

1. Agenda

Documents: [PSHS_20150825_AG.PDF](#)

2. Agenda Packet

Documents: [PSHS_20150825_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, AUGUST 25, 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 **August 25, 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** – August 11, 2015
3. **Public Appearances – Non-Agenda Items**
4. **Consideration of Change of Agent for Speedway, LLC. – DBA Speedway #4170 -**
Timothy J. Armstrong, 302 Madison Street, Marshall, WI 53559
5. **Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Verona Road Business Coalition, Joyce Frey, Steven Leverentz
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 Thursday, September 17, 2015 to allow for serving of alcohol in the east side of the parking lot for a Verona Road Business Appreciation Oktoberfest Fundraiser Event during the hours of 4:00 p.m. to 8:00 p.m.
7. **Consideration of the Following Fermented Malt Beverage and Intoxicating Liquor Licenses: (Issuance Contingent upon Payment of all Fees owed to The City of Fitchburg) All are New applications.**

CLASS “A”/“CLASS A” FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR
W.D.S. Inc., 5276 Williamsburg Way - DBA Liquor Town – Bill O’Connell, Agent
8. **Consideration of the Following Applications for Cigarette License:**
 - a. Liquor Town
9. **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit**
 - a. Verona Road Business Coalition, c/o Joyce Frey, 5520 Lacy Road, Fitchburg, WI for a Customer Appreciation and Fundraiser on Thursday, September 17, 2015 at Hy-Vee, 2920 Fitchrona Road, Fitchburg, WI with Amplified Live Music from 4:00 p.m. to 8:00 p.m.

- b. Calvary Bible Fellowship, 2841 Index Road, Madison, WI for a Church Family Fun Dazes on Saturday, September 19, 2015 at Tower Hill Park, 5610 Cheryl Drive, Fitchburg, WI with Amplified Live Music from 6:00 p.m. to 9:00 p.m.
10. **Operator Licenses needing special attention where applicant must be present (tabled from August 11, 2015): (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg – Notes: N = New, All Others = Renewal - Jewitt L. White - N**
11. **Staff Report- Operator license update**
12. **Announcements**
 - a. Next meeting date is September 8, 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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(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>

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- 12. Announcements**
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Administrative Offices
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**DRAFT MINUTES
PUBLIC SAFETY & HUMAN SERVICES COMMITTEE
TUESDAY, AUGUST 11, 2015
6:30 P.M.
FITCHBURG CITY HALL**

1. **Call to Order-** Chairperson Poole called the meeting to order at 6:30 p.m.
2. **Approval of Minutes** – Motion by Gonzalez to **approve** the July 28, 2015 minutes.
Motion carried.
3. **Public Appearances – Non-Agenda Items**
4. Motion by Gonzalez to **approve all Temporary Operator Licenses: (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)** Taste of Fitchburg - James Triatik, Christine Wittleder; Reach-A-Child Kickin' It for Kids - Michael Jones, Alissa Kochaver, Eric Salzwedel.

Motion carried.
5. Motion by Hartmann to **approve the Application for Temporary Class “B”/”Class B” Retailers License “Picnic License” (Issuance Contingent upon Payment of all Fees Owed to City of Fitchburg)**
 - a. 4-C, 5 Odana Road, Madison, WI to hold Taste of Fitchburg on Saturday, September 19, 2015 from 11:00 a.m. to 3:00 p.m. at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI (For Sale of Fermented Malt Beverages and Wine)

Christine Wittleder registered and spoke regarding the event.
 - b. Reach-A-Child, Inc., 8030 Excelsior Drive #307, Madison, WI to hold Kickin' It For Kids Kickball Event on Saturday, August 22, 2015 from 9:00 a.m. to 9:00 p.m. at McGaw Park, 5236 Lacy Road, Fitchburg, WI (For Sale of Fermented Malt Beverages only)

Eric Salzwedel registered and spoke regarding the event.

Motion carried.
6. Chairperson Poole opened **Public Hearing for Consideration of the Following Applications for a Sound Amplification Permit at 6:39 p.m.**

Laurie Morris, 5676 Wilshire Drive registered to speak regarding concerns with the sound levels during the larger events, specifically Fitchburg Days and Festa Italia. There was discussion regarding the hours for which these permits are issued as well as the best possible solution to address resident concerns with the decibel levels and the

allowable levels of base being used. The committee noted that they will work with City staff to make improvements to current regulations and procedures for the larger events.

- a. Oak Meadow Homeowners Association, 2617 Targhee Street, Fitchburg, WI for a Movie in the Park on Saturday, September 12, 2015 at Oak Meadow Park, 2610 Targhee Street, Fitchburg, WI with Amplified Sound from 5:00 p.m. to 10:00 p.m.

Jodie Johnson, representing Oak Meadow Homeowners Association registered and spoke regarding the movie event.

- b. Allied Dunn's Marsh Neighborhood, 2106 Red Arrow Trail #9, Fitchburg, WI for the Jubilee of Life event on Saturday, August 22, 2015 at 4619 Jenewein Road, Fitchburg, WI with Amplified Music from 9:00 a.m. to 3:00 p.m.

Katy Farrens, representing the Allied Dunn's Marsh Neighborhood registered and spoke regarding music and announcements at the Jubilee of Life event.

- c. 4-C, 5 Odana Court, Madison, WI for Taste of Fitchburg on Saturday, September 19, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Live Music from 8:00 a.m. to 3:00 p.m.

Christine Wittleder registered and spoke regarding the live music at their event.

- d. Pregnancy Helpline, P.O. Box 5261, Madison, WI for Diaper Dash 5K Fun Run on Saturday, September 26, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI with Amplified Music from 8:00 a.m. to 2:00 p.m.

Barbara Sella, representing Pregnancy Helpline registered and spoke regarding the event.

- e. Reach-A-Child, 8030 Excelsior Drive #307, Madison, WI for Charity Kickball Event on Saturday, August 22, 2015 at McGaw Park, 5236 Lacy Road, Fitchburg, WI with Amplified Music from 9:00 a.m. to 9:00 p.m.

Eric Salzwedel registered and spoke regarding the event.

Public Hearing closed at 7:03 p.m. Motion by Gonzalez to **approve** all sound permits. Motion carried.

7. **Consideration of the Following Application for Street Use Permit**

- a. Allied Dunn's Marsh Neighborhood, 2106 Red Arrow Trail #9, Fitchburg, WI for the Jubilee of Life event on Saturday, August 22, 2015 using 4600 – 4700 blocks of Jenewein Road, Fitchburg, WI from 9:00 a.m. – 5:00 p.m.

Katy Farrens, representing the Allied Dunn's Marsh Neighborhood registered and spoke regarding the street closure for the Jubilee of Life event.

- b. Pregnancy Helpline, P.O. Box 5261, Madison, WI for Diaper Dash 5K Fun Run on Saturday, September 26, 2015 at McKee Farms Park, 2930 Chapel Valley Road, Fitchburg, WI using Various Fitchburg Roads from 7:00 a.m. to 2:00 p.m.

Barbara Sella, representing Pregnancy Helpline registered and spoke regarding the event.

Motion by Hartmann to **approve** all Street Use Permits. Motion carried.

8. Motion by Hartmann to **deny Operator License 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** - Valerie L. Moore, Motion carried.

Motion by Hartmann to **Table** to the August 25, 2015 meeting - **Operator License 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** Jewitt L. White

The committee requested that Jewitt White and his manager/supervisor both attend the August 25, 2015 meeting to discuss the issuance of the operator license.

Motion carried.

9. **Staff Report- Operator license update**

Anderson reported a total of 14 operator licenses were approved (12 new, 2 renewals)

10. **Announcements**

a. Next meeting date is August 25, 2015

11. Motion by Gonzalez to **adjourn**. Motion carried.
Time: 7:24 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.

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 Speedway LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Speedway 4170
(trade name)

located at 2810 Fish Hatchery Road, Fitchburg, WI 53713

appoints Timothy J. Armstrong
(name of appointed agent)
302 Madison Street, Marshall, WI 53559
(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).
Currently listed as Agent for Speedway 4132, WI (Agent Change in progress)

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

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

Place of residence last year 302 Madison Street, Marshall, WI 53559

For: Speedway LLC
(name of corporation/organization/limited liability company)

By: R. L. Edmiston Ronald L. Edmiston, Treasurer Speedway LLC
(signature of Officer/Member/Manager)

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

ACCEPTANCE BY AGENT

I, Timothy J. Armstrong, 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] _____ Agent's age 43
(signature of agent) (date)
302 Madison Street, Marshall, WI 53559 Date of birth [Redacted]
(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 7/21/15 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)		(first name)		(middle name)	
ARMSTRONG		TIMOTHY		JAMES	
Home Address (street/route)		Post Office		City	
302 MADISON STREET				MARSHALL	
Home Phone Number		Age		Date of Birth	
608-271-9779		43		[REDACTED]	
				State	
				WI	
				Zip Code	
				53559	
				Place of Birth	
				Madison, WI	

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.
- Timothy J. Armstrong, Agent** of **Speedway LLC**
(Officer/Director/Member/Manager/Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

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

- How long have you continuously resided in Wisconsin prior to this date? Lifetime Resident
- 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. Speedway 4132 in Madison, WI (Agent Change Pending)
(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
Speedway LLC	PO Box 1500, Springfield, OH 45501	08/05/2013	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 20th day of July, 2015

Yvonne Deuce
(Clerk/Notary Public)
My commission expires 12/19/2018



Recpt # 110085

Timothy J. Armstrong, Agent
(Signature of Named Individual)





Administrative Offices
5520 Lacy Road
Fitchburg, WI 53711-5318
Phone: (608) 270-4200 Fax: (608) 270-4212
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August 14, 2015

Speedway # 4170
Attn: Timothy J. Armstrong
302 Madison Street
Marshall, WI 53559

Dear Timothy,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, August 25, 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 application. 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

Temp.



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: 8-3-15
Cash [] Check #
Receipt #
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: Joyce Ellen Frey
First Middle Last
Sex M (F)
Address: 780 Kennedy Street
City: Sauk City State: WI Zip: 53583
Phone:
Driver's License #
Date of Birth

Have you held a temporary license this year? Yes (No)
Sponsoring Organization: Verona Road Business Coalition
Event: Customer Appreciation / Fundraiser Event Date(s): Thursday, Sept 17, 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

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: Joyce Ellen Frey
Printed Name: Joyce Ellen Frey
E-mail: joyce.frey@fitchburgwi.gov
Date: July 30, 2015

INVESTIGATION:
Case # 15-13314 Date: 08-13-15
Police Department Signature: P.O. [Signature]
APPROVED DENIED
Denied based on guideline #

Temp.



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: 8-4-15 Cash Check # _____
Receipt # _____
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: Steven L. Ceverat Sex M F
Address: 126 West Liberty St.
City: Evansville State: WI Zip: 53536
Driver's License # [REDACTED] Date of Birth [REDACTED]

Have you held a temporary license this year? Yes No
Sponsoring Organization: VRBC / Hyvee
Event: Oktoberfest Event Date(s): 9/17/2015

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: Steven L. Ceverat Date: 8/4/2015

INVESTIGATION:
Case # 15-13313 Date: 08-13-15
Police Department Signature: [Signature] APPROVED DENIED
Denied based on guideline # _____

July 30, 2015

Fitchburg City Clerk's Office

On Thursday, September 17, 2015 Hy-Vee will be hosting the Verona Road Business Coalition Business Appreciation Oktoberfest as a fundraiser for the coalition. The event will take place on the east side of the parking lot. All the entrances and exits will be accessible. The event will be held from 4:00 pm to 8 pm.

We will be selling tickets in advance and at the door for \$10.00. The fee would include one food and one drink ticket. We would like to serve beer, wine, soda and water. We will have volunteers at the entrance checking ID's and placing wristbands on those who are of legal drinking age. We will be selling beer and wine as well. We will have 3 persons with valid operator's license dispensing the beer.

We will be having a polka band at the event in the fenced in area. The live music will run for duration of the event. We have applied for a Sound Amplification Permit for this event.

I am requesting a premise description change for this event which would allow us to use our current Class B Liquor License.

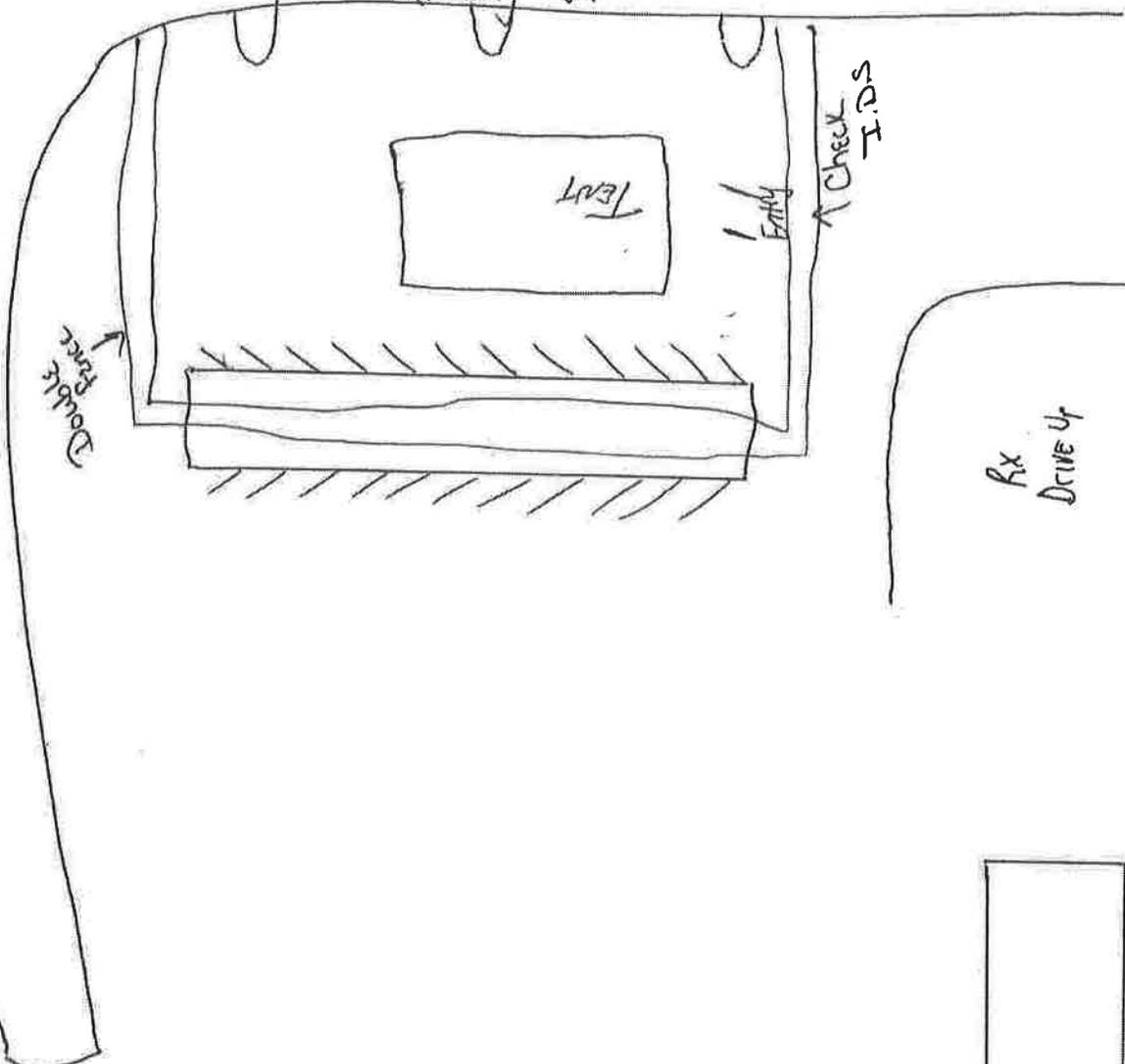
Thank You,

Lucas Glasgow

Hy-Vee Store Manager

N
+
S

Retaining Wall



Pathway

Rx
DRIVE 4

STORE

Retaining Wall

Tracy Oldenburg

From: Chad Brecklin
Sent: Tuesday, August 04, 2015 8:56 AM
To: Tracy Oldenburg
Subject: RE: Hy-Vee premise change for event

Could you have Lucas give me a call? It looks like everything is the same from their last fundraising event. I'd just like to confirm that.

From: Tracy Oldenburg
Sent: Tuesday, August 4, 2015 8:19 AM
To: Chad Brecklin
Subject: Hy-Vee premise change for event

Good morning Chad,

Attached is a premise change request for an event at Hy-Vee. Would you like to have a pre-meet prior to putting it on the Public Safety meeting or are you okay with the event. I do have a sound permit for this as well.

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: O365Relay
Sent: Tuesday, August 04, 2015 8:07 AM
To: Tracy Oldenburg
Subject: Attached Image



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

August 14, 2015

Lucas Glasgow, Store Director
Fitchburg Hy-Vee
2920 Fitchrona Road
Fitchburg, WI 53719

Dear Lucas,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, August 25, 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,

A handwritten signature in black ink, appearing to read 'RMB'.

Ruth M. Becker
Administrative Receptionist
City of Fitchburg

**CITY OF FITCHBURG
LIQUOR LICENSE APPLICATIONS
AUGUST 25, 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, August 25, 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 "A"/"CLASS A" FERMENTED MALT BEVERAGE & INTOXICATING LIQUOR
W.D.S. Inc., 5276 Williamsburg Way - DBA Liquor Town – Bill O'Connell, Agent

Patti Anderson
City Clerk

Publish: August 17, 18, 19

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning Sept 1 20 15 ;
 ending June 30 20 16

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

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

Applicant's Wisconsin Seller's Permit Number: <u>456-000259161-03</u>	
Federal Employer Identification Number (FEIN): <u>39-175462</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>250</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
Publication fee	\$ <u>100.00 -</u>
TOTAL FEE	\$ <u>850.00</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): Bill O'Connell

W.D.S. 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>Bill O'Connell</u>	<u>704 Kaepfend Rd</u>	<u>53597</u>
Vice President/Member	<u>Mary O'Connell</u>	<u>Wausau</u>	<u>53597</u>
Secretary/Member	<u>Bill O'Connell</u>	<u>Wausau</u>	<u>53597</u>
Treasurer/Member	<u>Mary O'Connell</u>	<u>Wausau</u>	<u>53597</u>
Agent	<u>Bill O'Connell</u>	<u>Wausau</u>	<u>53597</u>

3. Trade Name WDS Inc Liquor Town Business Phone Number 608 271-1715
 4. Address of Premises 5276 Williamsburg Way Post Office & Zip Code Fitchburg WI 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? completed Yes No
 6. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
 7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
 8. (a) Corporate/limited liability company applicants only: Insert state WI and date 4/93 of registration. Yes No
 (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.) 3000 sq ft front room, cooler, back room, basement

10. Legal description (omit if street address is given above):
 11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
 (b) If yes, under what name was license issued? Liquor Town
 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 5th day of August, 2015
Jessy J. Alden
 (Clerk/Notary Public)
 My commission expires Dec 18, 2016

Bill O'Connell
 (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK			
Date received and filed with municipal clerk <u>8-5-15</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

8. We own Neil's Liquor (DSPC) 3064 Fish Hatchery Rd Fitchburg WI

Good Neighbor Liquor (DSPC) 3111 Parmenter St Middleton WI 53562

Neil's Liquor (BMDSPC) 2415 Allen Blvd Middleton WI 53562



Memorandum

To: Public Safety & Human Services Committee

From: Thomas Blatter, Chief of Police *TB*

Date: 8/13/2015

Re: Alcohol Beverage License Applications

I have reviewed the Alcohol Beverage License Applications submitted by the following and find no reason why these licenses should not be granted.

<u>Business</u>	<u>Location</u>	<u>Agent</u>
Liquor Town	5276 Williamsburg Way	William O'Connell

AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
O'Connell		Bill		W	
Home Address (street/route)		Post Office	City	State	Zip Code
704 Raymond Rd		Waunakee	Waunakee	WI	53597
Home Phone Number		Age	Date of Birth	Place of Birth	
608 849-8227		58	[REDACTED]	Camplafune NC	

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.
- Bill O'Connell of WDS 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? 51 yrs
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)

- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.

- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. Neils Liquor Fitchburg Neils Liquor Middleton Good Neighbor Liquor Middleton
(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)

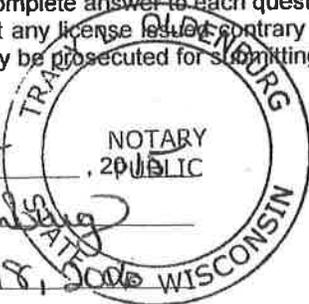
6. Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
<u>Neils Liquor</u>	<u>3064 Fish Hatchery Rd</u>	<u>2010</u>	<u>present</u>
Employer's Name	Employer's Address	Employed From	To
<u>Holiday Wholesale</u>	<u>WIS Dells WI</u>	<u>1996</u>	<u>2014</u>

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 5th day of August
Tracy L. Oldenburg
(Clerk/Notary Public)



[Signature]
(Signature of Named Individual)

My commission expires Dec 18, 2006



AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <i>O'Connell Mary A</i>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <i>704 Raymond Rd 608 849-8227</i>		5. Legal Name	
6. City <i>Wauwatosa</i>	State <i>WI</i>	Zip Code <i>53597</i>	7. Position With Applicant <i>owner/manager</i>
8. Percent of Stock Held			

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ <i>Mary O'Connell</i>	Date <i>7-30-15</i>
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Wisconsin Department of Revenue

AUXILIARY QUESTIONNAIRE

To be completed by each individual, partner, or member and each officer, director, agent, and holder of 5% or more stock of a corporation.

1. Name of Individual, Partner, Member, Officer, etc. <i>O'Connell Bill W</i>		2. Social Security Number [REDACTED]	3. Date of Birth [REDACTED]
4. Home Address and Phone Number <i>704 Raymond Rd</i>		5. Legal Name	
6. City <i>Wauwatosa</i>	State <i>WI</i>	Zip Code <i>53597</i>	7. Position With Applicant <i>owner/manager</i>
8. Percent of Stock Held			

- Yes No 9. Are you a resident of Wisconsin?
If No, and you are a sole proprietor, partner, member, or foreign or domestic corporation, you must complete the "Appointment of Department of Financial Institution's (DFI) Service of Process" by Nonresident or Foreign Corporation.
- Yes No 10. Have you been found guilty of crimes relating to loaning money or anything of value to persons holding licenses or permits issued pursuant to ch. 125, Wis. Stats.?
- Yes No 11. Have you been convicted of violating federal or state laws or local ordinances other than traffic violations?
If Yes, check type violated: Federal State Local ordinances
Also provide details of violation (nature of violation, date, place, court, and disposition) _____
12. If you have been convicted of a felony, describe the nature of the felony. If pardoned, give date, and place of pardon and attach a copy to the application. _____

I declare under penalties of the law that I have examined this information and, to the best of my knowledge, it is true, correct, and complete.

Your Signature ▶ <i>Bill O'Connell</i>	Date <i>7-30-15</i>
---	------------------------

Wisconsin Department of Revenue

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 City of Fitchburg County of Dane

The undersigned duly authorized officer(s)/members/managers of WDS 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 Liquor Town
(trade name)

located at 5276 Williamsburg Way

appoints Bill O'Connell
(name of appointed agent)

704 Raymond Rd Waunakee WI 53597
(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).
Neils liquor Fitchburg, Neils liquor Middleton, Good Neighbor Liquor Middleton

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 5 yrs

Place of residence last year 704 Raymond Rd Waunakee WI

For: Liquor Town (WDS Inc)
(name of corporation/organization/limited liability company)

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

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

ACCEPTANCE BY AGENT

I, Bill W. O'Connell
(print/type agent's name), hereby accept this appointment as agent for the

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

Bill W. O'Connell 8-5-15 Agent's age 58
(signature of agent) (date)

704 Raymond Rd Waunakee WI 53597 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 8-19-15 by Thomas Blitt Title Police Chief
(date) (signature of proper local official) (town chair, village president, police chief)



APPOINTMENT OF LIQUOR/BEER AGENT

Date: 7-30-15

State of Wisconsin

County of Dane

I, Bill O'Connell, appointed liquor/beer agent, for Liquor Town, being first duly sworn say that I have vested in me, by properly authorized and executed written delegation, full authority and control of the premise described in the license of such corporation, and I am involved in the actual conduct of the business (employee) or have a direct financial interest in the business of the licensee therein relating to the intoxicating liquor/fermented malt beverage. The interest I have in the business is: OWNER: President of Corporation

Signature of Agent (Handwritten signature of Bill W. O'Connell)

Identify the registered agent for purposes of service of process pursuant to §180.0504, Wis. Stats. for Corporations and 101.0105(8) Wis. Stats. as it pertains to Limited Liability Companies.

Name: Bill W. O'Connell

Mailing Address: 704 Raymond Road

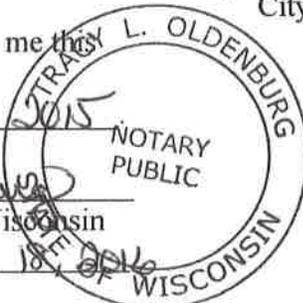
City: WAUKESHA, WIS State: WI Zip: 53597

Subscribed and sworn to before me this

5th day of August 2015

Notary Public, Dane County, Wisconsin (Handwritten signature of Tracy L. Oldenburg)

My commission expires: Dec. 18, 2016



PUBLIC SAFETY & HUMANS SERVICES COMMITTEE AND COUNCIL APPROVAL REQUIRED FOR ALL AGENT CHANGES.

AGENT AUTHORIZATION LETTER

Date: 8-5-15

I, Bill W. O'Connell, officer for

W.D.S. INC Liquor Town
(Corporation or LLC Name) (D/B/A)

authorize and appoint Bill W. O'Connell as liquor/beer agent for
(Agent Name)

the premise located at 704 Raymond Road Waunakee, W. 53597
(Address of Licensed Premise)

Bill W. O'Connell
Officer of Corporation or LLC

Subscribed and sworn to before me this August day of 2015

Tracy L. Aldenburg
Notary Public

State of Wisconsin, County of Dane

My Commission Expires: Dec. 2016





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

August 14, 2015

Mr. Bill O'Connell
704 Raymond Road
Waunakee, WI 53597

Dear Bill,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, August 25, 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,

A handwritten signature in black ink, appearing to read 'RMB'.

Ruth M. Becker
Administrative Receptionist
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, August 25, 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:

Verona Road Business Coalition, c/o Joyce Frey, 5520 Lacy Road, Fitchburg, WI for a Customer Appreciation and Fundraiser on Thursday, September 17, 2015 at Hy-Vee, 2920 Fitchrona Road, Fitchburg, WI with Amplified Live Music from 4:00 p.m. to 8:00 p.m.

Calvary Bible Fellowship, 2841 Index Road, Madison, WI for a Church Family Fun Dazes on Saturday, September 19, 2015 at Tower Hill Park, 5610 Cheryl Drive, Fitchburg with Amplified Live Music from 6:00 p.m. to 9:00 p.m.

Patti Anderson
City Clerk

Published: August 14, 2015



FITCHBURG OUTDOOR SOUND AMPLIFICATION APPLICATION

City of Fitchburg Clerk's Office
5520 Lacy Road
Fitchburg, WI 53711

PART I TO BE COMPLETED BY APPLICANT - PLEASE PRINT

DATE July 30, 2015

NAME (INDIVIDUAL OR ORGANIZATION) Verona Road Business Coalition

ADDRESS c/o Joyce Frey 5520 Lacy Road

CITY Fitchburg STATE WI ZIP 53711 PHONE # (608) 270-4246

E-MAIL ADDRESS joyce.frey@fitchburgwi.gov

DATE OF EVENT 9-17-2015 HOURS FOR SOUND: FROM 4:00 pm TO 8:00 pm

TYPE OF EVENT customer appreciation + fundraiser

LOCATION W/ADDRESS Hy-Vee 2920 Fitzhrona Rd Fitchburg WI

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

ESTIMATED ATTENDANCE 200

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED generator and amps for band, microphone

I, Joyce Frey (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 Joyce Frey

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Tracy Oldenburg DATE 8-3-15 FEE \$50.00 CHECK # 1011

DATE PUBLISHED August 14, 2015 HEARING DATE August 25, 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

August 14, 2015

HAND DELIVERED

Verona Road Business Coalition
Attn: Joyce Frey
5520 Lacy Road
Fitchburg, WI 53711

Dear Joyce,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, August 25, 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,

A handwritten signature in black ink, appearing to read 'RMB'.

Ruth M. Becker
Administrative Receptionist
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 8/7/15

NAME (INDIVIDUAL OR ORGANIZATION) Calvary Bible Fellowship

ADDRESS 2841 Index Road

CITY Madison STATE WI ZIP 53713 PHONE # (608) 220-5765

E-MAIL ADDRESS dmark@kestrelmanagement.com

DATE OF EVENT 9/19/15 HOURS FOR SOUND: FROM 6:00 PM TO 9:00 PM

TYPE OF EVENT Church "Family Fun Days"

LOCATION W/ADDRESS Tower Hill Shelter - 5610 Cheryl Drive

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

ESTIMATED ATTENDANCE 49

PLEASE DESCRIBE EQUIPMENT THAT WILL BE USED Microphone and speakers for soft conservative music / skits / talking

I, Dana K Marks (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 Dana K. Marks

PART II TO BE COMPLETED BY CITY OF FITCHBURG STAFF

RECEIVED BY Patti Anderson DATE 8/7/15 FEE \$50.00 CHECK # CC. pmt. CASH

DATE PUBLISHED August 14, 2015 HEARING DATE August 25, 2015

ACTION: APPROVED DENIED DATE

IF DENIED, REASON(S) FOR DENIAL:

R# 1.10174



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

August 14, 2015

Calvary Bible Fellowship
Attn: Dana Marks
2841 Index Road
Madison, WI 53713

Dear Dana,

This is a reminder to attend the Public Safety & Human Services Committee Meeting for Tuesday, August 25, 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,

A handwritten signature in black ink, appearing to be 'RMB'.

Ruth M. Becker
Administrative Receptionist
City of Fitchburg



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

<input checked="" type="checkbox"/> New \$70	Date Rec'd: <u>7/17/15</u>	Cash <input checked="" type="checkbox"/>	Check # _____
<input type="checkbox"/> Renewal \$70	Receipt # <u>10071</u>	Lic. # Issued _____	
<input type="checkbox"/> Provisional \$15	Applicant Rec'd City Policy Guidelines: <u>[Signature]</u>		

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

1. Legal Name: Jewitt L White Sex M F
First Middle Last

Address: 4028 Underdahl Rd Phone: 608 712 3584
 City: Madison State: WI Zip: 53718 Date of Birth: [Redacted]

How long have you lived at above address? 4 yrs in WI 30 Driver's Lic. # [Redacted]

Former Names: _____ Place of Employment: The Station

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

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

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

a) Any underage alcohol violation?	YES	<input checked="" type="radio"/> NO
b) Operating a motor vehicle while intoxicated?	<input checked="" type="radio"/> YES	NO
c) Selling or furnishing alcoholic beverages to underage person?	YES	<input checked="" type="radio"/> NO
d) Permitting underage person on licensed premises?	YES	<input checked="" type="radio"/> NO
e) Allowing persons on licensed premises after closing?	YES	<input checked="" type="radio"/> NO
f) Any alcohol related violation other than a, b, c, d, and e?	YES	<input checked="" type="radio"/> NO
g) Sale or possession of drugs of any kind?	YES	<input checked="" type="radio"/> NO
h) Fighting, disorderly conduct, assault, or battery?	<input checked="" type="radio"/> YES	NO
i) Resisting arrest or obstructing an officer?	YES	<input checked="" type="radio"/> 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
<u>Driving arrested</u>	<u>Varies</u>	<u>Madison</u>	<u>WI</u>
<u>Burglary theft Movable Property</u>	<u>2005</u>	<u>Madison</u>	<u>WI</u>
<u>Battery + disorderly conduct Bail jumping</u>	<u>OCT 2014 + year</u>	<u>Madison</u>	<u>WI</u>

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

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

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

Signature: [Signature] E-Mail: onickadaddy@gmail.com
 Printed Name: Jewitt Date: 7/17/15

INVESTIGATION: APPROVED DENIED

Case # 15-12176 Date: 07-31-15
 Police Department Signature: P.O. [Signature] Denied based on guideline # 1.3



CITY OF FITCHBURG

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

August 12, 2015

Jewitt L. White
4028 Underdahl Road
Madison, WI 53718

Dear Mr. White:

This letter is to inform you that your recent Application for Operators License has denied by the Police Department based on Guidelines #1 and #3. It has been tabled and will be put on the **Tuesday, August 25, 2015** Agenda for Public Safety & Human Services. If you wish to address this denial, the meeting will be held at the Fitchburg City Hall, 5520 Lacy Road, Fitchburg, WI Tuesday, August 25, 2015 at 6:30 p.m.

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

Guideline 3. Provided the offense is **substantially related to the circumstances of the licensed activity**, any person who has been convicted of, released from incarceration in a State or Federal Prison System, or a county jail for, or released from parole or probation status, or has a current charge pending, for two (2) or more offenses, **arising out of separate incidents**, within the last three (3) years in the following subcategories, does not qualify for an alcohol beverage license:

- (a) Disorderly conduct, criminal damage to property, solicitation of prostitution or other prostitution related offenses, wherein the offense involves an incident at a place that is, or should have been licensed under Wis. Stat. Ch. 125.
- (b) Alcohol beverage offenses (under Wis. Stat. Ch. 125 or Fitchburg Ordinance Ch. 60 - excluding administrative violations such as "failure to post license under glass") **(furnishing alcohol beverages to underage persons shall not be used as grounds for suspension, revocation, or non-renewal of an existing license unless the licensee has committed two (2) violations within a one (1) year period).**
- (c) Perjury or false swearing, wherein the offense involves an incident at a place that is, or should have been licensed under Wis. Stat. Ch. 125.
- (d) Possessing a controlled substance, controlled substance analog or drug paraphernalia.
- (e) Operating a motor vehicle while under the influence of intoxicants or drugs.
- (f) Operating a motor vehicle with a BAC in excess of .08% by weight.
- (g) Open intoxicants in public places or in a motor vehicle.

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

Sincerely,
Clerk's Office, City of Fitchburg
cc: The Station