Girls Event Date(s): July 18, 2015

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.

Table with 4 columns: Type of Arrest, Summons, Violation or Charge; Month/Year; City; State. Rows include DUI and D.C. with dates in March 2013 and Madison, WI.

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: [Handwritten Signature] E-mail: N/A

Printed Name: JOSEPH R FERNHOLE Date: 5/6/15

INVESTIGATION: Case # 15-8614 Date 05-25-15 APPROVED / DENIED
Police Department Signature: P.D. 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: 5-21-15 Cash [] Check # []
Receipt # 1-9715 Lic. # Issued []
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: Matthew Robert Hamilton
Address: 2 Langdon St. #15
City: Madison State: WI Zip: 53703
Phone: (608) 642-8260
Driver's License # [redacted] Date of Birth [redacted]

Have you held a temporary license this year? Yes [] No [X]

Sponsoring Organization: Boys & Girls Club

Event: Bike 4BGC Event Date(s): July 18, 2015

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

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

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.

Table with 4 columns: 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: [Handwritten Signature] E-mail: mhamilton@edgewood.edu

Printed Name: Matt Hamilton Date: 5/6/15

INVESTIGATION: Case # 15-8615 Date: 05-25-15 APPROVED / DENIED
Police Department Signature: [Signature] 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: 6-8-15 Cash Check # CC
 Receipt # 1-9811 Lic. # Issued _____
 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: Robert Montgomery Sex M F

First Middle Last

Address: 709 Odana Lane Phone: 608-661-4761
 City: Madison State: IL Zip: 53711

Driver's License # _____ Date of Birth / /

Have you held a temporary license this year? Yes No

Sponsoring Organization: Boys & Girls Club of Dane County
 Event: Bike for Boys & Girls Club Event Date(s) 7/18/2015

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

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: [Handwritten Signature] E-mail: rmontgomery@bgcdc.org
 Printed Name: Robert Montgomery Date: 6/3/2015

INVESTIGATION: Case # 15-9666 Date: 6-9-15
 Police Department Signature: [Handwritten Signature] **APPROVED** DENIED
 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: 3-10-15

Town Village City of Fitchburg County of Dane

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

[X] A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

[X] 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 6:30 pm and ending 9:30 pm 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) [X] Bona fide Club [] Church [] Lodge/Society [] Veteran's Organization [] Fair Association

(a) Name Friends of the Fitchburg Library

(b) Address 5530 Lacy Road Fitchburg, WI 53711

(c) Date organized 2008

(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 Alice MI. Y Jenson DOB: [redacted]

Vice President ANN MI. L. Koski DOB: [redacted]

Secretary Nicolette MI. J. Troia DOB: [redacted]

Treasurer Karen MI. L. Grimmer DOB: [redacted]

(g) Name and address of manager or person in charge of affair: MARY MI. E. Power DOB: [redacted] PHONE: 608-298-7702 EMAIL: skipower92@gmail.com

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

(a) Street number 5530 Lacy Road Fitchburg, WI 53711

(b) Lot Block

(c) Do premises occupy all or part of building? Fitchburg Public Library

(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 attached

3. NAME OF EVENT

(a) List name of the event Books and Beers # Years for Event: 1st year

(b) Dates of event July 11, 2015 # of Bartender/Server: 6

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.

Friends of the Fitchburg Library (Name of Organization)

Officer Alice Y. Jenson - Pres / 2-14-15 (Signature/date)

Officer (Signature/date)

Officer Ann L Koski - VP / 2-14-15 (Signature/date)

Officer Nicolette J Troia - Secretary 2/14/15 (Signature/date)

Date Filed with Clerk 3-10-15 Rec # 1-9223

Date Reported to Council or Board June 9, 2015

Date Granted by Council

License No.

BOOKS + Brews

7-11-15



LIBRARY

- A. Information
- B. Check Out
- C. Copy Center & Vending
- D. Restrooms
- E. Book Return

COLLECTIONS

- F. New Books
- G. Fiction
- H. Media
- K. Teens
- L. Teen Study Room
- M. Children's Library
- N. Storytime Room
- O. Large Print

MEETINGS

- P. After Hours Entrance

ENTRY LEVEL FLOOR PLAN

- Borrow 15 tables from Community center
- Borrow high top tables from Zimbrick?
- Lights/AC/locks

- trash cans/recycling
- portable audio for raffle



- LIBRARY**
- A. Information
 - B. Check Out
 - C. Copy Center
 - D. Restrooms
- COLLECTIONS**
- E. Periodicals
 - F. Reference
 - G. Nonfiction
 - H. Local History
 - K. Quiet Reading Room
 - L. Study Rooms
 - M. Technology Center
- MEETINGS**
- N. Meeting Room North
 - O. Meeting Room South
 - P. Conference Room
- OFFICES**
- Q. Fitchburg Historical Society
 - R. Friends of the Library
 - S. Library Administration
 - T. FACTv

UPPER LEVEL FLOOR PLAN

Yesenia Arce

Subject: FW: Books N Brews

The police department has no concerns regarding the Books N Brews event.

Regards,

Chad

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

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: 5/6/15

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. Stat.

at the premises described below during a special event beginning July 18- 11:30 am and ending July 18-2:00 pm and agrees to comply with all law, resolution, 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 Boys & Girls Club of Dane County

(b) Address 1818 W. Beltline Hwy, Madison WI 53713 (Street)

(c) Date organized 5/6/98 Town Village City

(d) If corporation, give date of incorporation 5/6/98

(e) Names and addresses of all officers:

President Michael Johnson MI: - DOB: [redacted]

Vice President Roderic Mitchell L MI: - DOB: [redacted]

Secretary Conor Caloia MI: A DOB: [redacted]

Treasurer Beth Korth A DOB: [redacted]

(f) Name and address of manager or person in charge of affair: Janine Stephens 1818 W. Beltline Hwy, Madison WI 53713 Phone # 608-661-4723 E-Mail: jstephens@bgcdc.org

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

(a) Street number

(b) Lot McKee Farms Park 2930 Chapel Valley Rd Block

(c) Do premises occupy all or part of building?

(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: Please provide sketch of Serving area

3. NAME OF EVENT

(a) List name of the event Bike for Boys & Girls Club # of Years for event: 13

(b) Dates of event Saturday, July 18, 2015 # of Bartenders/Servers: 5

From: 11:30 a.m. to 2:00 p.m.

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.

Boys and Girls Club of Dane County (Name of Organization)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

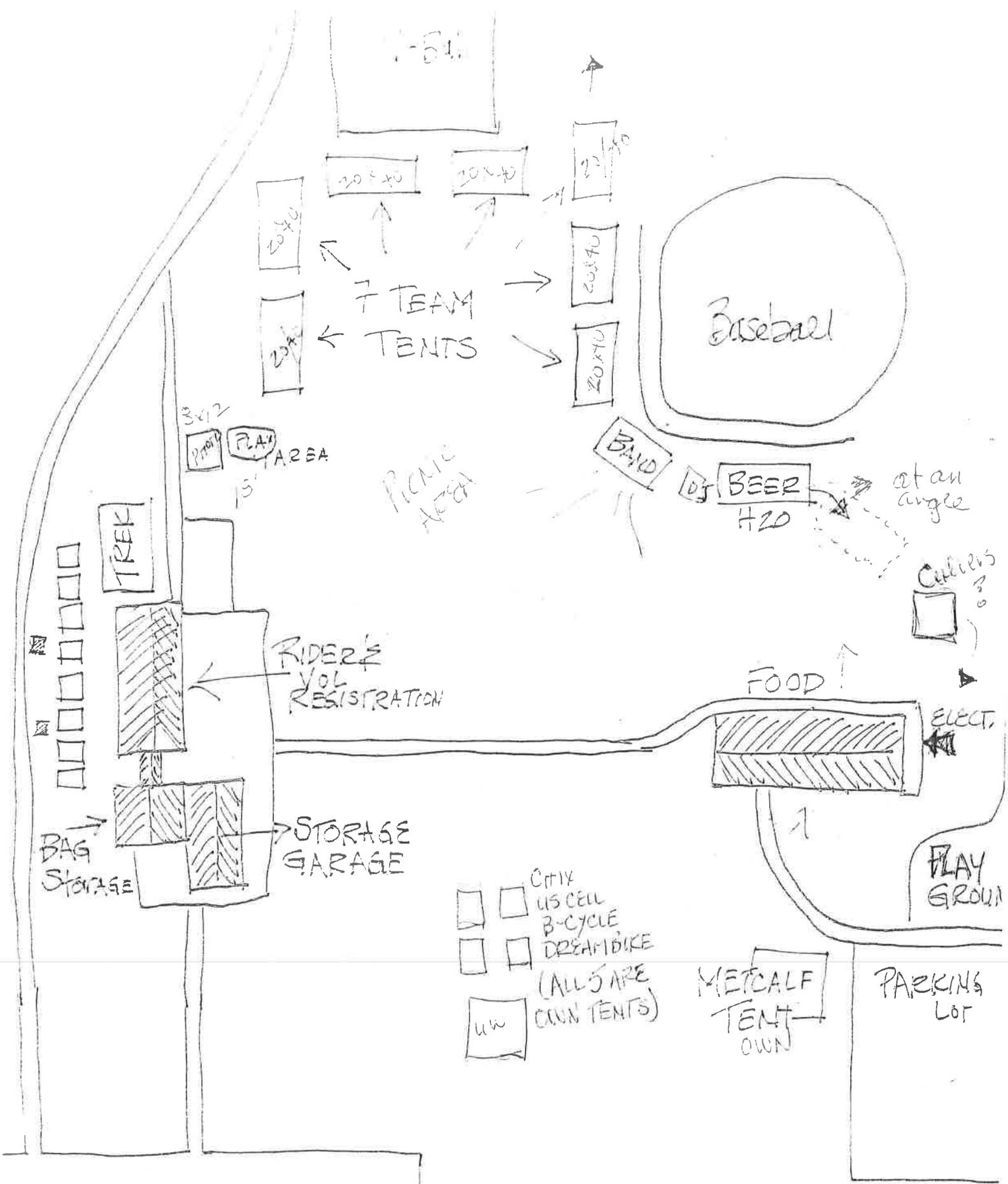
Date Filed with Clerk 5-14-15 Rec# 1-9675

Date Reported to Council or Board June 29, 2015

Date Granted by Council

License No.

Handwritten initials and date: KTB 6-2-15



7 TEAM TENTS

Baseball

3x12
 PONY PLAY AREA

PICNIC AREA

BEER H2O

at an angle

Cubers

RIDER'S VOL REGISTRATION

FOOD

ELECT.

PLAY GROUND

PARKING LOT

BAG STORAGE

STORAGE GARAGE

- CITY
- US CELL
- B-CYCLE
- DREAMBIKE
- (ALL 5 ARE OWN TENTS)

METCALF TENT OWN

On Friday, July 17 2015, Hy-Vee would like to have an outdoor fundraising event supporting JDRF and Gio's Garden. The event will take place on the east side of the parking lot. All the entrances and exits will be accessible. *Event time is 4-8 p.m.*

This event will be a smoking event (ribs and hogs) and also include beer tastings with various vendors. We will have fencing around the area in which the alcohol is served. We will also have multiple security persons on duty throughout the event. The security will also be checking ID's and placing wristbands on those that are of legal drinking age. The beer tasting will only be allowed to those that have the wristband on. Those who are serving will have a valid Operator's License.

We would also like to have a band at this event as well. The live music will take place from 5-8pm. *← WithDrawn* We have already paid for our Sound Amplification Permit for this as well. We would like to ask for a premise description change for this event and allow us to use our current Class B permit.

Thank You,

Lucas Glasgow
Store Director
Fitchburg Hy-Vee

N
+
E
W
+
S

Retaining Wall

TENT

Check
I.D.S

Entry

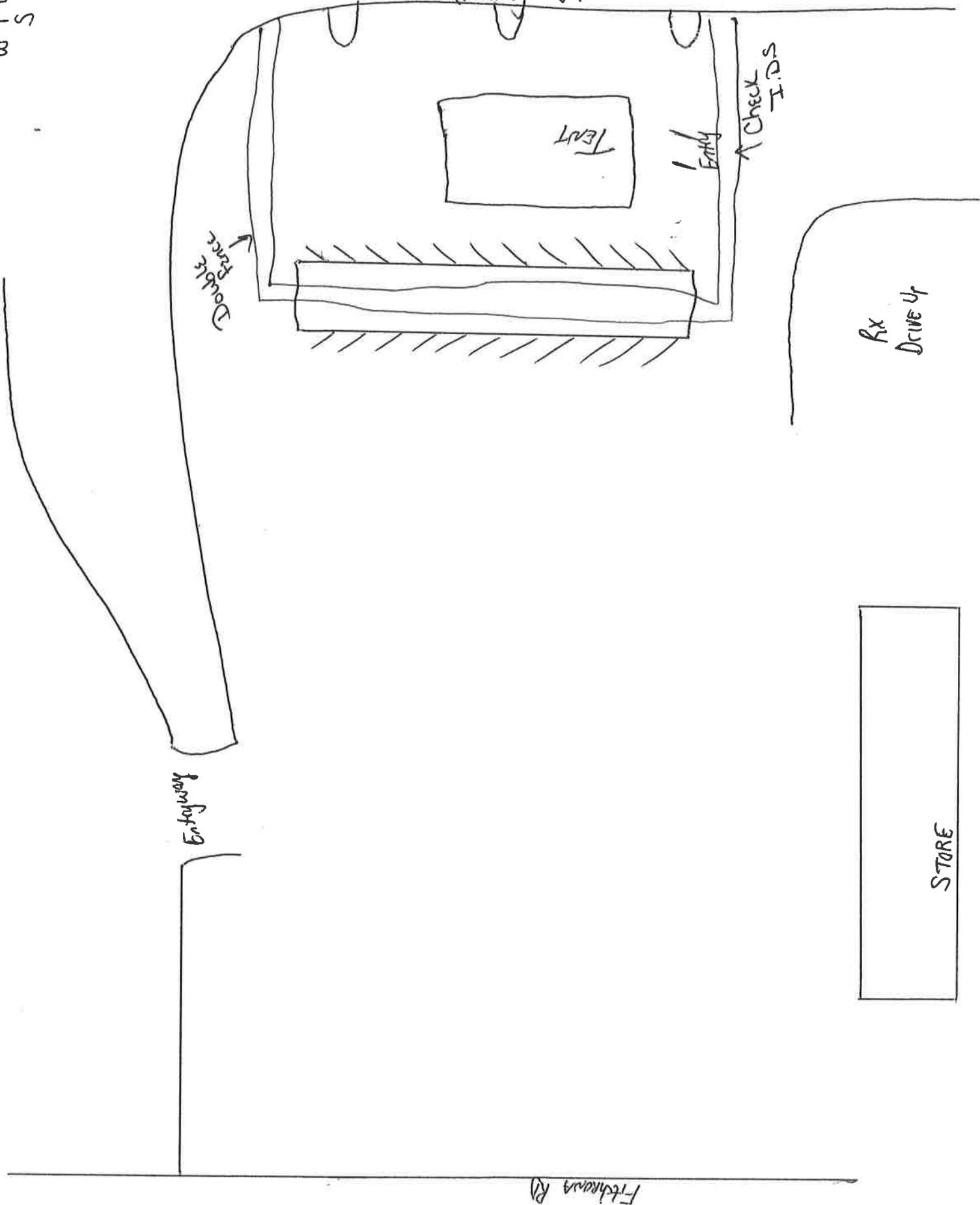
Double
Fence

Rx
DRIVE UP

Entranceway

STORE

Fireman Rd



Yesenia Arce

Subject: FW: Hy-Vee Event

The police department has no concerns regarding the Hy-Vee event.

Regards,

Chad

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

Tracy Oldenburg

From: Fitchburg - Director, Lucas Glasgow <1184Director@hy-vee.com>
Sent: Tuesday, June 16, 2015 10:40 AM
To: Tracy Oldenburg

Hi Tracy,

As I was telling you this morning I would like to pull the sound permit that I applied. After further discussion we have decided not to include a band for our event.

Thanks

Lucas Glasgow | Store Director
Hy-Vee, Inc. | 2920 Fitchrona Rd. | Fitchburg, WI 53719
608.273.5120 | 1184director@hy-vee.com



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

June 12, 2015

Fitchburg Hy-Vee
Attn: Lucas Glasgow
2920 Fitchrona Road
Madison, WI 53719

Dear Lucas,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 23, 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

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 23, 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:

Calvary Gospel Church, 5301 Commercial Ave, Madison, WI for a Worship Service on Sunday, July 5, 2015 at Belmar Hills Park, 4600 Jenewein Road, Fitchburg, WI with Amplified Live Music from 1:30 p.m. to 3:30 p.m.

Hy-Vee, 2920 Fitchrona Road, Fitchburg, WI for a Fundraiser Event on Friday, July 17, 2015 in the Parking Lot of 2920 Fitchrona Road, Fitchburg, WI with Amplified Live Music from 5:00 p.m. to 8:00 p.m. **With Deawn*

Make-A-Wish Wisconsin, 1 S Pinckney Street, Suite 40, Madison, WI for a Run/Walk Event on Sunday, September 20, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 8:00 a.m. to 1:00 p.m.

Realtors Association of South Central Wisconsin, 4801 Forest Run Road, Suite 101 Madison, WI for a Ghoulish Gallop 10K/5K Run/Walk on Saturday, October 17, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 7:00 a.m. to 11:00 a.m.

Boys & Girls Club of Dane County, 1818 W. Beltline Hwy, Madison, WI for a Charity Bike Ride on Saturday, July 18, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 7:00 a.m. to 1:30 p.m.

Patti Anderson
City Clerk

Published: June 12, 2015



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

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT A APPLICATION MUST BE FILED AT LEAST 30 DAYS PRIOR TO THE EVENT

DATE 6-5-15
NAME (INDIVIDUAL OR ORGANIZATION) Calvary Gospel Church
ADDRESS 5301 Commercial Ave
CITY Madison STATE WI ZIP 53704 PHONE # 608-354-7132
E-MAIL ADDRESS nike.air11226@gmail.com
DATE OF EVENT 7-5-15 HOURS FOR SOUND: FROM 1:30p TO 3:30p
TYPE OF EVENT Church worship service
LOCATION W/ADDRESS Belmar Hills Park, 4600 Jewelview RD, Fitchburg
ESTIMATED ATTENDANCE 20-50
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED live band

I, Nicolas Joseph (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 Tracy Aldenburg DATE 6-5-15 FEE \$50.00
CASH CHECK #
DATE PUBLISHED June 10, 2015 HEARING DATE June 23, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:



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

June 12, 2015

Nicholas Joseph

Dear Nicholas,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 23, 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 4/1/2015

NAME (INDIVIDUAL OR ORGANIZATION) Make-A-Wish Wisconsin

ADDRESS 1 S. Pinckney St, Ste 4D

CITY Madison STATE WI ZIP 53703 PHONE # 608-252-4323

E-MAIL ADDRESS cehlert@wisconsin.wish.org

DATE OF EVENT 9/20/2015 HOURS FOR SOUND: FROM 8am TO 1pm

TYPE OF EVENT 5 K Run and 2 mile walk fundraising event

LOCATION W/ADDRESS McKee Farms Park Shelter 2930 Chapel Valley Rd, Fitchburg, WI 53711

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

ESTIMATED ATTENDANCE 1,000

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED amplified sound equipment

including speakers and microphones

I, Christy Ehlert (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 Christy Ehlert

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Veronica Luce DATE 5-11-2015 FEE \$50.00 CHECK # CC-Receipt #19650 CASH

DATE PUBLISHED June 12, 2015 HEARING DATE June 23, 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

June 12, 2015

Make-A-Wish Wisconsin
Attn: Christy Ehlert
1 S. Pinckney Street – Suite 40
Madison, WI 53703

Dear Christy,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 23, 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 01/28/2015
NAME (INDIVIDUAL OR ORGANIZATION) RASCW - Ghoulish Gallop Event
ADDRESS 4801 Forest Run Rd., Suite 101
CITY Madison STATE WI ZIP 53704 PHONE # 608-240-2800
E-MAIL ADDRESS ann@wisre.com
DATE OF EVENT 10/17/2015 HOURS FOR SOUND: FROM 7 am TO 11 am
TYPE OF EVENT 5K & 10K Run/Walk
LOCATION W/ADDRESS McKee Farms Park

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 400
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Two 15" PA Speakers on stands for music and microphone.

I, Ann McGinty (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 [Handwritten Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY [Handwritten] DATE [Handwritten] FEE \$50.00 CHECK # [Handwritten]
CASH
DATE PUBLISHED [Handwritten] HEARING DATE [Handwritten]

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

June 12, 2015

Realtors Association of South Central Wisconsin
Attn: Ann McGinty
4801 Forest Run Road - Suite 101
Madison, WI 53704

Dear Ann,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 23, 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) Boys & Girls Club of Dane County

ADDRESS 1818 W. Beltline Hwy

CITY Madison STATE WI ZIP 53713 PHONE # 608-257-2606

E-MAIL ADDRESS jstephens@bgcdc.org

DATE OF EVENT 7/18/15 HOURS FOR SOUND: FROM 7:00AM TO 1:30PM

TYPE OF EVENT Charity Bike Ride

LOCATION W/ADDRESS McKee Farms Park- 2930 Chapel Valley Rd, Fitchburg WI 53711

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

ESTIMATED ATTENDANCE 1300

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Speakers for announcements, a live band and a DJ

I, Janine Stephens (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 [Handwritten Signature]

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Clerk's Dept DATE 5-14-15 FEE \$50.00 CHECK #

DATE PUBLISHED June 12, 2015 HEARING DATE June 23, 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

June 12, 2015

Boys & Girls Club of Dane County
Attn: Janine Stephens
1818 W. Beltline Hwy
Madison, WI 53713

Dear Janine,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, June 23, 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) Make-A-Wish Wisconsin
Street Address: 1 South Pinckney St; Ste 40
Web Site and e-mail address: www.wisconsin.wish.org cehlert@wisconsin.wish.org
Phone # 608-252-4323 Fax # 608-252-4320

Contact Person Christy Ehlert
Street address if different than above same as above
E-mail address cehlert@wisconsin.wish.org
Phone # 608-252-4323 Fax # 608-252-4320

Street name and block numbers (attach map and diagram) see attached map

Date(s) of Closure/Use 9/20/2015 Rain Date? none
Hours of Closure/Use 6:30am-11:30am Estimated Attendance 1,000

Describe Event (include time table indicating hours of set up and tear down if applicable)
5k run/2 mile walk; set up will begin at 6:30am on 9/20/15; the run will begin at 10am; tear down of the
race course will begin after the last runner has finished- approximately 11-11:30am

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

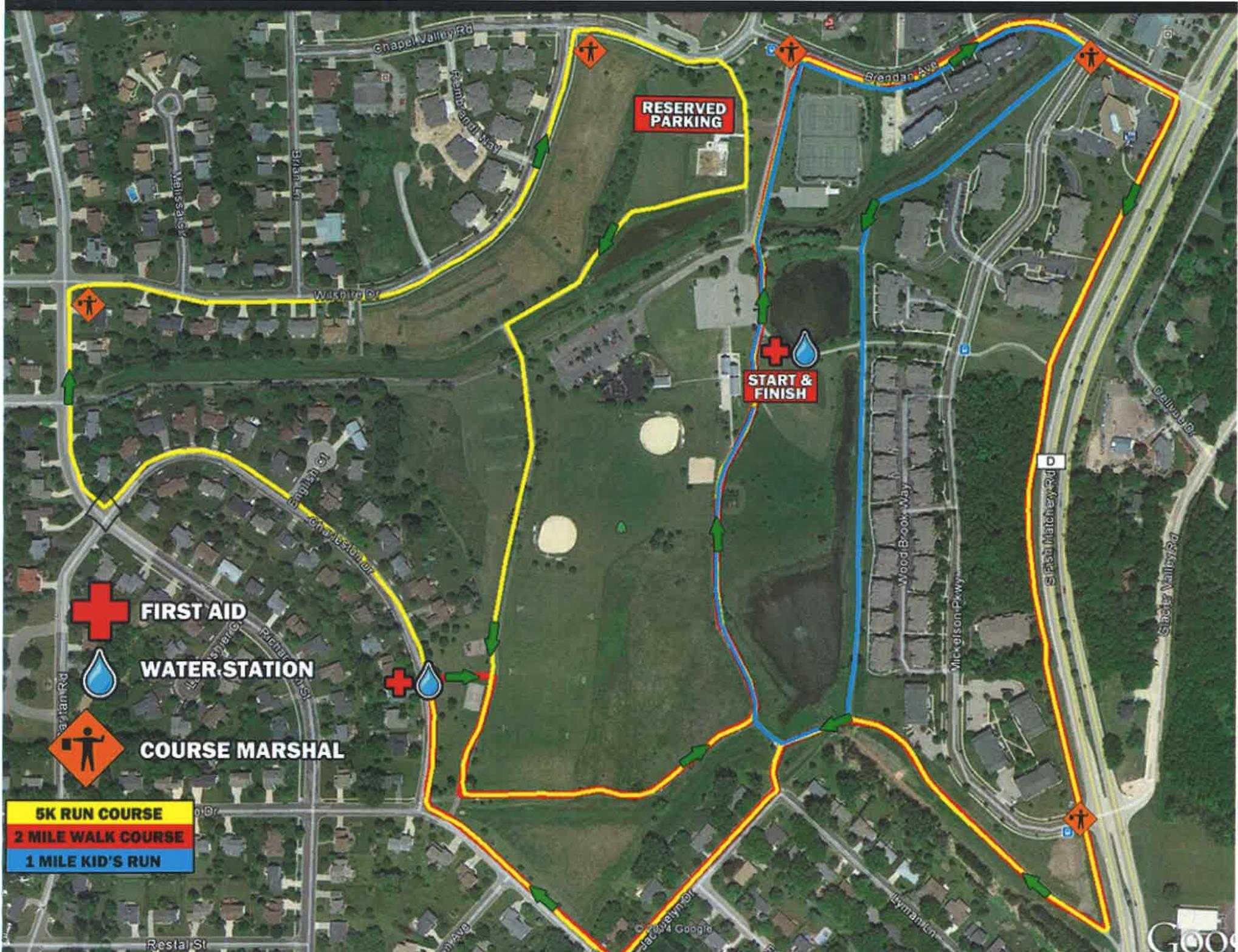
Please note: If you are using a City of Fitchburg Park, you must attach a copy
of your Park Reservation Confirmation to this Application.

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 [Handwritten Signature] Date 10-4-15
(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 _____ CHECK # _____ CASH [Handwritten: CC. Receipt # 1-9650]
ACTION: APPROVED _____ DENIED _____ DATE _____



**RESERVED
PARKING**

**START &
FINISH**

FIRST AID

WATER STATION

COURSE MARSHAL

5K RUN COURSE
2 MILE WALK COURSE
1 MILE KID'S RUN

Tracy Oldenburg

From: Scott Endl
Sent: Thursday, June 04, 2015 10:24 AM
To: Tracy Oldenburg
Subject: Make a Wish

Good morning Tracy,

Parks has no issue with September 20th "Make A Wish" event.

Thank you.

Scott Endl
City of Fitchburg Parks, Recreation & Forestry
608-270-4288
Scott.endl@fitchburgwi.gov



Tracy Oldenburg

From: Chad Brecklin
Sent: Thursday, June 04, 2015 10:46 AM
To: Tracy Oldenburg; Scott Endl
Subject: RE: Make a Wish

The police department has no concerns regarding the Make-a-Wish event.

Regards,

Chad

From: Tracy Oldenburg
Sent: Thursday, June 4, 2015 10:45 AM
To: Scott Endl
Cc: Chad Brecklin
Subject: RE: Make a Wish

Thank you,

Tracy Oldenburg

Deputy City Clerk
City of Fitchburg
5520 Lacy Road
Fitchburg, WI 53711
Phone: 608-270-4202 Fax: 608-270-4212



From: Scott Endl
Sent: Thursday, June 04, 2015 10:24 AM
To: Tracy Oldenburg
Subject: Make a Wish

Good morning Tracy,

Parks has no issue with September 20th "Make A Wish" event.

Thank you.

Scott Endl
City of Fitchburg Parks, Recreation & Forestry
608-270-4288
Scott.endl@fitchburgwi.gov





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) RASCW - Ghoulish Gallop Event
Street Address: 4801 Forest Run Rd., Suite 101, Madison, WI 53704
Web Site and e-mail address: rascw.org or ghoulishgallop.com / email: ann@wisre.com
Phone # 608-240-2800 **Fax #** 608-240-2801

Contact Person Ann McGinty
Street address if different than above _____
E-mail address ann@wisre.com
Phone # 608-240-2800 **Fax #** 608-240-2801

Street name and block numbers (attach map and diagram) _____
(See attached maps for 5K Run/Walk and 10K Run.)

Date(s) of Closure/Use 10/17/2015 **Rain Date?** N/A
Hours of Closure/Use 8 am - 11:00 am **Estimated Attendance** 400

Describe Event (include time table indicating hours of set up and tear down if applicable)
Ghoulish Gallop 5K/10K Run/Walk. Set up signs early a.m. Registration starts at McKee Park Shelter at 7 am. Run/Walk begins at 8:30 a.m. (finishes by 10:30 a.m.) Signs taken down immediately & clean up is done by 12 noon.

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** 1/28/15
(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 4-27-15 CHECK # 2115 CASH _____
ACTION: APPROVED _____ DENIED _____ DATE _____

FOR IMMEDIATE RELEASE

**Ghoulish Gallop 5K/10K Run at McKee Farms Park, Fitchburg
Saturday, October 17th, 2015**



The 21st Annual 5K/10K Ghoulish Gallop and Irv Stein Memorial Walk will take place on Saturday, October 17, 2015 at McKee Farms Park in Fitchburg. The 10K and 5K Run & Walk start time is 8:30 am. Registration will begin 7:00 am on race day. Awards will follow the Run. Advance registration information is available at: www.ghoulishgallop.com. All proceeds from this event will benefit the Realtors® Association of South Central Wisconsin Housing Foundation which helps individuals and families right here in South Central Wisconsin. The Foundation is a non-profit organization under the IRS code 501(c)(3). Created in 1989, the purpose of the Foundation is to increase and improve the supply of affordable housing by providing down payment assistance in the form of low interest loans to individuals and families.

Event Website: www.ghoulishgallop.com

Contact Information:

Phone: (608) 240-2800 or Email: info@ghoulishgallop.com

Yesenia Arce

Subject: FW: Ghoulish Gallop

The police department has no concerns regarding the Ghoulish Gallop event.

Regards,

Chad

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

Tracy Oldenburg

From: Gus VanderWegen
Sent: Thursday, May 21, 2015 11:12 AM
To: Tracy Oldenburg
Subject: RE: Street Use Meeting for Ghoulish Gallop

Tracy,

Public Works is OK with this event.

Gus VanderWegen, P.E.

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

From: Tracy Oldenburg
Sent: Tuesday, May 05, 2015 3:32 PM
To: Tracy Oldenburg; Gus VanderWegen; Chad Brecklin; Scott Endl; 'ann@wisre.com'
Subject: Street Use Meeting for Ghoulish Gallop
When: Thursday, May 21, 2015 10:45 AM-11:15 AM (UTC-06:00) Central Time (US & Canada).
Where: CH_Conference_Room

I have scheduled a Street use meeting for the Ghoulish Gallop on Thursday May 21, 2015 at 10:45 a.m. in the Conference Room here at City Hall. They have changed the route this year and would like to have it approved sooner to be able to update the website. Please let me know if you are unable to make this date and time.

Thank you,

Tracy Oldenburg

Subject: FW: Street Use Meeting for Ghoulish Gallop
Location: CH_Conference_Room

Start: Thu 5/21/2015 10:45 AM
End: Thu 5/21/2015 11:15 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: Tuesday, May 05, 2015 3:32 PM

To: Tracy Oldenburg; Scott Endl; Chad Brecklin; Gus VanderWegen; 'ann@wisre.com'

Subject: Street Use Meeting for Ghoulish Gallop

When: Thursday, May 21, 2015 10:45 AM-11:15 AM (UTC-06:00) Central Time (US & Canada).

Where: CH_Conference_Room

I have scheduled a Street use meeting for the Ghoulish Gallop on Thursday May 21, 2015 at 10:45 a.m. in the Conference Room here at City Hall. They have changed the route this year and would like to have it approved sooner to be able to update the website. Please let me know if you are unable to make this date and time.

Thank you,



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) Boys & Girls Club of Dane County
Street Address: 1818 W. Beltline Hwy, Madison WI 53713
Web Site and e-mail address: www.bgcdc.org and events@bgcdc.org
Phone # 608-257-2606 Fax # 608-257-7570

Contact Person Janine Stephens
Street address if different than above
E-mail address jstephens@bgcdc.org
Phone # 608-661-4723 Fax # 608-257-7570

Street name and block numbers (attach map and diagram)
Please see attached route maps

Date(s) of Closure/Use Saturday, July 18, 2015 Rain Date? N/A
Hours of Closure/Use 7:00 AM-2:00 PM Estimated Attendance 1300

Describe Event (include time table indicating hours of set up and tear down if applicable)
This is a charity bike ride to benefit the Boys & Girls Club consisting of 8,25, or 50 mile routes.
The routes begin and end McKee Farms Park and have staggered starting times. An afterparty is
scheduled to begin at the park at 11:30am. Maps are attached, it is a non-competative family event.
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 [Signature] Date 5/21/15
(Falsification of information will result in denial of permit)

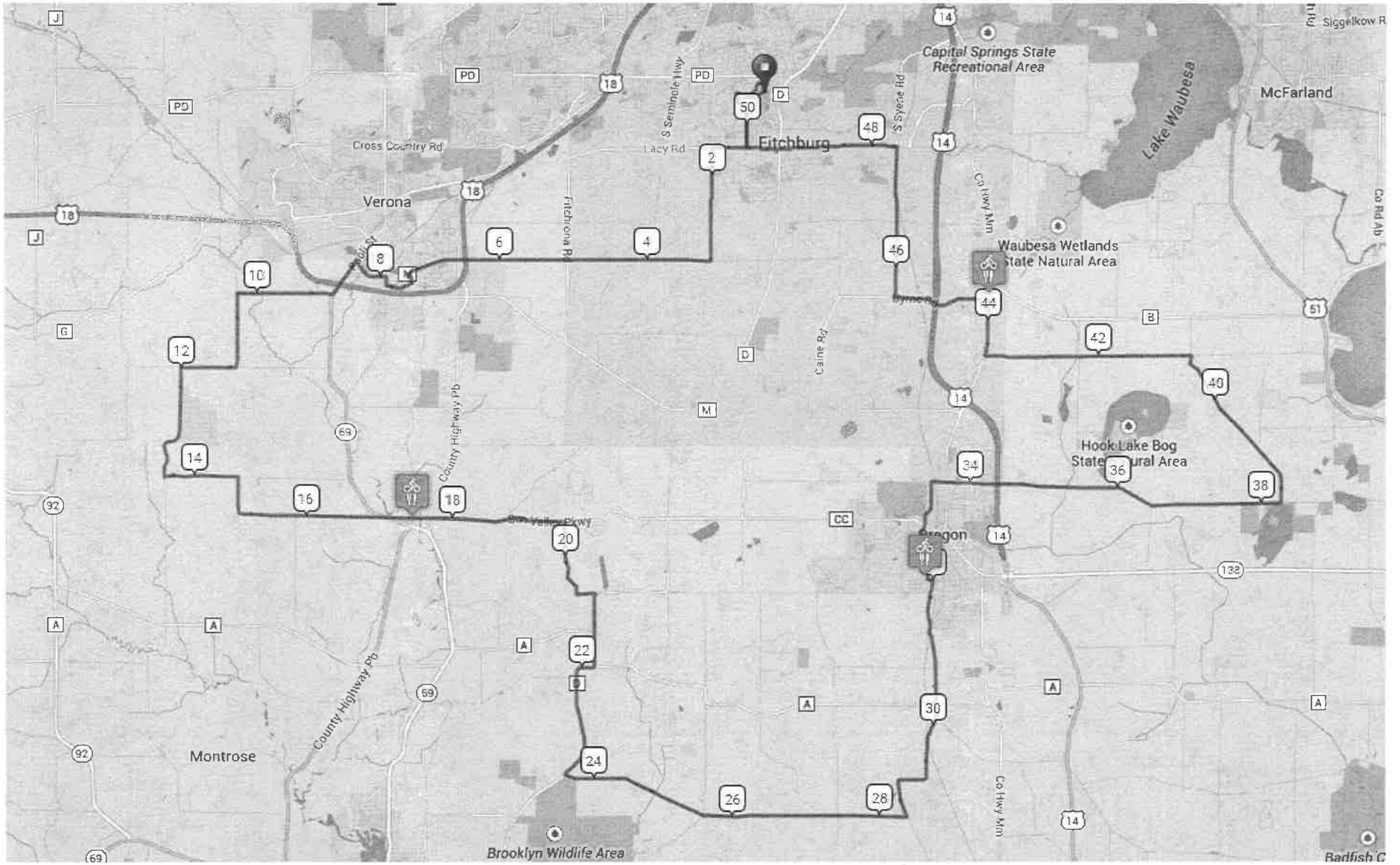
Return completed application and \$60 application fee to:
Fitchburg City Clerk Office, 5520 Lacy Road, Fitchburg, WI 53711

DATE RECEIVED 5-14-15 CHECK # CASH
ACTION: APPROVED DENIED DATE

Rec # 1-9675

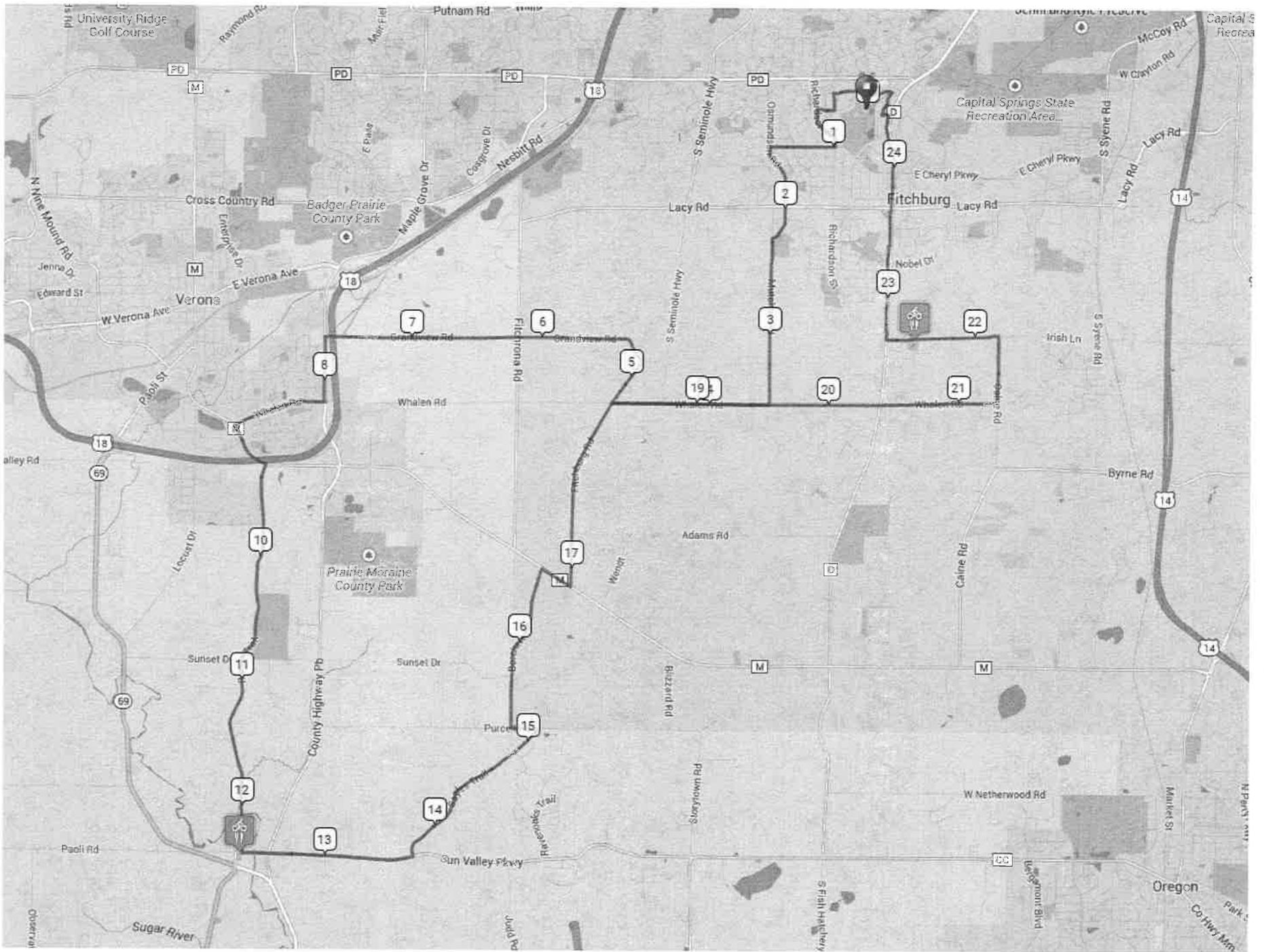
2015 Bike4BGC Official 50-mile

Leg	Dir	Type	Notes	Total
	←	Left	Turn left	0.0
0.0	←	Left	Turn left	0.0
0.4	←	Left	Turn left onto Richardson St	0.4
0.7	→	Right	Turn right onto Lacy Rd	1.2
0.5	←	Left	Turn left onto Mutchler Rd	1.6
1.5	→	Right	Turn right onto Whalen Rd	3.1
4.1	←	Left	Turn left onto County Rd M	7.3
0.1	→	Right	Turn right onto Prairie Heights Dr	7.4
0.4	→	Right	Turn right onto Locust Dr	7.8
0.1	←	Left	Turn left onto Bruce St	7.9
0.5	←	Left	Turn left onto Paoli St	8.4
0.4	↑	Straight	Continue onto WI-69 S	8.9
0.1	→	Right	Turn right onto Valley Rd	9.0
1.3	←	Left	Turn left onto Sugar River Rd	10.3
1.0	→	Right	Turn right onto Riverside Rd	11.2
0.7	←	Left	Turn left onto Fritz Rd	12.0
1.6	←	Left	Turn left onto Schaller Rd	13.6
1.0	→	Right	Turn right onto Speedway Rd	14.6
0.5	←	Left	Speedway becomes Paoli Rd	15.1
2.6	↑	Straight	Continue onto Sun Valley Pkwy	17.7
1.9	→	Right	Turn right onto Judd Rd	19.5
1.3	→	Right	Turn right onto County Hwy D	20.8
1.0	←	Left	Continue on County Hwy D	21.8
0.2	←	Left	Continue on County Hwy D	22.1
1.5	←	Left	Turn left onto Bellbrook Rd	23.6
4.8	←	Left	Turn left onto Union Rd	28.4
0.5	←	Left	Continue on Union Rd	28.9
0.4	←	Left	Continue on Union Rd	29.2
2.8	←	Left	Turn left onto S Perry Pkwy	32.0
0.1	→	Right	Turn right onto S Burr Oak Ave	32.1
1.4	→	Right	Turn right onto W Netherwood Rd	33.5
1.0	↑	Straight	Continue onto Rutland Dunn Town Line Rd	34.4
3.8	←	Left	Turn left onto Hawkinson Rd	38.3
2.5	←	Left	Turn left onto Schneider Dr	40.7
2.8	→	Right	Turn right onto Co Rd Mm	43.5
0.8	←	Left	Turn left onto Byrne Rd, straight for rest stop at Bucky's Rentals	44.3
1.3	→	Right	Turn right onto S Syene Rd	45.6
2.0	←	Left	Turn left onto Lacy Rd	47.6
2.0	→	Right	Turn right onto Richardson St	49.7
0.8	→	Right	Turn right onto Wilshire Dr	50.5
0.4	→	Right	Turn right onto Chapel Valley Rd	50.9
0.1	→	Right	Turn right onto bikepath	51.0
0.1	←	Left	Turn left	51.1
0.0	→	Right	Turn right into lot	51.1



2015 Bike4BGC Official 25-mile

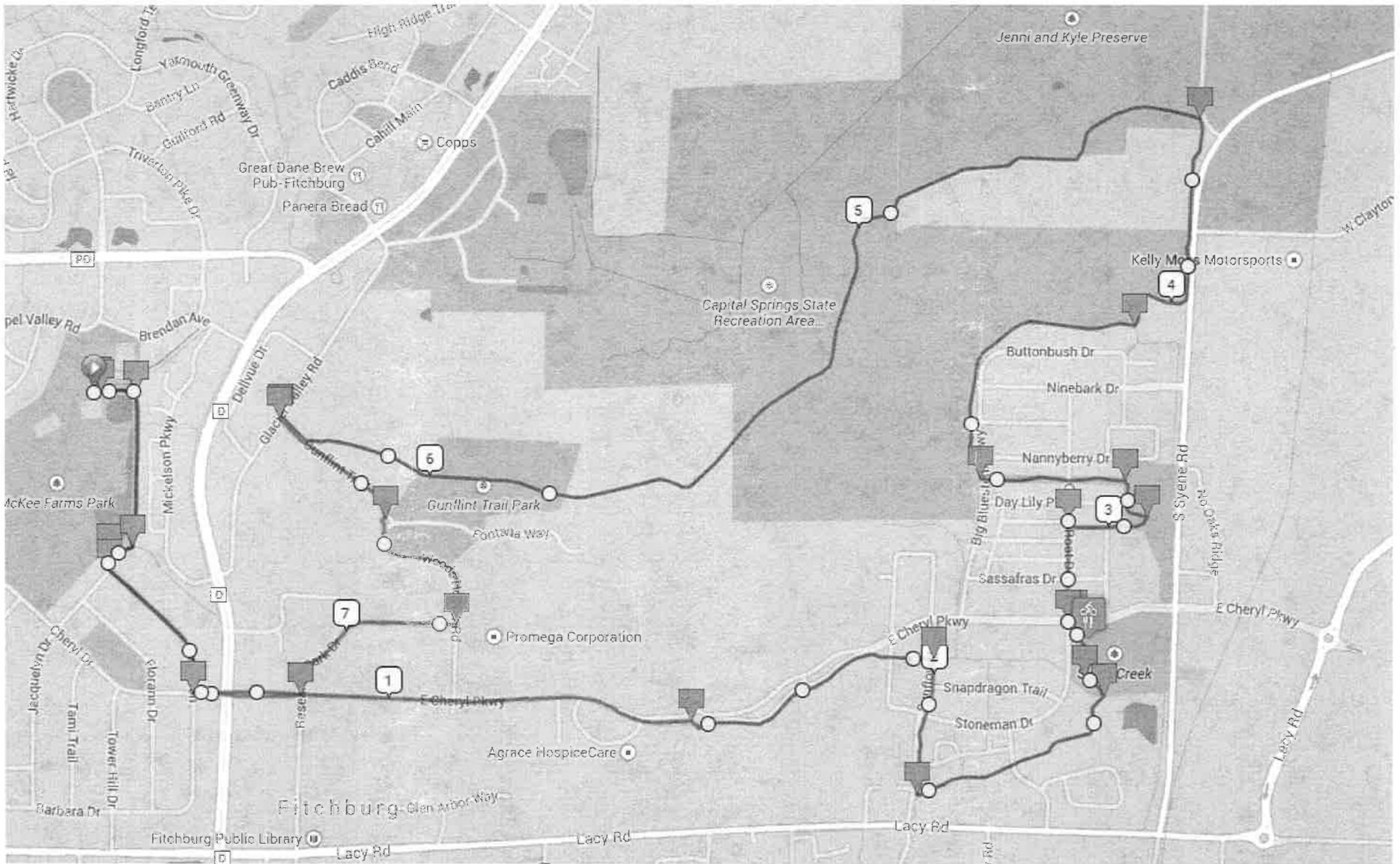
Leg	Dir	Type	Notes	Total
	→	Right	Turn right toward Chapel Valley Rd	0.0
0.0	←	Left	Turn left toward Chapel Valley Rd	0.0
0.0	→	Right	Turn right toward Chapel Valley Rd	0.0
0.1	←	Left	Turn left onto Chapel Valley Rd	0.1
0.2	←	Left	Turn left onto Brian Ln	0.4
0.1	→	Right	Turn right onto Wilshire Dr	0.5
0.1	←	Left	Turn left onto Richardson St	0.6
0.4	→	Right	Turn right onto Pembroke Dr	1.0
0.5	←	Left	Turn left onto Osmundsen Rd	1.5
0.8	←	Left	Turn left onto Mutchler Rd	2.3
1.3	→	Right	Turn right onto Whalen Rd	3.5
1.2	→	Right	Turn right onto Fitchburg Rd	4.8
0.4	←	Left	Fitchburg Rd turns slightly left and becomes Grandview Rd	5.2
2.5	←	Left	Turn left onto Old Co Rd Pb	7.7
0.5	→	Right	Turn right onto Whalen Rd	8.2
0.7	←	Left	Turn left onto County Rd M	8.9
0.4	→	Right	Turn right onto Range Trail	9.3
3.1	←	Left	Turn left onto County Rd Pb/Paoli Rd	12.4
0.2	↑	Straight	Continue onto Sun Valley Pkwy	12.6
1.1	←	Left	Turn left onto Sayles Trail	13.7
1.4	←	Left	Turn left onto Purcell Rd	15.1
0.2	→	Right	Turn right onto Borchert Rd	15.3
1.3	→	Right	Turn right onto County Rd M	16.6
0.3	←	Left	Turn left onto Fitchburg Rd	16.9
1.5	→	Right	Turn right onto Whalen Rd	18.3
3.0	←	Left	Turn left onto Caine Rd	21.3
0.5	←	Left	Turn left onto Irish Ln	21.8
0.8	→	Right	Slight right to get onto bikepath	22.6
0.0	→	Right	Turn right to stay on bikepath	22.7
0.0	←	Left	Turn left to cross S Fish Hatchery Rd	22.7
0.0	→	Right	Turn right	22.8
1.3	→	Right	Turn right	24.1
0.3	←	Left	Turn left	24.4
0.1	→	Right	Turn right onto Mickelson Pkwy	24.5
0.2	←	Left	Turn left onto Brendan Ave	24.7
0.2	←	Left	Turn left onto Chapel Valley Rd	24.9
0.0	←	Left	Turn left	24.9
0.1	←	Left	Turn left	25.0
0.0	→	Right	Turn right	25.0
0.0	←	Left	Turn left	25.0



2015 Bike4BGC Official 8-mile

Leg	Dir	Type	Notes	Total
	→	Right	Turn right onto bikepath	0.0
0.0	←	Left	Slight left on bikepath	0.0
0.1	→	Right	Turn right	0.1
0.3	→	Right	Turn right	0.3
0.0	←	Left	Turn left	0.4
0.0	←	Left	Slight left onto Lyman Ln	0.4
0.3	←	Left	Turn left onto E Cheryl Pkwy	0.7
0.8	↑	Straight	At the traffic circle, take exit onto bikepath	1.5
0.5	→	Right	Turn right	2.0
0.2	←	Left	Turn left	2.2
0.4	←	Left	Turn left	2.6
0.0	→	Right	Turn right toward E Cheryl Pkwy	2.6
0.1	←	Left	Turn left onto E Cheryl Pkwy	2.7
0.0	→	Right	Turn right onto Crinkle Root Dr	2.8
0.2	→	Right	Turn right onto bikepath	2.9
0.1	←	Left	Turn left	3.1
0.1	←	Left	Turn left at fork	3.2
0.2	→	Right	Turn right past Big Bluestem Pkwy	3.4
0.5	←	Left	Turn left at fork	3.9
0.4	←	Left	Turn left onto Capital City Trail	4.3
1.9	←	Left	Turn left onto Glacier Valley Rd (u-turn)	6.3
0.0	←	Left	Turn left onto Gunflint Trail	6.3
0.2	↑	Straight	At the traffic circle, take the 1st exit onto Woods Hollow Rd	6.5
0.3	→	Right	Turn right onto Research Park Dr	6.8
0.3	→	Right	Turn right onto E Cheryl Pkwy	7.1
0.2	→	Right	Turn right onto Lyman Ln	7.3
0.3	→	Right	Turn right	7.6
0.0	←	Left	Turn left	7.7
0.3	←	Left	Turn left to remain on bikepath	7.9
0.1	←	Left	Turn left	8.0

Ride With GPS · <http://ridewithgps.com>



Tracy Oldenburg

From: Gus VanderWegen
Sent: Monday, June 08, 2015 2:20 PM
To: Don Bomkamp; Tracy Oldenburg
Cc: Chad Brecklin; Scott Endl
Subject: RE: Boys and Girls Club Event

Public Works is OK with this event.

Gus VanderWegen, P.E.

From: Don Bomkamp
Sent: Monday, June 08, 2015 12:01 PM
To: Tracy Oldenburg
Cc: Chad Brecklin; Scott Endl; Gus VanderWegen
Subject: Boys and Girls Club Event

Hello Tracy,

The police department is satisfied with the plans the Boys and Girls Club have submitted for the July 18, 2015 event.

Thanks,
Don

Sergeant Donald A. Bomkamp
Fitchburg Police Department
Phone # 608-270-4363
don.bomkamp@fitchburgwi.gov

Tracy Oldenburg

From: Don Bomkamp
Sent: Monday, June 08, 2015 12:01 PM
To: Tracy Oldenburg
Cc: Chad Brecklin; Scott Endl; Gus VanderWegen
Subject: Boys and Girls Club Event

Hello Tracy,

The police department is satisfied with the plans the Boys and Girls Club have submitted for the July 18, 2015 event.

Thanks,

Don

Sergeant Donald A. Bomkamp

Fitchburg Police Department

Phone # 608-270-4363

don.bomkamp@fitchburgwi.gov

Tracy Oldenburg

From: Scott Endl
Sent: Monday, June 08, 2015 9:32 AM
To: Tracy Oldenburg
Subject: July 18th Boy's 7 Girl's Club event

Hi Tracy,

Parks has no issues with this July 18th event.

Thank you.

Scott Endl
City of Fitchburg Parks, Recreation & Forestry
608-270-4288
Scott.endl@fitchburgwi.gov



**CITY OF FITCHBURG
LIQUOR LICENSE APPLICATIONS
June 23, 2015
6:00 P.M.**

NOTICE IS HEREBY GIVEN that the following applications have been filed in the Office of the City Clerk of Fitchburg for the sale of beer and/or liquor in said City for such premises as indicated. The applications will be considered by the Public Safety and Human Services Committee at 6:00 p.m. on Tuesday, June 23, 2015 at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI. The Common Council will take action on these applications the same night at 7:30 p.m.

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

Schneids LLC, 2952 Fish Hatchery Road – DBA Schneids Sports Bar & Grill – John A. Schneider, Agent

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

CLS Holdings, LTD, 5266 Williamsburg Way – DBA Picasso's – Chadwick Leppien, Agent

DTL Holdings, LLC, 2951 Triverton Pike Drive – DBA Liliana's Restaurant – David Parry Heide, Agent

Funk's, LLC, 5956 Executive Drive – DBA Funk's Pub – Jeffery J. Funk, Agent

Hatchery Hill Hotel, LLC., 2969 Cahill Main – DBA Wyndham Garden – David A. Schutz, Agent

Hatchery Hill Hotel Two, LLC, 5421 Caddis Bend – DBA Candlewood Suites – David A. Schutz, Agent

Hatchery Hill Restaurant, Inc, 3040 Cahill Main – DBA Casa del Sol – David A. Schutz, Agent

Tuscany Mediterranean Grill, LLC, 2969 Cahill Main - DBA Tuscany Mediterranean Grill – David A. Schutz, Agent

CLASS "B" FERMENTED MALT BEVERAGE

Thai Noodles, LLC, 5957 McKee Road #103 – DBA Thai Noodles – Ryan Farrell, Agent

CLASS "A" FERMENTED MALT BEVERAGE

LaConcha, LLC, 3054 Fish Hatchery Road – DBA LaConcha Bakery & Deli – Tomas Ballesta, Agent

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

Blow Dry Style Lounge, LLC, 5956 Executive Drive – DBA Blow Dry Style Lounge – Mary Lue Arvans, Agent

Patti Anderson
City Clerk

Publish: June 15, 16, 17

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2015 ending: JUNE 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 Schneiders, 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>Member John A Schneider</u>	<u>5610 E Buckeye Rd</u>	<u>Madison, WI 53716</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	<u>Agent John A Schneider</u>	<u>5610 E Buckeye Rd</u>	<u>Madison, WI 53716</u>

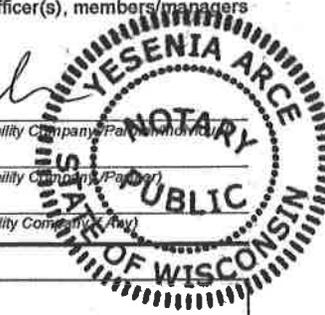
C.1. Trade Name Schneiders Sports Bar & Grill Business Phone Number 271 3644
 2. Address of Premises 2952 Fish Hatchery Rd Post Office & Zip Code Madison, WI 53713

- 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.) South 1/2 of 1st floor + basement storage of two
- Legal description (omit if street address is given above): storey building at 2952 Fish Hatchery Rd Fitchburg, WI 53713
- 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 15 day of April, 2015
Yvonne Leuch
(Clerk/Notary Public)
 My commission expires 12-29-18

John A Schneider
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Member)
John A Schneider
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Member)
(Additional Partner(s)/Member/Manager of Limited Liability Company/Partner/Member)



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

Applicant's Wisconsin Seller's Permit Number: <u>456-0006286607-03</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>655.00</u>

Rec L91
 # 600-02

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/15 ending: 06/30/16
(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. 1 (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
Leppien, Chadwick A W7090 Hwy 39 New Glarus, WI
53574

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CLS Holdings Ltd
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5266 Williamsburg Way
 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>Chadwick Allen Leppien</u>	<u>W7090 Hwy 39</u>	<u>New Glarus 53574</u>
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>Chadwick Leppien</u>		
Directors/Managers			

C. 1. Trade Name Picasso's Business Phone Number 608-271-8440
 2. Address of Premises 5266 Williamsburg Wy Post Office & Zip Code 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.) Basement, Outdoor Patio Restaurant

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 16 day of April, 2015

Ryan S. Schuchardt
(Notary Public)
 My commission expires 10/21/18

NOTARY PUBLIC
RYAN S. SCHUCHARDT
 STATE OF WISCONSIN
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>4-16-15</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

ok
 RD
 4-30-15

456-0000

Applicant's Wisconsin Seller's Permit Number: <u>527638031</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 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	\$ <u>500</u>
Publication fee	\$ <u>100</u>
TOTAL FEE	\$ <u>600</u> 700

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2015 ending: 6-30-2016

Applicant's Wisconsin Seller's Permit Number: 456-10239 17386 03
Federal Employer Identification Number (FEIN):
LICENSE REQUESTED
TYPE FEE
Class A beer \$
Class B beer \$ 100
Class C wine \$
Class A liquor \$
Class B liquor \$
Reserve Class B liquor \$ 500
Publication fee \$ 55
TOTAL FEE \$ 655

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
HEIDE, DAVID D. 5771 DEVORO RD FITCHBURG, WI 53711

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company
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 Barry W. Heide 5727 Pembroke Dr. Fitchburg, WI 53711
Vice President/Member Veronica H. Heide 5727 Pembroke Dr. Fitchburg, WI 53711
Secretary/Member David Percy Heide 5771 Devoro Rd Fitchburg, WI 53711
Treasurer/Member
Agent David Percy Heide
Directors/Managers

- C. 1. Trade Name: Lilia's Restaurant Business Phone Number: (608) 442-4444
2. Address of Premises: 2951 TRIVERTON PIKE Dr. Post Office & Zip Code: FITCHBURG, WI 53711
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes
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.) Lilia's Restaurant, bar area to house wine, liquor, Frigideto hold kegs; sold to patrons on patios and dining areas
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 15 day of April, 2015
Notary Public: Kelly S. Schucharat
My commission expires 10/21/18
Notary Public: Veronica H. Heide
Notary Public: David Percy Heide

TO BE COMPLETED BY CLERK

Table with 3 columns: 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.

ok P.P. 201

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

Applicant's Wisconsin Seller's Permit Number: <u>456-1098236209-02</u>	
Federal Employer 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	\$ 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
 ▶ Funk, Jeffrey Jon, 7464 Blazingstars Dr., Middleton, WI 53562

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Funk's, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 7464 Blazingstars Dr, Middleton

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	Jeffrey Jon Funk,	7464 Blazingstars Dr., Middleton,	WI 53562
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	▶ Jeffrey J Funk	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name ▶ Funk's Pub Business Phone Number 6084429500

2. Address of Premises ▶ 5956 Executive Dr. Post Office & Zip Code ▶ Fitchburg, WI

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.) Ste 101 of 5956 Executive Dr + patio

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

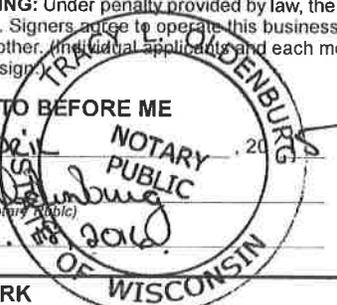
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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, 2016

Tracy S. Olsenburg
(Clerk/Notary Public)

My commission expires Dec. 31, 2016



Jeffrey J Funk
(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>4-15-16</u> <u>File # 1-9503</u>	Date reported to council/board _____	Date license granted _____
License number issued _____	Date license issued _____	Signature of Clerk / Deputy Clerk _____

rk
P.P.
4-30-16

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 20 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
 ▶ David A Schutz 7445 Oakhill Court Verona WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Hatchery Hill Hotel 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 David A Schutz 7445 Oakhill Court Verona WI 53593
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ David A Schutz 7445 Oakhill Court Verona WI 53593
 Directors/Managers _____

C.1. Trade Name ▶ Wyndham Garden Business Phone Number 608-274-7200

2. Address of Premises ▶ 2969 Cahill Main Post Office & Zip Code ▶ Fitchburg WI 53711

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles 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.) banquet room/lobby bar/storeroom

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 20th day of March, 2015

Christian Stearns
(Clerk/Notary Public)

My commission expires 10-19-18

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

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

[Signature]
(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</u>	Date reported to council/board <u>1-9461</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

*O.K. 4-21-15
P.D.*

Applicant's Wisconsin Seller's Permit Number: <u>456-0000190531-02</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 type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500
Publication fee	\$ 55
TOTAL FEE	\$ 655

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 20 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: <u>456-0003273775-02</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 type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ 500
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) David A Schutz **Home Address** 7445 Oakhill Court **Post Office & Zip Code** Verona WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Hatchery Hill Hotel Two 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 David A Schutz 7445 Oakhill Court Verona WI 53593
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ David A Schutz 7445 Oakhill Court Verona WI 53593
 Directors/Managers _____

C.1. Trade Name ▶ Candlewood Suites Business Phone Number 608-271-3400
 2. Address of Premises ▶ 5421 Caddis Bend Post Office & Zip Code ▶ Fitchburg WI 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.) banquet room/lobby bar/storeroom
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 20th day of March, 20 15
Christina Seamus
(Clerk/Notary Public)
 My commission expires 10-19-18

[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>4-10-15</u>	Date reported to council/board <u>1-9-16</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.D.
4-21-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 20 2016
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } Fitchburg
 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) David A Schutz **Home Address** 7445 Oakhill Court **Post Office & Zip Code** Verona WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Hatchery Hill Restaurant Inc.

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 David A Schutz 7445 Oakhill Court Verona WI 53593
 Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent David A Schutz 7445 Oakhill Court Verona WI 53593

Directors/Managers _____

C. 1. Trade Name Casa del Sol Business Phone Number 608-663-8818

2. Address of Premises 3040 Cahill Main Post Office & Zip Code Fitchburg WI 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.) bar/dining room/deck/storeroom

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 20th day of March, 2015

Christina Sean
(Clerk/Notary Public)

My commission expires 10-19-18

[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>4-10-15</u> <u>Rec # 1-0463</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.R. 4-21-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2015 ending: 06 20 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: <u>456-0001577220-02</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 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	\$ <u>500</u>
Publication fee	\$ <u>55</u>
TOTAL FEE	\$ <u>655</u>

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) David A Schutz Home Address 7445 Oakhill Court Post Office & Zip Code Verona WI 53593

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Tuscany Mediterrean Grill 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 David A Schutz 7445 Oakhill Court Verona WI 53593
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____

Agent ▶ David A Schutz 7445 Oakhill Court Verona WI 53593
 Directors/Managers _____

- C. 1. Trade Name ▶ Tuscany Mediterrean Grill LLC Business Phone Number 608-270-1684
 2. Address of Premises ▶ 2969 Cahill Main Post Office & Zip Code ▶ Fitchburg WI 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.) bar/dining room/storeroom
 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 20th day of March, 20 15
Christina Seamon
(Clerk/Notary Public)

My commission expires 10-19-18

[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(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</u> <u>Rec # 1-9462</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

O.K. P.A. 4-24-15

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 06/01/2015 ending: 05/01/2016
(MM DD YYYY) (MM DD YYYY)

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

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: <u>456-1026948304-04</u>	
Federal Employer Identification Number (FEIN): _____	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<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	\$
Publication fee	\$ 55.00
TOTAL FEE	\$ 155.00

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 Thai Noodles 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 (Ino. Middle Name) Home Address Post Office & Zip Code
 President/Member Neng Vong - owner 2002 Shafer Dr Fitchburg, WI 53711
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Ryan Farrell
 Directors/Managers Ryan Farrell

C. 1. Trade Name Thai Noodles Business Phone Number (608) 270-9527
 2. Address of Premises 5957 Mckee Ste 103 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) locked closet for storage, beer fridge, drink room & patio
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 8th day of April 2015
Jerry J. O'Brien NOTARY PUBLIC
 My commission expires Dec 31, 2016

Neng Vong
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Neng Vong
 (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>4-8-15 - Rec #19418</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

Applicant's Wisconsin Seller's Permit Number: <u>456000225744</u>	
Federal Employer Identification Number (FEIN): <u>000</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 250
<input checked="" type="checkbox"/> Class B beer	\$ 300
<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	\$
Publication fee	\$ 55
TOTAL FEE	\$ <u>405</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 ▶ La Concha, 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>Tomás D Ballesta</u>	<u>5600 Rolene Ct</u>	<u>Oregon 53575</u>
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent ▶	<u>Tomás Ballesta</u>	_____	_____
Directors/Managers	_____	_____	_____

C.1. Trade Name ▶ La Concha Bakery & Deli Business Phone Number (608) 276-9263
 2. Address of Premises ▶ 3054 Fish Hatchery Rd Post Office & Zip Code ▶ Fitchburg 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, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 5-door locker in grocery store
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.** Return has not yet been filed 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 _____ day of _____, 20____

(Clerk/Notary Public)
 My commission expires _____

(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)

Date received and filed with municipal clerk <u>4-14-2015</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Receipt # 19494

P.D. 48045

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-15 ending: 6-30-16
(MM DD YYYY) (MM DD YYYY)

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

County of DANE Aldermanic Dist. No. 1 (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number: <u>456-1028566584-04</u>	
Federal Employer Identification Number (FEIN): <u>[REDACTED]</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$ <u>250.00</u>
<input type="checkbox"/> Class B beer	\$ <u>[REDACTED]</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$ <u>500.00</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$ <u>[REDACTED]</u>
Publication fee	\$ <u>55.00</u>
TOTAL FEE	\$ <u>805.00</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
 ▶ BLOW DRY STYLE COUNTE, LLC. 5956 EXECUTIVE DR FITCHBURG, WI 53719

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶
 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 PRESIDENT/OWNER MARYLUE ARVANS 601 WINING VIEW DR #2 RESSBURG
 Vice President/Member _____ WI 53959
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ MARYLUE ARVANS
 Directors/Managers _____

- C. 1. Trade Name ▶ BLOW DRY STYLE COUNTE, LLC Business Phone Number 608-445-2407
 2. Address of Premises ▶ 5956 EXECUTIVE DR FITCHBERG Post Office & Zip Code ▶ FITCHBERG, 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 AREAS WITHIN BLOW DRY STYLE COUNTE
 5. Legal description (omit if street address is given above): AT 5956 EXECUTIVE DR, FITCHBURG, WI 53719
 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) 266-2778] 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 14th day of April
Rebecca Jasper
(Clerk/Notary Public)
 My commission expires 7/31/2016


Marylue Arvans
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(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 #1-9497</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

P.D.

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000226744002

← 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) La Concha LLC		Federal Employer Identification No. (FEIN) [REDACTED]
Trade or Business Name (if different than Legal Name) La Concha Bakery & Deli		Telephone Number (608) 212-2838
Business Address (Permit Location) 3054 Fish Hatchery Rd	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Fitchburg</u>	Business Telephone (608) 276-9263
City Fitchburg	State WI	ZIP Code 53575
County Dane	City	State WI
Mailing Address (if different than Business Address)	City	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

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

this _____ day of _____, 20 _____

(Clerk / Notary Public)

My commission expires _____