

1. Agenda

Documents: [PSHS_20150728_AG.PDF](#)

2. Agenda Packet

Documents: [PSHS_20150728_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, July 28, 2015
6:30 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **6:30 P.M.** on **July 28, 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** – July 14, 2015
3. **Public Appearances – Non-Agenda Items**
4. **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 new applications.**

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

American Multi-Cinema, Inc., 6091 McKee Road - DBA AMC Theater – Jeffrey Butler,
Agent

5. **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit**
 - a. Kelly Vaccaro, 5146 Lacy Road, Fitchburg, WI to hold a Wedding on Saturday, August 22, 2015 at 5146 Lacy Road, Fitchburg, WI with Amplified Live Music from 6:00 p.m. to midnight.
 - b. Fitchburg Police Department, 5520 Lacy Road, Fitchburg, WI to hold National Night Out Event on Sunday, August 2, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 8:00 a.m. to 5:00 p.m.
 - c. Avante Properties/Fitchburg Technology Campus, 120 E Lakeside St, Madison, WI for a Back to School Block Party on Thursday, August 27, 2015 at 2685, 2690, 2693 Research Park Dr. Fitchburg, WI with Amplified Live Music from 4:30 p.m. to 9:30p.m.
 - d. Syndee Olney, 2732 Lyman Lane, Fitchburg, WI for a Birthday Party on Saturday, August 1, 2015 at McGaw Park, 5236 Lacy Road, Fitchburg, WI with Amplified Music from 4:00 p.m. to 10:00 p.m.

6. **Consideration of the Following Application for Street Use Permit**
 - a. Fitchburg Technology Campus, 120 E Lakeside St, Madison, WI for a Back to School Block Party on August 27, 2015 at 2690, 2685, 2693 Research Park Drive, Fitchburg, WI from 2:00 p.m. to 10:30 p.m.
7. Hawk Schenkel, Owner of the Atomic Koi, located at 2685 Research Park Drive, Fitchburg, WI, has requested a change in the premise description for Thursday, August 27, 2015 to allow for serving of alcohol in the closed street located directly outside of the Atomic Koi, for the "Back to School" Block Party, being held on Research Park Drive between Lacy Road and McGann Lane during the hours of 5:00 p.m. to 9:30 p.m.
8. **Ordinance 2015-O-23** An Ordinance Amending Chapter 70, Section 70-309 Forfeiture Schedule
9. **Staff Report- Operator license update**
10. **Announcements**
 - a. Next meeting date is August 11, 2015
11. **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, JULY 14, 2015
7:00 P.M.
FITCHBURG CITY HALL**

NOTICE IS HEREBY GIVEN that the Fitchburg Public Safety & Human Services Committee will hold a meeting at **7:00 P.M.** on **Tuesday, July 14, 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** - Chairperson Poole called the meeting to order at 7:00 p.m.
2. **Approval of Minutes** – Motion by Hartmann to **approve** the June 23, 2015 minutes.
Motion carried.
3. **Public Appearances – Non-Agenda Items** - None
4. Motion by Gonzalez to **approve all Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Bike for Boys & Girls Club, Dennis Hall
Motion carried.
5. Chairperson Poole opened **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit** at 7:07 p.m.
 - a. American Hindu Association, 2138 South Fish Hatchery Road, Fitchburg, WI to hold a Chariot Festival on Saturday, July 18, 2015 at 2138 South Fish Hatchery Road, Fitchburg, WI with Amplified Live Music from 10:00 a.m. to 3:00 p.m.

Bahee Sathasivam representing the American Hindu Association was present and answered questions regarding this years event.

Public Hearing closed at 7:08 p.m. Motion by Hartmann to **approve** all sound permits.
Motion carried.

6. Motion by **Gonzalez** to **approve** 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) Andrew Laflash – N
Motion carried.

Motion by **Gonzalez** to **deny** 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) Oscar Villareal – N based on Guidelines #1 and #6 and lack of appearance by the applicant
Motion carried.

7. Staff Report- Operator license update

Oldenburg reported that 86 applications have been issued (55 renewals, 31 new).

8. Announcements

a. Next meeting date is July 28, 2015

9. Motion by Gonzalez to adjourn. Motion carried. Time 7:11 p.m.

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.

**CITY OF FITCHBURG
LIQUOR LICENSE APPLICATIONS
JULY 28, 2015
6:30 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 6:30 p.m. on Tuesday, July 28, 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
American Multi-Cinema, Inc., 6091 McKee Road - DBA AMC Theater – Jeffrey Butler, Agent

Patti Anderson
City Clerk

Publish: July 20, 21, 22

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Approximately December 20 15 ;
 ending June 30 20 16.

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

County of Dane Aldermanic Dist. No. 4 (if required by ordinance)

Applicant's Wisconsin Seller's Permit Number <u>456-0000099864-04</u>	
Federal Employer Identification Number (FEIN) <u>[REDACTED]</u>	
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 checked="" type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>10,500.00</u>
Publication fee	\$ 100.00 → <u>1,998</u>
TOTAL FEE	\$ <u>11,100.00</u>

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶ American Multi-Cinema, Inc.

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

Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>See attached Exhibit A</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent ▶	<u>Jeffrey Butler</u>		
Directors/Managers			

3. Trade Name ▶ AMC Theatres Business Phone Number 608-270-9036
 4. Address of Premises ▶ 6091 McKee Rd. Post Office & Zip Code ▶ Fitchburg 53719

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state MO and date 07/25/68 of registration.
 (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
 (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No
 (NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Entire movie theater SOLD AT Mac Guffins, stored in supply room adjacent

10. Legal description (omit if street address is given above): NATO MacGuffins, Consumed in theatres + mac Guffins
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued?
 12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
 13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] Yes No
 14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15 day of May, 2015
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 My commission expires 5-9-2017
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk: <u>6-23-15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

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

Submit to municipal clerk.

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

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

The undersigned duly authorized officer(s)/members/managers of American Multi-Cinema, Inc.
(registered name of corporation/organization or limited liability company)

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

located at 6091 McKee Rd., Fitchburg, WI 53719

appoints Jeffrey Butler
(name of appointed agent)

911 Chapel Hill Rd., Madison, WI 53711
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 22 months

Place of residence last year 911 Chapel Hill Rd., Madison, WI 53711

For: American Multi-Cinema, Inc.
(name of corporation/organization/limited liability company)

By: [Signature]
(signature of Officer/Member/Manager)

And: [Signature]
(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Jeffrey Butler, hereby accept this appointment as agent for the
(print/type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 5-18-15 Agent's age
(signature of agent) (date)

911 Chapel Hill Rd., Madison, WI 53711 Date of birth
(home address of agent)

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

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

Approved on 6-30-15 by [Signature] Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Connor		(first name) Kevin	(middle name) Michael	
Home Address (street/route) 833 Westover	Post Office	City Kansas City	State MO	Zip Code 64113
Home Phone Number 816-333-0581	Age ██████	Date of Birth ██████	Place of Birth Kansas City	

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

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer of American Multi-Cinema, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

Employer's Name	Employer's Address	Employed From	To
American Multi-Cinema, Inc.	11500 Ash St., Leawood, KS	11/2002	Present
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 15 day of May
Cheryl L. Edlin
(Clerk/Notary Public)



Kevin Connor
(Signature of Named Individual)

My commission expires 5-9-2017



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) McDonald		(first name) John	(middle name) David	
Home Address (street/route) 14606 Granada	Post Office	City Leawood	State KS	Zip Code 66209
Home Phone Number 913-706-0795	Age _____	Date of Birth _____	Place of Birth Medford, Oregon	

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

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

Officer of American Multi-Cinema, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? N/A
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
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If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. See Exhibit B
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

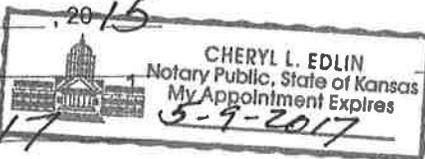
6. Named individual must list in chronological order last two employers.

Employer's Name American Multi-Cinema, Inc.	Employer's Address 11500 Ash Street, Leawood, KS 66211	Employed From 1987	To Present
Employer's Name	Employer's Address	Employed From	To

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

Subscribed and sworn to before me

this 15 day of May, 2015
Cheryl L. Edlin
(Clerk/Notary Public)
My commission expires 5-9-2017



[Signature]
(Signature of Named Individual)



AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Ramsey		(first name) Craig		(middle name) Ray	
Home Address (street/route) 11025 W. 122nd Terrace		Post Office		City Overland Park	
Home Phone Number 913-685-1880		Age ██████		Date of Birth ██████	
				State KS	
				Zip Code 66213	
				Place of Birth Fowler, KS	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of American Multi-Cinema, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

Employer's Name American Multi-Cinema, Inc.	Employer's Address 11500 Ash Street, Leawood, KS 66211	Employed From 02/1995	To Present
Employer's Name	Employer's Address	Employed From	To

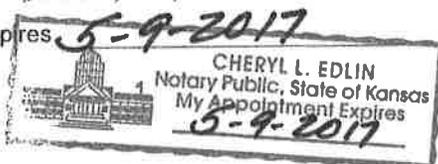
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that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

Subscribed and sworn to before me

this 14 day of May, 2015
Cheryl L. Edlin
(Notary/Notary Public)

Craig R. Ramsey
(Signature of Named Individual)

My commission expires 5-9-2017



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name) Lopez		(first name) Gerardo		(middle name) Isaac	
Home Address (street/route) 3942 Shawnee Mission Parkway		Post Office		City Fairway	State KS
Home Phone Number 813-379-1605		Age	Date of Birth	Place of Birth Oriente, Cuba	

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

- Applying for an alcohol beverage license as an individual.
- A member of a partnership which is making application for an alcohol beverage license.
- Officer of American Multi-Cinema, Inc.
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

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

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

Employer's Name American Multi-Cinema, Inc.	Employer's Address 11500 Ash Street, Leawood, KS 66211	Employed From 3-2009	To Present
Employer's Name Starbucks	Employer's Address Seattle, WA	Employed From 2004	To 2009

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

Subscribed and sworn to before me

this 15 day of May
Cheryl L. Edlin
(Notary/Notary Public)

2015
CHERYL L. EDLIN
Notary Public, State of Kansas
My Appointment Expires
5-9-2017

My commission expires 5-9-2017

[Signature]
(Signature of Named Individual)



Printed on Recycled Paper

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
BUTLER		JEFFREY			
Home Address (street/route)		Post Office		City	State
911 CHAPEL HILL RD.				MADISON	WI
Home Phone Number		Age	Date of Birth		Place of Birth
816-438-7505		██████	██████		Natick, MA

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

- Applying for an alcohol beverage license as an **Individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** of American Multi-Cinema, Inc.

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

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? 22 months
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. See attached Exhibit B
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
American Multi-Cinema, Inc.	11500 Ash Street, Leawood, KS	08/2011	Present
Office Depot	6600 North Military Trail, Boca Raton, FL	05/2000	06/2011

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

Subscribed and sworn to before me

this 18 day of May, 20 15

[Signature]
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires is permanent



Printed on Recycled Paper

Wisconsin Department of Revenue

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, July 28, 2015 at 6:30 p.m. In the Conference Room at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI for the purpose of receiving comments on the following application for a Sound Amplification Permit:

Kelly Vaccaro, 5146 Lacy Road, Fitchburg, WI to hold a Wedding on Saturday, August 22, 2015 at 5146 Lacy Road, Fitchburg, WI with Amplified Live Music from 6:00 p.m. to midnight.

Fitchburg Police Department, 5520 Lacy Road, Fitchburg, WI to hold National Night Out Event on Sunday, August 2, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music and Announcements from 8:00 a.m. to 5:00 p.m.

Avante Properties/Fitchburg Technology Campus, 120 E Lakeside St, Madison, WI for a Back to School Block Party on Thursday, August 27, 2015 at 2685, 2690, 2693 Research Park Dr. Fitchburg, WI with Amplified Live Music from 4:30 p.m. to 9:30 p.m.

Syndee Olney, 2732 Lyman Lane, Fitchburg, WI for a Birthday Party on Saturday, August 1, 2015 at McGaw Park, 5236 Lacy Road, Fitchburg, WI with Amplified Music from 4:00 p.m. to 10:00 p.m.

Patti Anderson
City Clerk

Published: July 17, 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 5/8/15
NAME (INDIVIDUAL OR ORGANIZATION) KELLY VACCARO
ADDRESS 5146 LACY RD.
CITY FITCHBURG STATE WI ZIP 53711 PHONE # 608 332 4165
E-MAIL ADDRESS KJVACCARO@YAHOO.COM
DATE OF EVENT 8/22/15 HOURS FOR SOUND: FROM 6pm TO 12:00AM
TYPE OF EVENT WEDDING
LOCATION W/ADDRESS 5146 LACY 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 100-120
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED SOUND SYSTEM & LIVE BAND.

I, KELLY VACCARO (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 Patti DATE 6/1/15 FEE \$50.00
CASH CHECK # CC

DATE PUBLISHED July 17, 2015 HEARING DATE July 28, 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

July 17, 2015

Kelly Vaccaro
5146 Lacy Road
Fitchburg, WI 53711

Dear Kelly,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, July 28, 2015 at 6:30 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 6:30 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 A APPLICATION MUST BE FILED AT LEAST 30 DAYS PRIOR TO THE EVENT

DATE 26 April 2015
NAME (INDIVIDUAL OR ORGANIZATION) FITCHBURG POLICE DEPT.
ADDRESS 5520 LACY ROAD
CITY FITCHBURG STATE WI ZIP 53711 PHONE # 270-4300
E-MAIL ADDRESS Jay.Wilson@FitchburgWI.Gov
DATE OF EVENT 2 Aug '15 HOURS FOR SOUND: FROM 8A TO 5p
TYPE OF EVENT NATIONAL NIGHT OUT EVENT
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 200
PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED P.A. SYSTEM
TO MAKE ANNOUNCEMENTS

I, JAY WILSON (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 CHECKS DEPT DATE 4-27-15 FEE \$50.00
CASH CHECK #
DATE PUBLISHED July 17, 2015 HEARING DATE July 28, 2015.
ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:



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 6/17/2015

NAME (INDIVIDUAL OR ORGANIZATION) AVANTE PROPERTIES / FITCHBURG TECHNOLOGY CAMPUS

ADDRESS 120 E. LAKESIDE ST.

CITY MADISON STATE WI ZIP 53715 PHONE #

E-MAIL ADDRESS KELLY@AVANTEPROPERTIES.COM

DATE OF EVENT 8/27/15 HOURS FOR SOUND: FROM 4:30pm TO 9:30pm

TYPE OF EVENT FTC BACK TO SCHOOL BLOCK PARTY

LOCATION W/ADDRESS 2685/2690/2693 RESEARCH PARK DR

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

ESTIMATED ATTENDANCE 500

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED LIVEBAND w/ 2 Amplifiers, Electric Bass, Guitar, PIANO, drums + POWERED PA head + outdoor MOVIE THEATRE

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

APPLICANT'S SIGNATURE

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Tracy Olsenburg DATE 7-8-15 FEE \$50.00 CHECK # 3042

DATE PUBLISHED 7-17-15 HEARING DATE July 28, 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

July 17, 2015

Avante Properties/Fitchburg Technology Campus
Attn: Kelly Noll
120 E. Lakeside Street
Madison, WI 53715

Dear Kelly,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, July 28, 2015 at 6:30 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 6:30 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 7/8/15

NAME (INDIVIDUAL OR ORGANIZATION) Syndee Dney

ADDRESS 2732 Lyman Lane

CITY Fitchburg STATE WI ZIP 53711 PHONE # 608-391-0581

E-MAIL ADDRESS Syndee80@gmail.com

DATE OF EVENT 8/1/15 HOURS FOR SOUND: FROM 4pm TO 10pm

TYPE OF EVENT Birthday Party

LOCATION W/ADDRESS McGaw Park Shelter 5236 Lacy 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 100-150

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED DJ equipment
speakers, amp, microphone, lights

I, Syndee Dney (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 Syndee Dney

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Ignacia A. DATE 7-10-15

CASH DATE PUBLISHED July 17th 2015 HEARING DATE July 28, 2015

FEE \$50.00
CHECK #
Receipt # 1-10032

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

July 17, 2015

Syndee Olney
2732 Lyman Lane
Fitchburg, WI 53711

Dear Syndee,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, July 28, 2015 at 6:30 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 6:30 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



CITY OF FITCHBURG

APPLICATION FOR STREET USE PERMIT

(FOR RESIDENTIAL/NEIGHBORHOOD EVENTS CLOSING CITY STREETS – APPLICATION MUST BE FILED 30 DAYS PRIOR TO EVENT– \$20 FILING FEE)

2690/2685/

We, the undersigned residents of the 2693 block(s) of RESEARCH PARK DR. Street in the City of Fitchburg, hereby consent to the recreational use of this street between the hours of 2:00 AM/PM and 10:30 AM/PM on AUGUST 27, 20015 (Rain Date? _____) for the purpose of FTC BACK TO SCHOOL BLOCK PARTY (describe event), and do hereby petition the Public Safety and Human Services Committee to grant a Street Use Permit under Section 27-46 of the General Code of Ordinances of the City of Fitchburg for use of the said portion of said street for said purpose and do hereby agree to abide by such conditions of such use as the City of Fitchburg shall attach to the granting of the requested Street Use Permit.

The responsible person(s) who shall make application for a Street Use Permit on our behalf is/are as follows:

NAME(S): KELLY NOLL
 ADDRESS: 120 E. LAKESIDE ST MADISON -Fitchburg, WI 53715
 Phone (Day) 608-395-3485 (PM) 608-843-2943 email KELLY@VI
 ORGANIZATION/GROUP Avante Properties

Petitioner Signature

Petitioner Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALL AFFECTED RESIDENTS MUST SIGN. ATTACH ADDITIONAL SHEETS AS NEEDED.

Traffic control devices are required for this event. The City has 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.

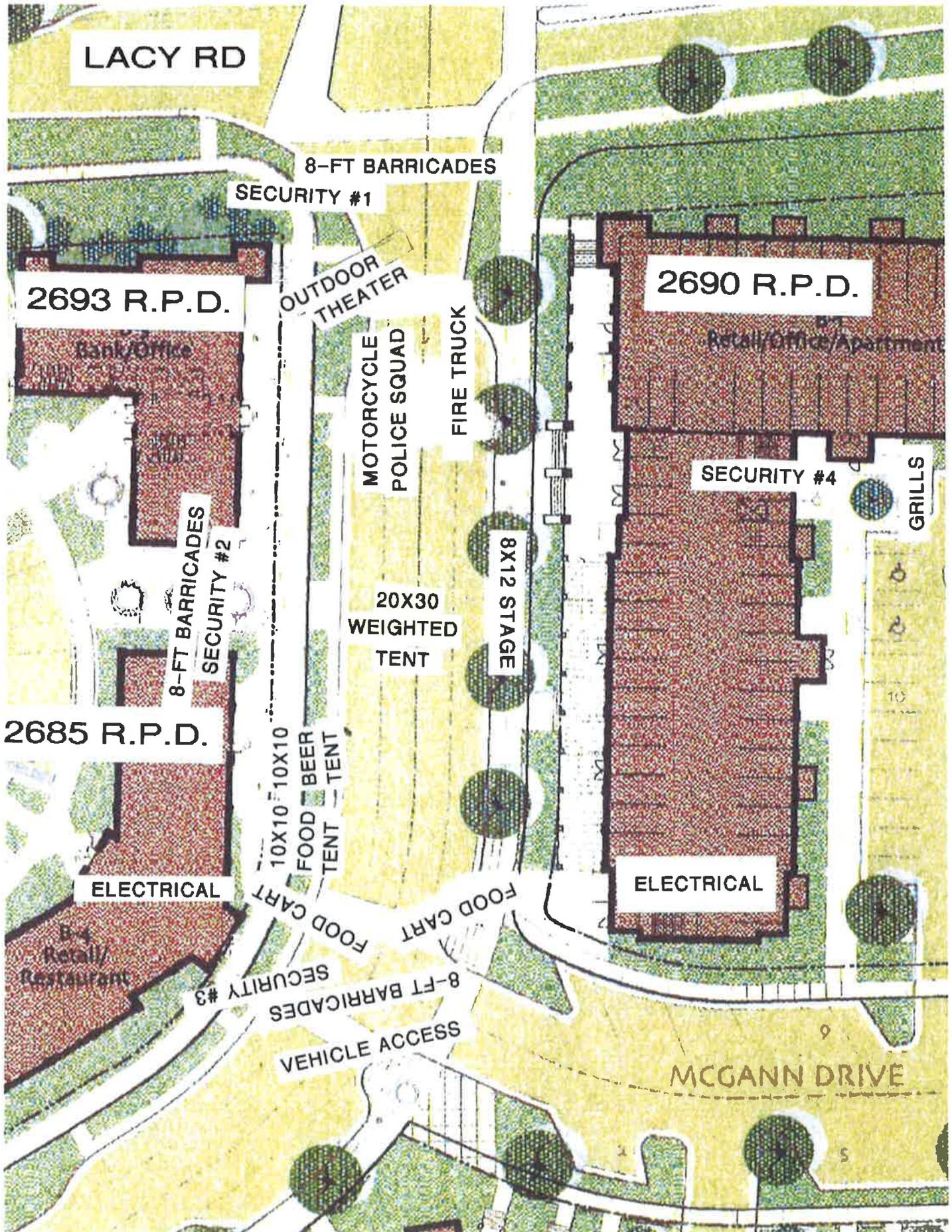
TO BE COMPLETED BY CITY STAFF

Received By Tracy Odenburg Date 7-8-15 \$20 FEE Receipt# 1-10008

Place on PUBLIC SAFETY AND HUMAN SERVICES agenda: _____, 20__

ACTION: Approved _____ Denied _____ Date _____, 20__

Amended _____ City Clerk _____



Tracy Oldenburg

From: Gus VanderWegen
Sent: Wednesday, July 08, 2015 3:37 PM
To: Tracy Oldenburg
Subject: RE: Back to School Block Party

Tracy,

I do not see the need to meet. The event has had no issues from the Public Works perspective.

Gus VanderWegen, P.E.

From: Tracy Oldenburg
Sent: Wednesday, July 08, 2015 3:29 PM
To: Gus VanderWegen
Subject: FW: Back to School Block Party

Would you still like to meet with them Gus?

Tracy Oldenburg

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

<< OLE Object: Picture (Device Independent Bitmap) >>

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

From: Chad Brecklin
Sent: Wednesday, July 08, 2015 3:20 PM
To: Tracy Oldenburg
Subject: Declined: Back to School Block Party
When: Thursday, July 23, 2015 10:45 AM-11:00 AM (UTC-06:00) Central Time (US & Canada).
Where: CH_Conference_Room

Tracy,

I just met with Kelly Noll this morning over at the event site to go over the details of the event. So, I don't feel this meeting is necessary from the police side of things. There are no significant changes to the event and the police department has no concerns regarding the event. Let me know if you have any questions.

Regards,

Chad

June 30, 2015

City of Fitchburg
Public Safety Committee
5520 Lacy Road
Fitchburg, Wisconsin 53711

RE: Request to Amend Alcohol License

Members of the Public Safety Committee,

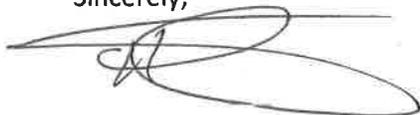
The Fitchburg Technology Campus and other area businesses, including the Atomic Koi Cocktail Lounge, are planning a Block Party to be located on Research Park Drive in between Lacy Road and McGann Drive on Thursday, August 27th from 5:00 to 9:30pm. The intent is to close off traffic at this location and have live music, food and drink, and family activities in the street. The Block Party will be open to the general public.

As the primary provider of alcohol for the event, I'd like to request the alcohol license held by the Atomic Koi Cocktail Lounge located at 2685 Research Park Drive, Suite 200, be amended for one day on August 27th so that attendees are able to bring alcohol onto the closed street during the event. The serving of alcohol will take place inside the Premises located at 2685 Research Park Drive, as well as in the closed street directly located in front of the Premises. Only licensed bartenders will be serving the alcohol, both inside and outside.

Outdoor alcohol will only be permitted on the street sides of 2685, 2690, and 2693 Research Park Drive. Outdoor alcohol will not be permitted in the parking lots of said addresses, nor will it be allowed beyond the barricades closing off Research Park Drive at Lacy Road and McGann Drive. Security volunteers and signs alerting patrons of these boundaries will be in place during the event.

Should the Public Safety Committee have any questions or concerns regarding the event and the serving of alcohol, I authorize Kelly Noll of Avante Properties/Fitchburg Technology Campus to respond on my behalf. If you prefer to contact me directly, I'm available by phone. I thank you for your consideration.

Sincerely,



Hawk Sullivan
Owner, Atomic Koi Cocktail Lounge
608-347-4295

Encl: City of Fitchburg Application for Street Use Permit
Party Layout

cc: Donald Bates, Deputy Chief of Police, City of Fitchburg
Kelly Noll, Avante Properties/Fitchburg Technology Campus

LACY RD

8-FT BARRICADES

SECURITY #1

2693 R.P.D.

Bank/Office

OUTDOOR THEATER

MOTORCYCLE POLICE SQUAD

FIRE TRUCK

2690 R.P.D.

Retail/Office/Apartment

SECURITY #4

GRILLS

8-FT BARRICADES SECURITY #2

20X30 WEIGHTED TENT

8X12 STAGE

2685 R.P.D.

10X10 FOOD BEER TENT

ELECTRICAL

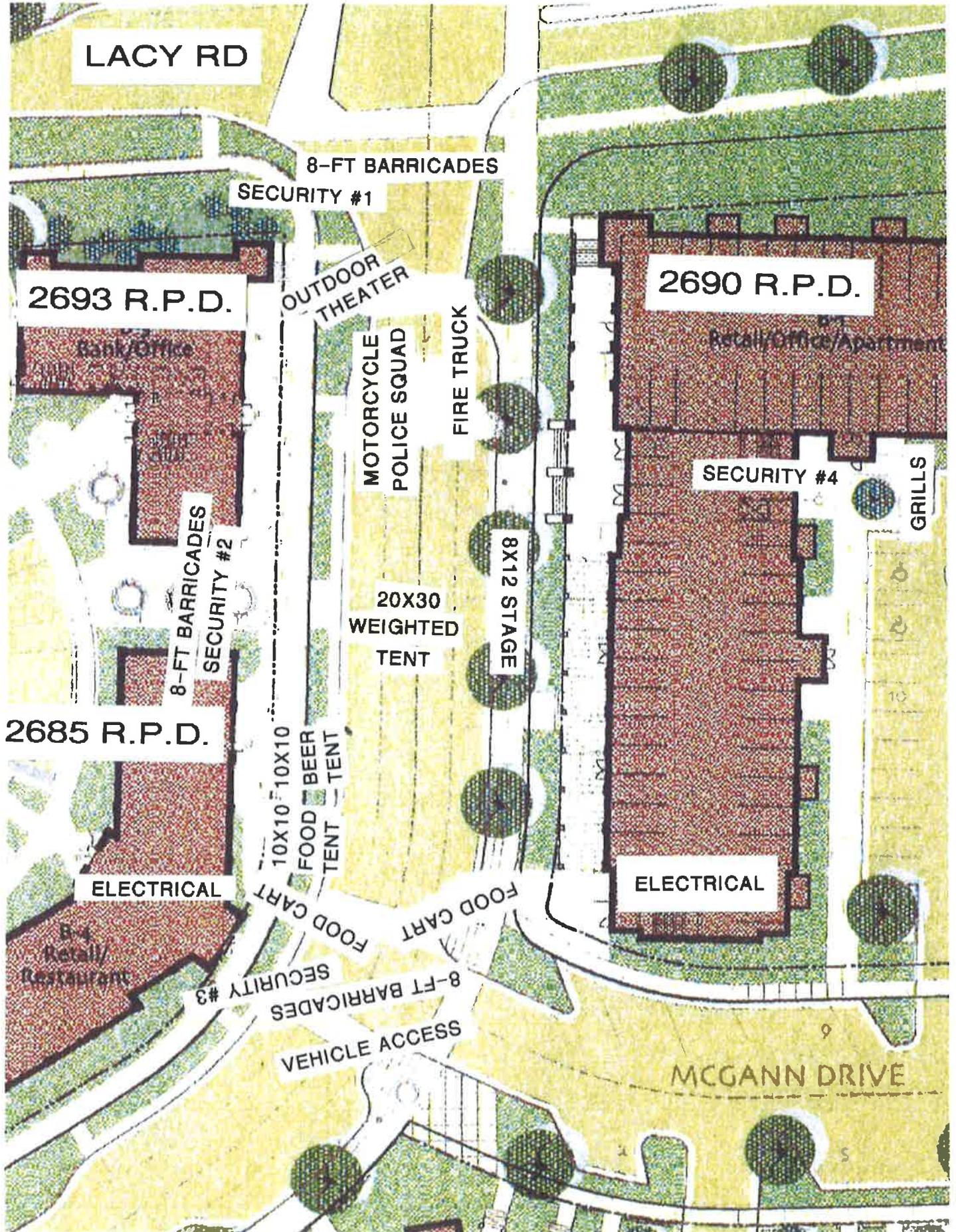
ELECTRICAL

FOOD CART

SECURITY #3

8-FT BARRICADES VEHICLE ACCESS

MCGANN DRIVE





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

July 17, 2015

Atomic Koi
Attn: Hawk Sullivan
2685 Research Park Drive
Fitchburg, WI 53711

Dear Hawk,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, July 28, 2015 at 6:30 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 6:30 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

City of Fitchburg

Committee or Commission Referral

Direct Referral Initiated by:
Direct Referral Approved by:

Date Referred: **July 14, 2015** Ordinance Number: **2015-O-23**
Date to Report Back: **July 28, 2015** Resolution Number:

Sponsored by: Alders Stern, Gonzalez & Carpenter Drafted by: Patrick Stern

**TITLE: An Ordinance Amending Chapter 70, Section 70-309
Forfeiture Schedule**

Background:

When initially enacted the fine schedule for remediation and rehabilitation made sense. As it is clear that we are edging closer to an end to national prohibition, it's time to revisit the fine for possession of marijuana to more closely reflect our values and enforcement priority. Study after study show that those affected by the fines are disproportionately minority, but also Dane County's advisory referendum showed very clearly that this is no longer an area of concern for most people. This update adheres to state and federal law, but places the proper emphasis on the enforcement of the current prohibitive policies. The current forfeiture for possession of marijuana with costs is \$1321.00. This ordinance reduces the total forfeiture to \$62.26.

Order	Referred To	Staff Contact	Place on Agenda For	Action Taken On Referral
1	Public Safety & Human Services	Anderson	July 28, 2015	
2	Finance Committee	Dodge	July 28, 2015	
3				
4				

Amendments:

Steve Arnold, Mayor
Introduced by

Alders Stern, Gonzalez & Carpenter
Prepared by

Public Safety & Finance
Referred to

July 14, 2015
Date

ORDINANCE 2015-O-23

An Ordinance Amending Chapter 70, Section 70-309 Forfeiture Schedule

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

Section 1. Section 70-309 is amended to read:

70-309 Below is the base range for forfeitures, excluding court costs and other miscellaneous fees, for penalties for any person violating any provision of this Code where a penalty has not already been provided:

Forfeiture		
70-122	Possession of marijuana	\$500.00—1,000.00 \$1

Section 2. This ordinance shall take effect the day after its publication.

Section 3. If any section, subsection, sentence, clause or phrase of this Ordinance is for any reason held to be invalid or unconstitutional by reason of a decision of any court of competent jurisdiction, such decision shall not affect the validity of any other section, subsection, sentence, clause or phrase thereof

Adopted this ____ day of _____, 20__.

Patti Anderson, City Clerk

Steve L. Arnold, Mayor

Published: