

415 N. MILWAUKEE ST.
WATERFORD, WI 53185
WATERFORD TOWN HALL

TOWN BOARD AGENDA

JUNE 12, 2023 @ 5:30 PM

Join Zoom Meeting

<https://us02web.zoom.us/j/81254963193?pwd=TIBGNERPdUpXYVVuM0wyQkxsZmZsQT09>

Meeting ID: 812 5496 3193

Passcode: 019775

1. CALL MEETING TO ORDER
2. PLEDGE OF ALLEGIANCE
3. APPROVAL OF TOWN BOARD MINUTES DATED MAY 8, 2023 AND SPECIAL MEETING MINUTES DATED MAY 8, 2023 AS PRINTED.
4. APPROVAL TO PAY CLAIMS AS PRESENTED/TREASURER REPORT
5. CORRESPONDENCE- None
6. DEPARTMENT/COMMITTEE REPORTS:
 - (a) Police Dept.
 - (b) Tichigan Fire Co.
 - (c) Waterford Fire & Rescue
 - (d) Waterford Waterway Management District
 - Discussion & possible action re: WWMD request to improve Starks Fox River lot located between 6609 & 6601 Riverside Rd. as a means for weed pick-up
 - (e) Park
 - (f) Road Dept.
 - (g) Board of Health
 - (h) Town Planning Commission Recommendations (See June PC Agenda)
7. OLD BUSINESS:
 - (a) Liquor License Applications
 - (b) Discussion/Possible action re: burning ordinance
 - (c) Discussion & possible action re: bids for meeting room table
8. NEW BUSINESS:
 - (a) Special Events Permit/Temp. Class "B" request- Tichigan Lions Club & Charities- Annual car show
 - (b) Resolution- re: reserve liquor licenses
 - (c) Discussion & possible action re: follow-up on previously held meeting with Chair Nicolai, Supervisor Gauerke, Village of Waterford President, Don Houston and Village Administrator Zeke Jackson pertaining to boundary agreements and the Village's comments

PUBLIC COMMENTS- Please be advised per State Statute Section 19.84(2), information will be received from the public. It will be the policy of the Town that citizens be pre-registered to present comments or suggestions to the Town Board. Registration forms will be available at the meeting and must be turned in to the Town Clerk prior to the start of the meeting. Pre-registered Citizens will be called by name by the Town Chair and are subject to a three-minute time period, per person, with time extensions granted at the Town Board's discretion. Be further advised that there may be limited discussion on the information received; however, no action will be taken under public comments.

FORTH COMING EVENTS-

“Requests from persons with disabilities who need to participate in this meeting or hearing should be made to the Town Chairperson Office at 534-1871 with as much notice as possible”

TOWN BOARD MEETING FOR WATERFORD
415 N. MILWAUKEE ST.
UNAPPROVED/UNOFFICIAL MINUTES FOR MAY 8, 2023

1. Town Board meeting was called to order at 5:30 PM by Chair Nicolai. Present: Supervisors Ulander, Schwartz, Gauerke, and Szeklinski, Attorney Dubis, Police Chief Johnson, Lieutenant John Nelson, TVFC, WWMD and residents of the Town.
2. Chairman Nicolai led the Pledge of Allegiance.
3. Printed Minutes: **Supervisor Schwartz motioned to approve the Town Board meeting minutes dated April 10, 2023 and Special Minutes dated April 17 and April 26, 2023 as presented, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.**
4. Treasurer Report/Payment of Claims- Supervisor Szeklinski read the Treasurer's report. **Supervisor Schwartz motioned to approve the Treasurer's report and pay the claims including the invoice from Adams Electric for the DPW generator seconded by Supervisor Gauerke. Vote taken: 5-0. Motion carried.**
5. Correspondence:
 - Rep. Wittke gave a statement on the new proposed State Shared Revenues plan. This would give municipalities more money. Negotiations are still going on. Evers may veto has the plan currently exists.
 - Response to Mayor Hefty letter from last month. Mayor Hefty is requesting the Town support their efforts in asking the State to allow municipalities to request a transfer of a "Class B" liquor license throughout the entire county instead of the current requirement that limits to a 2-mile contiguous radius. **Supervisor Schwartz motioned to support this request if the municipality gets the money and that the municipality has the right to decline a request from another municipality, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.**
6. Committee Reports:
 - a) Police Dept. Report- Lt. Nelson reported that officers were assigned to 184 calls. On behalf of Free Masons, Lake Lodge, Grant Waldon donated a FST, Fire Suppression Tool, to the department. The Department is extremely thankful for this incredible donation!
 - Clarification of Balloonfest funding- Chief Johnson noted that when Balloonfest was in the Village, the Town donated one officer. This came to approx. \$2400.00. The concern was over the cost to the Town for Balloonfest as it relates to police. **Supervisor Gauerke motioned to dispense of the agenda as printed and move item "C," Lions Club, up, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.** Greg Horeth will check on the Certificate of Insurance and make sure the Town is named. Chair Nicolai is concerned over parking issues in Golden Meadows. Horeth indicated he will get resources for No Parking signs and put them up. There is also no parking on Jensen Parkway. This is for emergency personnel. Horeth indicated that they will be charging \$10 for parking. A reminder that the vendors need to contact the Health Dept. Schwartz thought this was excellent PR. **Supervisor Schwartz motioned to spend up to \$2600 on a police officer, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.** Supervisor Szeklinski motioned to approve the Town

Level Variance request to allow alcohol during Balloonfest, seconded by Supervisor Schwartz. Vote taken: 5-0. Motion carried.

- b) Tichigan Vol. Fire Co-Courtney Bowen, President, reported 22 calls for April; 15 EMS, 6 Fire. There will be CPR and 1st Aid training May 10. CPR at 10 am and 1st Aid at 5 pm. TVFC received a \$2000 grant for a utility truck. There are three drone pilots in training. Bi-annual checks were completed on the ambulance and all was good.
- c) Waterford Fire & Rescue- There was a conflict with another meeting and WFR was not in attendance but sent the Clerk the calls. There were 3 calls for the month of April.
- d) WWMD- Greg Horeth noted that a grant for a new cutter was approved, \$53,666.00. Expect the small cutter to be delivered, hopefully, this month and the larger cutter July/August. WWMD does have loaner cutters and plan on starting May 15th and weed treatments to begin the 1st week of June along with the ProcellaCOR.
- e) Park Dept.- Ken Hinz was excused- no report.
- f) Road Dept.- Ken Hinz was excused. There will be a road tour of the board members with a meeting to follow on May 22nd at 1:00 pm.
- g) Board of Health- No report.
- h) Town Planning Recommendations-
 - **Supervisor Ulander to suspend the rules and move Jensen up, seconded by Supervisor Szeklinski, Vote taken: 5-0. Motion carried.** Attorney Turke, representative of the Jensens.’ There would be three lots and one remaining 9-acre parcel. Chair Nicolai stated that this is within the WSD boundaries not Western Racine County Sewer. When and if the boundaries line up the new owners would be required, within 6 months, to connect to the sewer. Turke noted that this would be in the deed restriction and would include the 4 lot. Gauerke questioned if the owners would voluntarily deed restrict the remnant parcel to no further land divisions. Turke indicated no, the Town ordinance would allow them to come back to the Board after 5 yrs. for another land division using CSM. Nicolai also stated that there is currently a flow study being completed to see if WSD would even have capacity. **Supervisor Schwartz motioned to accept Planning Commission recommendations to allow private septic systems contingent upon each of the lots filing an agreement with the Racine Co Register of Deeds indicating they will be required to hook up to municipal sewer, at the property owners expense, within 6 months of it becoming available and contingent on Atty. Dubis, Sanitary District and Engineer approval, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.**

7. Old Business:

- a) Appointments- Chair Nicolai recommended the following appointments:

One (1) year term:

Town Engineer, Kapur & Associates

Town Surveyor, Gary Foat

Weed Commissioner, Ken Hinz

Town Assessor, Kathy Romanak per contract

The following to three (3) year terms:

Planning Commissioner (#3) – Max Wenck

Planning Commissioner (#4)- Risa Nelson

Planning Commission (#5)- Tom M ?? This was Duane’s seat

Planning Commission (#1)-David Wagner for the remaining term of one-year to expire May 2024:

The following is extended two years from the present expiration date:
Town Clerk- Tina Mayer
Town Treasurer- Heather Stratton
Dubis Law Office- with outside counsel be approved by the Town Board

The following is extended one year from the present expiration date: L & M
Inspections

The following Board Liaisons:
Planning Commission/Inspections liaison- Tim Szeklinski
Police Department liaison- Robert Ulander
Tichigan Fire liaison- Doug Schwartz
Public Works liaison- Dale Gauerke
Administrative liaison- Teri Nicolai

**Supervisor Gauerke motioned to approve, seconded by Supervisor Schwartz. Vote taken: 54-0.
Motion carried.**

8. New Business:

- a) Discussion/Possible action re: land disturbance permit infractions-Christman- 29405 Raab Dr. Mr. Christman indicated that they have a contract with Asphalt Contractors. This property is being sold and the Town is looking to ensure that the property is restored and that the owners fix the damaged road as well as some concerns brought up by Jacob Breckler, Kapur, in an email dated April 6, 2023. Originally Jacob suggested a bond of \$36,500.00. Greg Governatori, after speaking with the Christmans', was asked if there should be a bond which Greg answered no as work is being done. The neighbor, Kevin Sossaman, was in attendance and he stated there has not been any change in water flow from the Christman's working on the property. Mr. Christman will reach out to Asphalt Contractor and follow-up with Ken Hinz and the Town Engineer. **Supervisor Schwartz motioned to table to June Town Board meeting, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.**
- b) Discussion/Possible action re: burning ordinance- Nicolai indicated that she has received some complaints from residents over neighbors continually burning and not allowing them to open windows, be outside, etc. Gauerke noted that the open burn should be larger than 4' diameter. Clerk Mayer had gathered times from neighboring municipalities and the Town's burning hours are very consistent with these municipalities. **Supervisor Schwartz motioned to table to June Town Board meeting, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.**

Public Comments- None

Forthcoming Events- The Lions Picnic in the Park is June 11th.

Supervisor Szeklinski motioned to adjourn the meeting at 7:00 pm, seconded by Supervisor Ulander. Vote taken: 5-0. Motion carried.

Respectfully Submitted,

Tina Mayer, Town Clerk

**SPECIAL TOWN BOARD MEETING FOR WATERFORD
UNAPPROVED/UNOFFICIAL MINUTES FOR MAY 8, 2023
5:00 PM AT THE TOWN HALL**

Special Town Board meeting was called to order at 5:00 PM by Chair Nicolai. Present: Supervisors Ulander, Schwartz and Szeklinski.

Purpose: To potentially appoint/and give oath to said appointee to fill the vacancy in the office of Town Board Supervisor, with the term expiring on April 15, 2024. The position became vacant on April 18, 2023 when Supervisor Teri Jendusa-Nicolai took office as Town Chair.

Supervisor Ulander motioned to appoint Tanya Maney to the vacant seat, seconded by Supervisor Schwartz for discussion purposes only. Ulander explained his reasons why Tanya would be a good fit. Chair Nicolai called for a vote: 1 in favor, 3 opposed. Motion fails.

Chair Nicolai motioned to appoint Dale Gauerke, seconded by Supervisor Schwartz. Nicolai, as well, explained her reason why Dale would be a good fit. Vote taken: 3-2. Motion carried.

Dale Gauerke was sworn in and took his place at the table.

Supervisor Schwartz motioned to adjourn at 5:10 PM, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.

Respectfully Submitted,

Tina Mayer, Town Clerk

**SPECIAL TOWN BOARD MEETING FOR WATERFORD
UNAPPROVED/UNOFFICIAL MINUTES FOR MAY 8, 2023
5:25 PM AT THE TOWN HALL**

Special Town Board meeting was called to order at 5:25PM by Chair Nicolai. Present: Supervisors Gaukerke, Szeklinski, Schwartz and Ulander.

Supervisor Szeklinski motioned to adjourn Board of Review to Monday, June 26, 2023 from 10am-noon, seconded by Supervisor Schwartz. Vote taken: 5-0. Motion carried.

Supervisor Schwartz motioned to adjourn at 5:27PM, seconded by Supervisor Szeklinski. Vote taken: 5-0. Motion carried.

Respectfully Submitted,

Tina Mayer, Town Clerk

Waterford Waterway Management District (WWMD)

Improvement to Conservancy Bay Town Ramp

Request: Permission for improving Town property parcel Stark's Fox River First Park Addition #1- River Road-Parcel between 6601 and 6609 Riverside road

History-As the town board is aware, the WWMD has taken on the responsibility of operating the weed harvesting efforts within the 1,200 acres of watershed as approved and approved by the WDNR. As a part of this process, we have had significant challenges with locating suitable off-loading location that offer an efficient operation that is both time and cost effective

Plan-To put, no more than three truck-loads of traffic bond (road rock) onto the site where previous traffic bond already exists to improve the usability of the ground and improve the area for cars/trucks and boats to be put into the water. At this point, boats are regularly using this location for putting their watercraft into the water and this will improve the overall accessibility of the launch

Use- The WWMD will use this location sporadically for 3-4 days at a time and will not exceed a total of 4 to 5 weeks for the entire summer (May to September). On a daily basis we would off-load roughly 5-6 loads of weeds from the waterway from a waterside transfer barge to a Tri-Axle Conveyor Trailer that is pulled by a ¾ ton pick-up truck. When the launch is being used, it will never start before 7AM and will be done by 2 PM. Also, the launch will not be used on weekend or holidays. Once removed from the waterway, the trailers are then driven to location (a Farmer's Field) where the weeds off-loaded and used for fertilizer as a part of a soil reclamation effort.

Our research into this request has resulted in the following:

1. This location has always had traffic bond on the ground. Over time it has just not been maintained and has deteriorated
2. A review conducted with the WDNR and it was verified the following:
 - a. "Work that is above the ordinary high-water line does not fall into the WDNR's responsibility and therefor requires no permitting from the WDNR"
3. A previous conversation with Racine County on another location we considered developing resulted in us being told that, "property that is under town control only would require town approvals"
4. Attached is a map of the location being requested
5. The overall weight of the trailer loaded with weeds is less than the majority of the delivery vehicle being used by Amazon, FedEx, UPS. As another frame of reference, school buses actually weigh double what our trailer would weigh

Future support: The WWMD will continue to support the town in the maintenance of the site for future use as a part of our commitment to maintaining a positive environment for all to enjoy

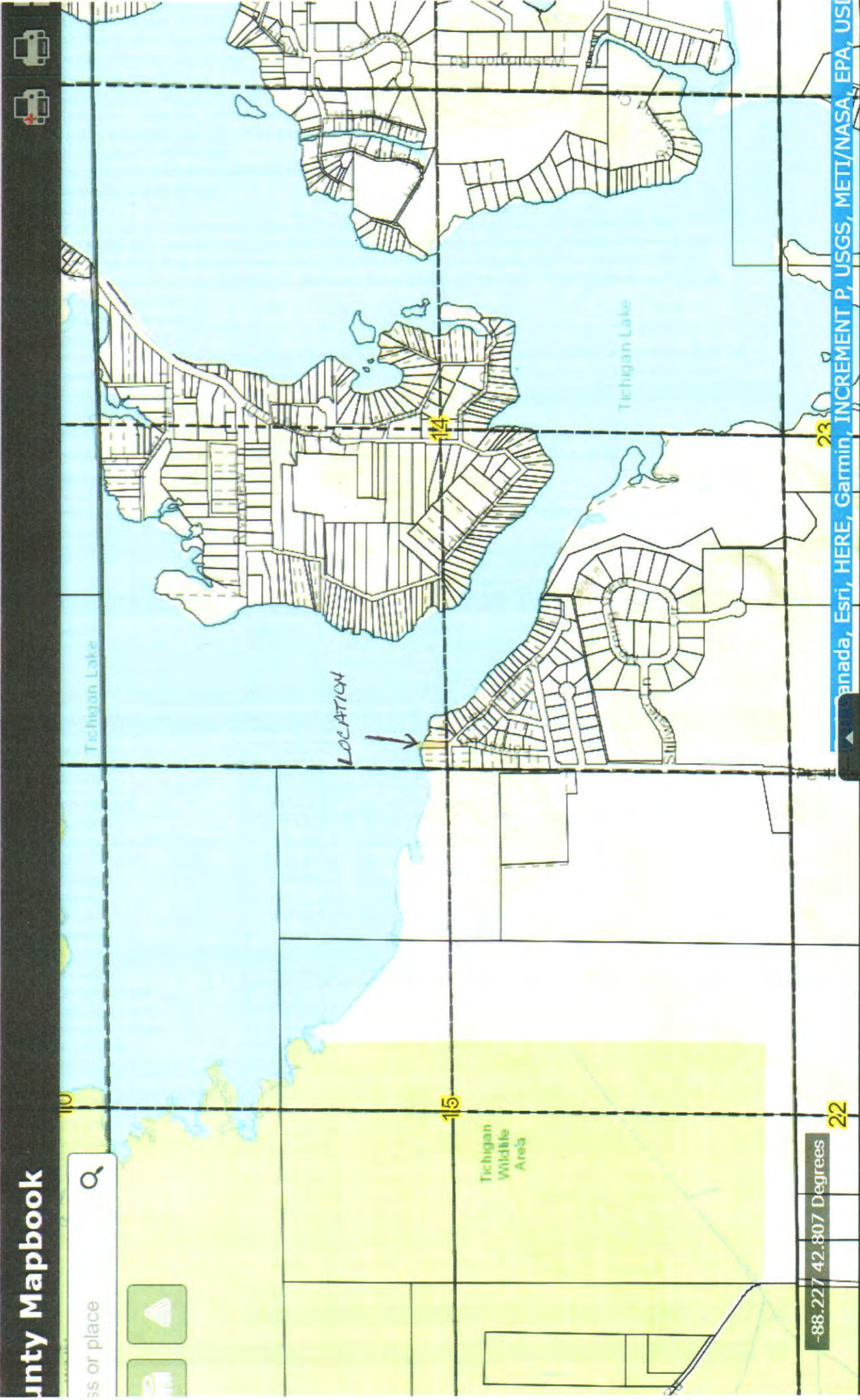
The WWMD has always been and will remain committed to maintaining and improving the waterway for all to use and enjoy. This launch is a part of Town property and is already being used by residents and presumably others for the purposes of putting their watercraft in the water. We are simply requesting the opportunity to use it as well with the understanding that we will also participate in its upkeep.

County Mapbook

Search for address or place



ft -88.227 42.807 Degrees



JUNE 5, 2023
PLANNING COMMISSION MEETING
TOWN OF WATERFORD
415 N. MILWAUKEE ST., WATERFORD, WI

TOWN HALL

5:30 PM

Join Zoom Meeting

<https://us02web.zoom.us/j/87938021842?pwd=MIB6VER4QWNPejZqcGZwSzk5UVRLQT09>

Meeting ID: 879 3802 1842

Passcode: 220117

1. CALL MEETING TO ORDER
2. PLEDGE OF ALLEGIANCE
3. APPROVAL OF MAY 1, 2023 MINUTES AS PRESENTED.
4. PIER PERMIT- HAUKE, 29030 ELM ISLAND DR.
5. PIER PERMIT- OTZELBERGER, 28717 MULBERRY LN.
6. PIER PERMIT- NEWHOLM, SCENERY RD., VACANT LOT ADJACENT TO 5409 SCENERY RD.
7. CONDITIONAL USE/SPECIAL EVENT PERMIT- NORTH TICHIGAN, LLC. (DBA LAKE TICHIGAN HILLTOP), 6812 N. TICHIGAN RD.- REQUEST TO ALLOW FOR CONSTRUCTION OF AN OUTDOOR STAGE TO HOST LIVE MUSIC EVENTS ON WEEKENDS DURING THE SUMMER MONTHS
8. MOVE JULY 3RD PLANNING COMMISSION TO JULY 10TH AT 5:00 PM.
9. CORRESPONDENCE-
10. SHORELAND CONTRACT REPORT
11. FORTH COMING EVENTS-

“Requests from persons with disabilities who need to participate in this meeting or hearing should be made to the Town Chairperson Office at 534-1871 with as much notice as possible”

TOWN BOARD MAY BE IN ATTENDANCE

This notice is subject to amendment up and to the time applicable as allowed by law. Please check with Town Clerk for any changes.

**PLANNING COMMISSION MEETING
415 N. MILWAUKEE ST.
JUNE 5, 2023 @ 5:30 PM
UNAPPROVED/UNOFFICIAL MINUTES**

1. Planning Commission meeting was called to order at 5:30 PM by Supervisor Dale Gauerke. Chair Teri Nicolai was unable to attend due to a prior family engagement. Present: Commissioners Wagner, Mroczkowski, Wenck, Dickinson, Nelson and Derse, and Town Attorney.
2. Supervisor Gauerke led the Pledge of Allegiance.
3. **Commissioner Wenck motioned to approve the May 1, 2023 minutes as presented, seconded by Commissioner Nelson. Vote taken: 4-0. Motion carried.**
4. Pier Permit- Hauke, 29030 Elm Island Dr.- **Commissioner Derse motioned to approve the pier permit, as presented, seconded by Commissioner Wagner. Vote taken: 6-0. Motion carried.** Derse reminded the applicant to submit two pictures once the pier is installed.
5. Pier Permit-Otzelberger, 28717 Mulberry Ln.- Applicant was not in attendance. Commissioners did have questions. **Commissioner Wenck motioned to lay over until the July 10th Planning Commission meeting, seconded by Commissioner Nelson. Vote taken: 6-0. Motion carried.**
6. Pier Permit- Newholm, vacant land adjacent to 5409 Scenery Rd.- Applicant noted that the area is very shallow. Supervisor Gauerke, owns adjacent property, asked if the pier could be positioned parallel to the boundary lines, this will help with getting his boat in and out. **Commissioner Wenck motioned to approve the pier permit, as presented, seconded by Commissioner Mroczkowski. Vote taken: 6-0. Motion carried.** Derse reminded the applicant to submit two pictures once the pier is installed.
7. Conditional Use Permit/Special Event Permit- North Tichigan, LLC, 6812 N. Tichigan Rd. – The applicants and their Attorney Todd Terry were in attendance. Atty. Terry recognized that this was a residential neighborhood but as a business they would like to construct an outside stage and have music Application noted the request of Fri.-Sun. from Memorial Day to September 30th. Ryan Urban, applicant indicated they were looking for maybe 10 events. Commissioner Nelson noted that not much had changed since their last application in 2021. Atty. Terry noted that they changed the hours and added security on staff. Commissioner Dickinson asked how many people could be expected to be in attendance, Terry indicated 50-125. Questions were raised about overflow parking. Terry and the Urban's were reminded that there is no on-street parking. Terry stated they are looking into possibly shuttling patrons. Wenck asked about sound levels and Terry indicated there would be hand-held decibel meters. Officer Schweitzer was asked to info the commission what implications this might have on public safety. Schweitzer reiterated that there was no on street parking and saw this as a potential problem as well as noting that N. Tichigan is narrow and winding at points. Derse noted that most of the residents along N. Tichigan Rd. must cross the road to get to the water and that the added traffic could be unsafe for these residents. Gauerke asked if anyone was in favor. Scott Surprise, 29117 White Oak Ln. and Nate Newholm, S107W16108 Loomis Dr., Muskego spoke in favor. Surprise would welcome something new in Waterford. Gauerke asked for those in opposition. The following spoke in opposition: Jason Bichler, 6824 N, Tichigan Rd., Dan Dickinson, 6929 Dickinson Ln., Kathlynn Krzewina, 29211 Riverview Ln., Megan Corey, 6904 N. Tichigan Rd., & Jake Fon, 6908 N. Tichigan Rd. Concerns over noise, added traffic, safety, public urination,

trash and trespassing. Corey noted she has had to kick patrons off her property. Gauerke summarized the emails he received in opposition. Gauerke noted there were already this many issues and the applicants have not even had an event. **Commissioner Wenck motioned to deny the CUP but encourages the applicants to come to the boards with a planned approach such as working with the police Dept. and the neighbors, seconded by Commissioner Derse. Vote taken: 6-0. Motion carried.**

8. Shoreland Contract Report- None

9. Forthcoming Events- None

Commissioner Derse motioned to adjourn the meeting at 6:43 PM, seconded by Commissioner Mroczkowski. Vote taken: 6-0. Motion carried.

Respectfully Submitted,

Tina Mayer, Town Clerk

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WATERFORD
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>RON'S SUPER SERVICE, INC.</u> | <u>8226 BIG BEND RD., WATERFORD, WI 53185</u> |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|---------------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>STRASSER</u> | <u>DANIEL</u> | | |

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

| | | | |
|-----------------------------------|---------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name RON'S SUPER SERVICE Business Phone Number 895-7700

2. Address of Premises 8226 BIG BEND RD. Post Office & Zip Code WATERFORD, 53185

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

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

| Applicant's Wisconsin Seller's Permit Number <u>456-0000384151-03</u> | |
|--|-----------|
| FEIN Number <u>39-1715027</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 300 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 8 |
| TOTAL FEE | \$ |

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|----------------|-------------------|
| Contact Person's Name (Last, First, M.I.) STRASSER, DANIEL | Title / Member | Date 5/31/2023 |
| Signature <i>Daniel P. Strasser</i> | Phone Number | Email Address |

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000038415103

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

| |
|-------------------------------|
| License Number 4 |
| Period Covered 23/24 |
| Date of Issuance 6/14/2023 |

| | | |
|--|--|--|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) RON'S SUPER SERVICE, INC. | | Federal Employer Identification No. (FEIN) 39-1715027 |
| Trade or Business Name (if different than Legal Name) | | Telephone Number [REDACTED] |
| Business Address (Permit Location) 8226 BIG BEND RD. | Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town | Business Telephone (262) 895-7700 |
| City WATERFORD | State WI | ZIP Code 53185 |
| Mailing Address (if different than Business Address) | | County RACINE |
| | | City State ZIP Code |

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 01/01/1992

Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO

Other (describe) _____

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME
this 31 day of May, 2023
[Signature]
(Clerk / Notary Public)
My commission expires 4/14/2025

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

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.


Signature of Applicant

Name of Applicant:
RON'S SUPER SERVICE, INC.

Trade Name (if different from applicant):

Applicant's Mailing Address:
8226 BIG BEND RD.

City, State, Zip Code:
WATERFORD, WI 53185

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

Name of Establishment to be Licensed:
RON'S SUPER SERVICE, INC.

Address of Licensed Premises:
8226 BIG BEND RD.
WATERFORD, WI 53185

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?

YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.

NO

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:

NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:

NO

Signature of Applicant



Date:

5/31/23

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WATERFORD
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|--|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>RIVERMOOR GOLF CLUB LLC.</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|--|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|------------------------------------|-------------------------|---------------|--|
| Agent Last Name <u>MALCHINE</u> | (First) <u>KEVIN</u> | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

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

| | | | |
|-----------------------------------|---------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name RIVERMOOR GOLF CLUB Business Phone Number 262-534-2500

2. Address of Premises 30802 WATERFORD DRIVE. Post Office & Zip Code 53185

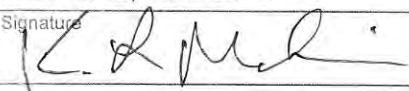

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and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

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

| Applicant's Wisconsin Seller's Permit Number <u>456-102648029-02</u> | |
|---|-----------|
| FEIN Number <u>26-3322186</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 300 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 8 |
| TOTAL FEE | \$ |

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|--|-----------------|
| Contact Person's Name (Last, First, M.I.) MALCHINE, KEVIN L | Title / Member MEMBER | Date 5/23/23 |
| Signature  | Phone Number  | Email Address |

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

For Office Use Only
License No. Granted

(PLEASE PRINT)

Waterford, Wisconsin, 5/23, 23
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 2023 to June 30, 2024 (unless sooner revoked).

Business Name: RIVERMOOR GOLF LLC.

Doing Business As (DBA): RIVERMOOR GOLF CLUB

Physical Address of Applicant (include mailing address if different):

30802 WATERFORD DR.

WATERFORD, WI 53185

Name and addresses of Principal Officers:

Location of premises to be licensed: CLUB HOUSE

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern

Type of license applying for:

Class "A" \$100.00

Class "B" \$60.00

Class "C" \$40.00

Class "D" \$15.00 (special one-day permit)

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Signature of Applicant [Signature]

Applicant's Phone Number _____

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.

Signature of Applicant

Name of Applicant:
RIVERMOOR GOLF LLC.

Trade Name (if different from applicant):
RIVERMOOR GOLF CLUB

Applicant's Mailing Address:
30802 WATERFORD DR.

City, State, Zip Code:
WATERFORD, WI 53185

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

Name of Establishment to be Licensed:
RIVERMOOR GOLF CLUB

Address of Licensed Premises:
30802 WATERFORD DRIVE
WATERFORD, WI 53185

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?

YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.

NO

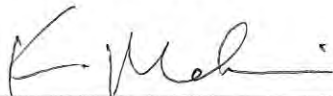
Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:

NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:

YES- CLASS "B"

Signature of Applicant



Date:

5/23/2023

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2023 ending: 06/30/2024
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
JITENDRA PATEL [REDACTED] **WATERFORD, 53185**

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

Address of Corporation/Limited Liability Company (if different from licensed premises)

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

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

President/Member _____

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent _____

Directors/Managers _____

C. 1. Trade Name TDM FOOD, INC. DBA LAKESIDE MOBIL Business Phone Number 262-895-2552

2. Address of Premises 28407 N. LAKE DR. Post Office & Zip Code WATERFORD, 53185

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

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

5. Legal description (omit if street address is given above): 28407 N. LAKE DR., WATERFORD, 53185

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

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

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

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

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

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

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

| | |
|---|------------------|
| Applicant's Wisconsin Seller's Permit Number <u>456-1027148934-03</u> | |
| Federal Employer Identification Number (FEIN) <u>27-3193269</u> | |
| LICENSE REQUESTED | |
| <input checked="" type="checkbox"/> Class A beer | \$ 100.00 |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input checked="" type="checkbox"/> Class A liquor | \$ 300.00 |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| Publication fee | \$ 8.00 |
| TOTAL FEE | \$ |

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19 day of May, 2023

Jana M. Mayer
(Clerk/Notary Public)

My commission expires 4/15/2025

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

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

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

Application for Cigarette and Tobacco Products License

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456102714893403

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

| |
|------------------|
| License Number |
| Period Covered |
| Date of Issuance |

| | | | | | |
|---|-------------|-------------------|--|-------|----------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) TDM FOOD, LLC. | | | Federal Employer Identification No. (FEIN) 27-3193269 | | |
| Trade or Business Name (if different than Legal Name) LAKESIDE MOBIL | | | Telephone Number [REDACTED] | | |
| Business Address (Permit Location) 28407 N. LAKE DR. | | | Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town | | |
| City WATERFORD | State WI | ZIP Code 53185 | Business Telephone (262) 262-895-2552 | | |
| Mailing Address (if different than Business Address) | | | County RACINE | | |
| | | | City | State | ZIP Code |

Organization (check one)

Sole Proprietor Wisconsin Corporation – Enter date incorporated: 04/15/2010
 Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
 Other (describe) _____

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 19 day of May, 2023
Jane M. Mayer
(Clerk / Notary Public)

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

My commission expires 4/15/2025

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.

Signature of Applicant

Name of Applicant:
TDM FOOD, LLC.

Trade Name (if different from applicant):
LAKESIDE MOBIL (TICHIGAN MOBIL)

Applicant's Mailing Address:
28407 N. LAKE DR.

City, State, Zip Code:
WATERFORD, WI 53185

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

Name of Establishment to be Licensed:
TDM FOOD, LLC. (TICHIGAN MOBIL)

Address of Licensed Premises:
28407 N. LAKE DR.
WATERFORD, WI 53185

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?

YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.

NO

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:

NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:

YES- CLASS "A"

Signature of Applicant



Date:

5/19/2023

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } WATERFORD
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|------------------|---------|---------------|--|
| | | | |
| | | | |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|--|---|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>TICHIGAN LAKE LIONS CLUB</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) <u>6710 BIG BEND RD., 53185</u> |
|--|---|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|--------------------------------------|---------------------------|---------------------------|--|
| Agent Last Name <u>SZOKLINSKI</u> | (First) <u>TIMOTHY</u> | (Middle Name) <u>T</u> | Home Address (Street, City or Post Office, & Zip Code) [REDACTED] |
|--------------------------------------|---------------------------|---------------------------|--|

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

| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|--|--------------------------|---------------------------|--|
| <u>David Hylton</u> | <u>DAVID</u> | <u>-</u> | [REDACTED] |
| Vice President / Member Last Name <u>WLOCIK</u> | (First) <u>MARK</u> | (Middle Name) <u>-</u> | [REDACTED] |
| Secretary / Member Last Name <u>GORDON</u> | (First) <u>DON</u> | (Middle Name) <u>-</u> | [REDACTED] |
| Treasurer / Member Last Name <u>SZOKLINSKI</u> | (First) <u>THOMAS</u> | (Middle Name) <u>I</u> | [REDACTED] |
| Directors / Managers Last Name <u>Palmer</u> | (First) <u>JOHN</u> | (Middle Name) <u>-</u> | [REDACTED] |
| Directors / Managers Last Name <u>Duffemel</u> | (First) <u>MIKE</u> | (Middle Name) <u>-</u> | [REDACTED] |

C. Business Information

1. Trade Name TICHIGAN LAKE LIONS CLUB Business Phone Number _____

2. Address of Premises 6710 BIG BEND RD. Post Office & Zip Code WATERFORD, 53185

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) ENITRE BUILDING, OUTSIDE AREA, PARADE LINK UP (N. TICHIGAN)
WATERFORD TOWN PARK FOR EVENTS

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

| Applicant's Wisconsin Seller's Permit Number <u>456-000071635-02</u> | |
|---|---------------|
| FEIN Number <u>23-7024245</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 300 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 8 |
| TOTAL FEE | \$ 408 |

5. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
6. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
7. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
8. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
9. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
10. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
11. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|--|---|
| Contact Person's Name (Last, First, M.I.) <i>Szalowski, Timothy T</i> | Title / Member <i>Corp. Treasurer</i> | Date <i>5/31/2023</i> |
| Signature <i>[Signature]</i> | Phone Number <i>414-399-6943</i> | Email Address <i>TSzalowski@6mad.com</i> |

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.



Signature of Applicant

| | |
|--|--|
| Name of Applicant: TICHIGAN LAKE LIONS, INC. | Trade Name (if different from applicant): LIONS CLUB INTERNATIONAL |
|--|--|

| | |
|--|--|
| Applicant's Mailing Address: 6710 BIG BEND RD. | City, State, Zip Code: WATERFORD, WI 53185 |
|--|--|

Applicant is (check one): Individual Partnership Corporation L.L.C. Other


| | |
|---|--|
| Name of Establishment to be Licensed: TICHIGAN LIONS CIVIC CENTER | Address of Licensed Premises: SAME |
|---|--|

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?
YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.
NO

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:
NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:
YES, CLASS B

| | |
|---|-------------------------|
| Signature of Applicant  | Date: 5/31/23 |
|---|-------------------------|

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

| |
|----------------------------|
| For Office Use Only |
| License No. Granted _____ |

(PLEASE PRINT)

Waterford, Wisconsin, 5/31, 23
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 23 to June 30, 24 (unless sooner revoked).

Business Name: TICHIGAN LAKE LIONS, INC.

Doing Business As (DBA): TICHIGAN LIONS CIVIC CENTER

Physical Address of Applicant (include mailing address if different):

Name and addresses of Principal Officers:

Location of premises to be licensed: 6710 BIG BEND RD., WATERFORD, WI 53185

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern

Type of license applying for:

Class "A" \$100.00

Class "B" \$60.00


Class "C" \$40.00

Class "D" \$15.00 (special one-day permit)

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Signature of Applicant 

Applicant's Phone Number 

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2023 ending: 06 30 2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Waterford
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Irish Cottage of Franklin, LLC.</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) [REDACTED] |
|---|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|------------------------------------|-------------------------|---------------------------|--|
| Agent Last Name <u>Jennings</u> | (First) <u>Jenny</u> | (Middle Name) <u>L</u> | Home Address (Street, City or Post Office, & Zip Code) [REDACTED] |
|------------------------------------|-------------------------|---------------------------|--|

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

| | | | |
|---|-------------------------|---------------------------|--|
| President / Member Last Name <u>Jennings</u> | (First) <u>Jenny</u> | (Middle Name) <u>L</u> | Home Address (Street, City or Post Office, & Zip Code) [REDACTED] |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name Bobberz Business Phone Number 262-662-3337

2. Address of Premises 8330 Fox River rd. Post Office & Zip Code Waterford, 53185

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

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

Complete lower level including yard, lots

| Applicant's Wisconsin Seller's Permit Number 456-1028595275-02 | |
|---|---------------|
| FEIN Number 46-5483337 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 300 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 8 |
| TOTAL FEE | \$ 408 |

5. Legal description (omit if street address is given on previous page): _____

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No

b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No

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

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

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]

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

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

12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|--------------------------------|--------------------------|
| Contact Person's Name (Last, First, M.I.) <i>Jennings, Jany L</i> | Title / Member <i>Agent</i> | Date <i>5/30/2023</i> |
| Signature <i>Jennings</i> | Phone Number | Email Address |

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.


Signature of Applicant

Name of Applicant:
JENNY JENNINGS
IRISH COTTAGE OF FRANKLIN, LLC.

Trade Name (if different from applicant):
BOBBERZ

Applicant's Mailing Address:
8330 FOX RIVER RD.

City, State, Zip Code:
WATERFORD, WI 53185

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

Name of Establishment to be Licensed:
BOBBERZ

Address of Licensed Premises:
8330 FOX RIVER RD.
WATERFORD, WI 53185

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?

YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.

NO

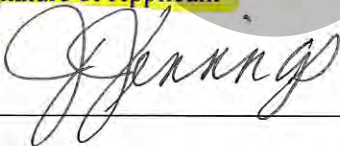
Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:

NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:

YES- CLASS "B"

Signature of Applicant



Date:

5/30/23

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

| |
|----------------------------|
| For Office Use Only |
| License No. Granted |
| _____ |

(PLEASE PRINT)

Waterford, Wisconsin, 5/30 23
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 2023 to June 30, 2024 (unless sooner revoked).

Business Name: IRISH COTTAGE OF FRANKLIN, LLC.

Doing Business As (DBA): BOBBERZ

Physical Address of Applicant (include mailing address if different):

8330 FOX RIVER RD.

WATERFORD, WI 53185

Name and addresses of Principal Officers:

JENNY JENNINGS

26450 KENDRA LN.

WIND LAKE, WI 53185

Location of premises to be licensed: 8330 FOX RIVER RD.

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern

Type of license applying for:

Class "A" \$100.00

Class "B" \$60.00

Class "C" \$40.00

Class "D" \$15.00 (special one-day permit)

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Signature of Applicant



Applicant's Phone Number (414) 559-3302

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

| |
|--|
| Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1028595275-02 |
|--|

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

| |
|------------------|
| License Number |
| Period Covered |
| Date of Issuance |

| | | | | |
|--|-------------|--|--|---------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) IRISH COTTAGE OF FRANKLIN | | | Federal Employer Identification No. (FEIN) 46-5483337 | |
| Trade or Business Name (if different than Legal Name) BOBBERZ | | | Telephone Number (262) 662-3337 | |
| Business Address (License Location) 8330 FOX RIVER RD. | | Business Located in <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town | | Business Telephone () |
| Municipality WATERFORD | State WI | Zip Code 53185 | County RACINE | |
| Mailing Address (if different than Business Address) | | | Municipality | State Zip Code |

Organization (check one)

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

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2023 ending: 06/30/2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Waterford
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Crossover Cantina + Eatery</u> | <u>28023 Kramer Rd Waterford WI 53185</u> |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|-------------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Aguirre</u> | <u>Evan</u> | <u>M</u> | [REDACTED] |

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

| | | | |
|-----------------------------------|---------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Aguirre</u> | <u>Miguel</u> | <u>B</u> | [REDACTED] |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Aguirre</u> | <u>Abel</u> | <u>B</u> | [REDACTED] |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Aguirre</u> | <u>Evan</u> | | [REDACTED] |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name Crossover Cantina + Eatery Business Phone Number 262-332-7195
 2. Address of Premises 28023 Kramer Dr. Post Office & Zip Code Waterford, 53185

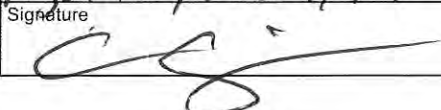
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

| Applicant's Wisconsin Seller's Permit Number | |
|--|---------------|
| <u>456-1029560222-02</u> | |
| FEIN Number | |
| <u>81-5580330</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>300</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ |
| TOTAL FEE | \$ |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|-------------------------------------|--|
| Contact Person's Name (Last, First, M.I.) <i>Agoston, Evan, M</i> | Title / Member <i>Member</i> | Date <i>06/02/2023</i> |
| Signature  | Phone Number <i>847-724-7271</i> | Email Address <i>info@crossoverconest.com</i> |

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

| |
|----------------------------|
| For Office Use Only |
| License No. Granted |
| _____ |

(PLEASE PRINT)

Waterford, Wisconsin, June 2nd, 2023
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 23 to June 30, 24 (unless sooner revoked).

Business Name: Crossover LLC

Doing Business As (DBA): Crossover Cantina + Eatery

Physical Address of Applicant (include mailing address if different):

28023 Kramer Rd, Waterford WI, 53185

Name and addresses of Principal Officers:

Evan Aguirre 

Location of premises to be licensed: 28023 Kramer Rd, Waterford, WI, 53185

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern


Type of license applying for:

- | | |
|---|---|
| <input type="checkbox"/> Class "A" \$100.00 | <input checked="" type="checkbox"/> Class "B" \$60.00 |
| <input type="checkbox"/> Class "C" \$40.00 | <input type="checkbox"/> Class "D" \$15.00 (special one-day permit) |

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

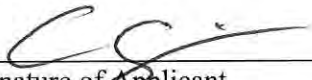
Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Signature of Applicant 

Applicant's Phone Number 

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20 23 and ending June 30, 20 24

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 2024, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.



Signature of Applicant

Name of Applicant: Evan Aguirre Trade Name (if different from applicant):

Applicant's Mailing Address: [REDACTED] City, State, Zip Code: Waterford, WI, 53185

Applicant is (check one): Individual Partnership Corporation L.L.C. Other


Name of Establishment to be Licensed: Crossover Cantina + Eatery Address of Licensed Premises: 28023 Kramer Rd, Waterford WI 53185

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?
Yes

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.
No

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:
NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:
Class B

Signature of Applicant:  Date: 06/02/2023

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2023 ending: 6-30-2024
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| | |
|--|---------------|
| Applicant's Wisconsin Seller's Permit Number <u>4560000155539-03</u> | |
| Federal Employer Identification Number (FEIN) <u>391923802</u> | |
| LICENSE REQUESTED | |
| TYPE | FEE |
| Class A beer | \$ |
| Class B beer | \$ <u>300</u> |
| Class C wine | \$ |
| Class A liquor | \$ |
| Class B liquor | \$ <u>100</u> |
| Reserve Class B liquor | \$ |
| Publication fee | \$ <u>8</u> |
| TOTAL FEE | \$ |

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CHRIS CRUISE INN

Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

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

President/Member CHRISTOPHER JOHN DZIK

Vice President/Member LINDA GERARD DZIK

Secretary/Member LINDA GERARD DZIK

Treasurer/Member JUSTIN CHRISTOPHER DZIK

Agent CHRISTOPHER DZIK

Directors/Managers

C. 1. Trade Name THE CRUISE

Business Phone Number 262 895 3500

2. Address of Premises 28747 NORTH LAKE DRIVE

Post Office & Zip Code WATERFORD 53185

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

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

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

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

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

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

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

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

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

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

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 24 day of May, 2023

Jane M. Mayer
(Clerk/Notary Public)

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

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

My commission expires 4/14/2025

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

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20 23 and ending June 30, 20 24

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20 24, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.

Christopher Dzik
Signature of Applicant

| | |
|---|--|
| Name of Applicant: <u>CHRISTOPHER DZIK</u> | Trade Name (if different from applicant): <u>THE CRUISE</u> |
|---|--|

| | |
|---|---|
| Applicant's Mailing Address: <u>28747 NORTH LAKE DRIVE</u> | City, State, Zip Code: <u>WATERFORD WI 53185</u> |
|---|---|

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

| | |
|--|---|
| Name of Establishment to be Licensed: <u>THE CRUISE</u> | Address of Licensed Premises: <u>28747 NORTH LAKE DR WATERFORD</u> |
|--|---|

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof? YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense. NO

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed: NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises: YES
28747 NORTH LAKE DR WATERFORD WI 53185

| | |
|---|---------------------------|
| Signature of Applicant <u>Christopher Dzik</u> | Date: <u>5.24.2023</u> |
|---|---------------------------|

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2023 ending: 06/30/2024
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| | |
|--|------------------------|
| Applicant's Wisconsin Seller's Permit Number: | <u>456-00003584903</u> |
| Federal Employer Identification Number (FEIN): | [REDACTED] |
| LICENSE REQUESTED ▶ | |
| <input checked="" type="checkbox"/> Class A beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class B beer | \$ _____ |
| <input type="checkbox"/> Class C wine | \$ _____ |
| <input type="checkbox"/> Class A liquor | \$ _____ |
| <input type="checkbox"/> Class B liquor | \$ _____ |
| <input type="checkbox"/> Reserve Class B liquor | \$ _____ |
| Publication fee | \$ <u>8.00</u> |
| TOTAL FEE | \$ _____ |

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ GREELEY, PETER, C. [REDACTED] [REDACTED]

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ _____

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____

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

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|--------------|------------------------|
| President/Member | _____ | _____ | _____ |
| Vice President/Member | _____ | _____ | _____ |
| Secretary/Member | _____ | _____ | _____ |
| Treasurer/Member | _____ | _____ | _____ |
| Agent ▶ | _____ | _____ | _____ |
| Directors/Managers | _____ | _____ | _____ |

C. 1. Trade Name ▶ GREELEY'S COUNTRY STORE Business Phone Number 262-662-2000

2. Address of Premises ▶ 33616 JANESVILLE DR. Post Office & Zip Code ▶ MUKWONAGO, 53149

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

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

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

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

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

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

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

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

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

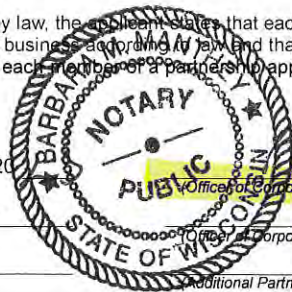
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 26 day of May, 2023

Barbara M. Menthley
(Clerk/Notary Public)



My commission expires 7-13-23

Office of Corporation/Member/Manager of Limited Liability Company /Partner/Individual

Office of Corporation/Member/Manager of Limited Liability Company /Partner

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

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 20²³ and ending June 30, 20²⁴

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20²⁴, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.

Signature of Applicant

Name of Applicant:
PETER GREELEY

Trade Name (if different from applicant):
GREELEY'S COUNTRY STORE

Applicant's Mailing Address:
33616 JANESVILLE DR.

City, State, Zip Code:
MUKWONAGO, WI 53149

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

Name of Establishment to be Licensed:
GREELEY'S COUNTRY STORE

Address of Licensed Premises:
**33616 JANESVILLE DR.
MUKWONAGO, WI 53149**

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?

YES

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.

NO

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:

NO

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:

YES- CLASS "A"

Signature of Applicant



Date:

5/26/23

036-1030411380-02

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 7-1-2023 ending: 6-30-2024
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Waterford
 Village of }
 City of }

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

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

| Applicant's Wisconsin Seller's Permit Number | |
|--|---------------|
| 496-1030411380-04 | |
| FEIN Number | |
| 84-3943552 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 300 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 100 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 8 |
| TOTAL FEE | \$ 408 |

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Urban J-Ry LLC</u> | |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|-------------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Urban</u> | <u>John</u> | <u>Allan</u> | |

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

| | | | |
|-----------------------------------|-------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Urban</u> | <u>Ryan</u> | <u>John</u> | |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Urban</u> | <u>John</u> | <u>Allan</u> | |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name Lake Michigan Hilltop Pub and Restaurant Business Phone Number 262-922-7258
2. Address of Premises 6812 N Tichigan Rd Post Office & Zip Code Waterford, 53185

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

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

5. Legal description (omit if street address is given on previous page): Pao Restaurant
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees 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. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|---|---|
| Contact Person's Name (Last, First, M.I.) <u>Urban, John A</u> | Title / Member <u>Vice President</u> | Date <u>May 4 2021</u> |
| Signature <u>[Signature]</u> | Phone Number <u>[Redacted]</u> | Email Address <u>JohnUrban13@gmail.com</u> |

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
 456-1030411380-04

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

| |
|------------------|
| License Number |
| Period Covered |
| Date of Issuance |

| | | | |
|---|-------------|--|--------------------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) Wabau - J-Ry LLC | | Federal Employer Identification No. (FEIN) 84-3943592 | |
| Trade or Business Name (if different than Legal Name) Labs Techogens Hilltop pub and restaurant | | Telephone Number () | |
| Business Address (License Location) 6812 N Michigan Rd | | Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town | |
| Municipality Waterford | State WI | Zip Code 53185 | Business Telephone (202) 922-7058 |
| Mailing Address (if different than Business Address) | | County Racine | of: Waterford |
| | | Municipality | State WI |
| | | Zip Code | 57185 |

Organization (check one)

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

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
 Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
 Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
 Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
 Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
 Yes No 6. Does the applicant understand that they may not sell single cigarettes?
 Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
 Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
 For the license period beginning July 1, 20 23 and ending June 30, 20 24

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 2024, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.



 Signature of Applicant

| | |
|---|--|
| Name of Applicant: <u>John Urban</u> | Trade Name (if different from applicant): <u>Urban J-By LLC</u> |
|---|--|

| | |
|---|---|
| Applicant's Mailing Address: <u>[REDACTED]</u> | City, State, Zip Code: <u>Waterford WI 53185</u> |
|---|---|

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

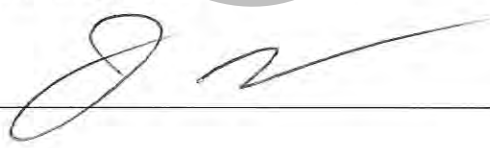
| | |
|--|--|
| Name of Establishment to be Licensed: <u>Lake Michigan Hilltop pub and Restaurant</u> | Address of Licensed Premises: <u>6812 N Tichener Rd, Waterford WI</u> |
|--|--|

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?
yes

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.
No

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:
~~yes~~ No

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:
yes, 813 S 1st Street, Milwaukee WI
Class B Brew - Licenses and N11004 us Hwy 45, Benomunee WI

| | |
|---|--------------------------------|
| Signature of Applicant  | Date: <u>May 4 2023</u> |
|---|--------------------------------|

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

| |
|----------------------------|
| For Office Use Only |
| License No. Granted |
| _____ |

(PLEASE PRINT)

Waterford, Wisconsin, May 4, 2023
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 2023 to June 30, 2024 (unless sooner revoked).

Business Name: Urban J-Rg LLC

Doing Business As (DBA): Lake Michigan Hilltop Pub and Restaurant

Physical Address of Applicant (include mailing address if different):

6812 N Michigan Rd
Waterford, WI 53186

Name and addresses of Principal Officers:

Ryan Urban [Redacted]
John Urban [Redacted]

Location of premises to be licensed: _____

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern

Type of license applying for:

Class "A" \$100.00 Class "B" \$60.00
 Class "C" \$40.00 Class "D" \$15.00 (special one-day permit)

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: No

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: No

Signature of Applicant [Signature] Applicant's Phone Number [Redacted]

**Original Alcohol Beverage
License Application**

| FOR CLERKS ONLY | |
|-----------------|-----------------|
| Municipality | T. 87 Waterford |
| License Period | 23/24 |

License(s) Requested

- Class "A" Beer \$ _____ "Class A" Liquor \$ _____
 Class "B" Beer \$ 300 "Class B" Liquor \$ 100
 "Class C" Wine \$ _____ "Class A" Liquor (Cider Only) \$ 0
 Reserve "Class B" Liquor \$ _____ "Class B" (Wine Only) Winery \$ _____

| | |
|-------------------|---------------|
| License Fees | \$ <u>400</u> |
| Publication Fee | \$ <u>8</u> |
| Background Check | \$ _____ |
| Total Fees | \$ <u>408</u> |

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship)
Chris Sackman DBA Chris Sackma

2. Trade Name or DBA
The Watering Hole

3. Premises Address
28837 Beach Dr

4. County Racine 5. Municipality _____ 6. Aldermanic District _____

7. Mailing Address (if different from premises address) _____

8. FEIN 92-3362854 9. Wisconsin Seller's Permit Number 456103134059304

10. Premises Phone 262 895 0038 11. Premises Email sackman71@gmail.com

12. Entity Type (check one)
 Sole Proprietor Partnership Limited Liability Company Corporation Nonprofit Organization

13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary.

One Single Building - No ~~to~~ Active living quarters.
 Alcohol only to be stored and ~~stored~~ ^{Sold} on premises. Sold only
 in side. would request as permitted by Route Zoning to
 have outside ~~set~~ seating. Sold outside if possible.

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. Yes No

2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? Yes No
 If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

| | | | |
|--|--|-------------------------|-------|
| 1. State of Registration | | 2. Date of Registration | |
| 3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name of Parent Company | | FEIN of Parent Company | |
| 4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary. | | | |
| 5. Agent's Last Name | | Agent's First Name | Phone |

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

| Last Name | First Name | Title | Phone |
|-----------|------------|-------|------------|
| Sackman | Chris | Owner | [REDACTED] |
| | | | |
| | | | |

Part E: Attestation

Who must sign this application?

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

| | | | |
|--------------------------|--|-------|-------|
| Signature | | Date | |
| Name (Last, First, M.I.) | | Phone | |
| Title | | Email | Phone |

2. Date of Registration

APPLICATION FOR LICENSE TO SELL SODA WATER BEVERAGES
For the license period beginning July 1, 2023 and ending June 30, 2024

I, hereby apply for a License to sell at the premises described below, in the Town of Waterford, from date hereof until June 30, 20___, (unless sooner revoked) Soda Water Beverages to be consumed on or off the premises, subject to the limitations imposed by Section 66.0433 (2) of the Wisconsin Statutes and acts amendatory hereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the sale of such beverages if a license be granted to me.

Signature of Applicant

| | |
|--|---|
| Name of Applicant: <u>Chris Sackman</u> | Trade Name (if different from applicant): <u>The Watung Hole</u> |
|--|---|

| | |
|----------------------------------|---|
| Applicant's Mailing Address: | City, State, Zip Code: <u>Waterford WI 53185</u> |
|----------------------------------|---|

Applicant is (check one): Individual Partnership Corporation L.L.C. Other

| | |
|---|---|
| Name of Establishment to be Licensed: <u>The Watung Hole</u> | Address of Licensed Premises: <u>27837 Beach Dr Waterford WI 53185</u> |
|---|---|

Has applicant been licensed to sell soda water beverages in the Town of Waterford within two years prior to the date hereof?
No

Has applicant been convicted of any felony or of violating ANY law of the State of Wisconsin or of the United States? If yes, give date of conviction, name of court, nature of offense.
No

Has applicant ever been convicted of violating ANY law of the State of Wisconsin, or ordinance of Racine County, or ordinance of the Town of Waterford regulating the sale of beverages or intoxicating liquors? If yes, give details, including jurisdiction and penalty imposed:
No

Does applicant hold any license to sell fermented malt beverages or intoxicating liquors? If yes, state the type of such license, and the address of the licensed premises:
No

| | |
|----------------------------|------------------------|
| Signature of Applicant | Date: <u>7-8-23</u> |
|----------------------------|------------------------|

Application for Dance License
(Pursuant to Town of Waterford Municipal Code Section 6.12)

For Office Use Only
License No. Granted

(PLEASE PRINT)

Waterford, Wisconsin, 6-8-23, 2023
(month/day) (year)

To the Clerk and the Board Members of the Town of Waterford, Wisconsin.

(I) (We) hereby apply for a dance permit to be effective from July 1, 23 to June 30, 24 (unless sooner revoked).

Business Name: The Watering Hole

Doing Business As (DBA): Chris Sackman

Physical Address of Applicant (include mailing address if different):

28837 Beach Dr.
Waterford WI 53185

Name and addresses of Principal Officers:

Chris Sackman [REDACTED]
Waterford WI 53185

Location of premises to be licensed: 28837 Beach Dr. Waterford WI 53185

Are any of the following businesses conducted in any part of the premises for which the license is sought:

Restaurant Tavern

Type of license applying for:

Class "A" \$100.00 Class "B" \$60.00
 Class "C" \$40.00 Class "D" \$15.00 (special one-day permit)

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Has applicant been convicted of violating ANY law regulating the operation of public dance halls? If yes, give details, including jurisdiction and penalty imposed: NO

Signature of Applicant [Signature]

Applicant's Phone Number [REDACTED]

ORDINANCE#
Township of Waterford
Racine County, Wisconsin

**Amend and add sections to Ordinance 12-12-2005- An Outdoor and Refuse Burning Ordinance
for the Town of Waterford Wisconsin.**

THE TOWN BOARD of the Township of Waterford, at its regular monthly and duly noticed meeting does hereby Ordain and Pass the following Ordinance:

SECTION 1: PURPOSE

1.00 Purpose. This ordinance is intended to promote the public health, safety and welfare and to safeguard the health, comfort, living conditions, safety and welfare of the citizens of the Town of Waterford due to the air pollution and fire hazards of open burning, outdoor burning and refuse burning.

SECTION 2: APPLICABILITY

2.00 Applicability. This ordinance applies to all outdoor burning and refuse burning within the Town of Waterford.

2.1. This ordinance does not apply to burning in a stove, furnace, fireplace or other heating device within a building used for human or animal habitation unless the material being burned includes refuse as defined in Section 4 of this ordinance.

2.2. This ordinance does not apply to the use of propane, acetylene, natural gas, gasoline or kerosene in a device intended for heating, construction or maintenance activities.

2.3. This ordinance does not apply to grilling or cooking using charcoal, wood, propane or natural gas in cooking or grilling appliances.

SECTION 3: SEVERABILITY

3.00 Severability. Should any portion of this ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this ordinance shall not be affected.

SECTION 4: DEFINITIONS

4.00 Definitions.

4.1. "Campfire" means a small outdoor fire intended for recreation or cooking not including a fire intended for disposal of waste wood or refuse.

4.2. "Clean Wood" means natural wood which has not been painted, varnished or coated with a similar material, has not been pressure treated with preservatives and does not contain resins or glues as in plywood or other composite wood products.

4.3. "Confidential papers" means printed material containing personal identification or financial information that the owner wishes to destroy.

4.4. "Fire Chief" means the Chief of the Tichigan Volunteer Fire Company, Inc. or other person authorized by the Fire Chief.

4.5. "Outdoor burning" means open burning or burning in an outdoor wood-fired furnace.

4.6. "Open Burning" means kindling or maintaining a fire where the products of combustion are emitted directly into the ambient air without passing through a stack or a chimney.

4.7. "Outdoor Wood-fired Furnace" means a wood-fired furnace, stove or boiler that is not located within a building intended for habitation by humans or domestic animals.

4.8. "Refuse" means any waste material except clean wood.

SECTION 5: GENERAL PROHIBITION ON OPEN BURNING, OUTDOOR BURNING AND REFUSE BURNING

5.00 General prohibition on outdoor burning and refuse burning. Open burning, outdoor burning and refuse burning are prohibited in the Town of Waterford unless the burning is specifically permitted by this ordinance.

SECTION 6: MATERIALS THAT MAY NOT BE BURNED

6.00 Materials that may not be burned.

6.10 Unless a specific written approval has been obtained from the Department of Natural Resources, the following materials may not be burned in an open fire, incinerator, burn barrel, furnace, stove or any other

indoor or outdoor incineration or heating device. The Town of Waterford will not issue a permit for burning any of the following materials without air pollution control devices and a written copy of an approval by the Department of Natural Resources.

6.11. Rubbish or garbage including but not limited to food wastes, food wraps, packaging, animal carcasses, paint or painted materials, furniture, composite shingles, construction or demolition debris or other household or business wastes.

6.12. Waste oil or other oily wastes except used oil burned in a heating device for energy recovery subject to the restrictions in Chapter NR 590, Wisconsin Administrative Code.

6.13. Asphalt and products containing asphalt.

6.14. Treated or painted wood including but not limited to plywood, composite wood products or other wood products that are painted, varnished or treated with preservatives.

6.15. Any plastic material including but not limited to nylon, PVC, ABS, polystyrene or urethane foam, and synthetic fabrics, plastic films and plastic containers.

6.16. Rubber including tires and synthetic rubber-like products.

6.17. Newspaper, corrugated cardboard, container board, office paper and other materials that must be recycled in accordance with the local recycling ordinance except as provided in Section 12 of this ordinance.

SECTION 7: OPEN BURNING OF LEAVES, BRUSH, CLEAN WOOD AND OTHER VEGETATIVE DEBRIS

7.00 Burning leaves, brush, clean wood and other vegetative debris.

Open burning of leaves, weeds, brush, stumps, clean wood trimmings (less than six (6) inches in diameter) and other vegetative debris is allowed only in accordance with the following provisions

7.1. Open burning shall be conducted only on the property on which the materials were generated.

7.2. Open burning of weeds or brush on agricultural lands is allowed if conducted in accordance with other applicable provisions of this ordinance, with notification to Racine County and the Fire Chief.

7.3. Burning of trees, limbs, stumps, brush or weeds for clearing or maintenance of rights-of-way is allowed if approved by the Fire Chief and if in accordance with other provisions of this ordinance.

7.4. Open burning under this section shall only be conducted at a location at least 30 feet from the nearest building which is not on the same property.

7.5. No open burn shall exceed ~~four (4)~~ **eight (8)** feet square and four (4) feet in height.

7.6. Open burning shall only be conducted Monday through Sunday between the hours of 10:00 AM to 7:00 PM.

7.7. Open burning shall be constantly attended and supervised by a competent person of at least sixteen (16) years of age until the fire is extinguished and is cold. The person shall have readily available a water supply for use and such fire extinguishing equipment as may be necessary for the total control of the fire, within a radius of seventy-five feet around the fire or burning activity.

7.8 Exemption for Agricultural Burning Burning of brush or weeds on agricultural lands including fires for crop land management, insect and rodent control is permitted, provided dense smoke is not created and no nuisance occurs. Here shall be no time limit for agricultural burning but shall be supervised from time of ignition to extinguishment.

SECTION 8: CAMPFIRES / BONFIRES

8.00 Outdoor campfires and bonfires.

A campfire or bonfire may be used in the Town of Waterford only in accordance with the following provisions:

8.1. Outdoor campfires and small bonfires for cooking or recreation are allowed provided that the fire is confined by a control device or structure such as a barrel, fire ring, manufactured outdoor fireplace or fire pit.

8.2. Control devices shall be constructed of metal, concrete or brick in such a manner as to prevent the escape of burning embers.

8.3. Persons constructing a permanent structure, barrel, fire ring, manufactured outdoor fireplace or fire pit, for the containing campfires or bonfires, must obtain a written permit from the Fire Chief and must follow all applicable building codes.

8.4. No person shall kindle, start or permit such a contained fire to burn within 20 feet of a building or wooden structure, or in any street or alley.

8.5. No outdoor campfire or small bonfire shall exceed ~~three (3)~~ **five (5)** feet in diameter and three (3) feet in height.

8.6. Campfires and bonfires are not permitted between the hours of 1:00 AM and continuing through sunrise the following morning.

8.7. Campfires and bonfires shall be constantly attended and supervised by a competent person of at least sixteen (16) years of age until the fire is extinguished and is cold. The person shall have readily available a water supply for use and such fire extinguishing equipment as may be necessary for the total control of the fire, within a radius of seventy-five feet around the fire or burning activity.

8.8. All wood materials shall be clean wood, not to exceed eight (8) inches in diameter and shall fit within the designated burn area. Fires may be ignited with a small quantity of paper; the use of flammable or combustible liquids for ignition is prohibited. Materials referenced in Section 6 are prohibited.

8.9. The Fire Chief, with permission of the Town Chairman or his duly authorized representative, may for ceremonial or recreational purposes, allow for larger bonfires at his discretion, providing that the burn materials used meet with Section 6 of this ordinance and Fire Department personnel and apparatus are on-site for the duration of the burn.

SECTION 9: BURN BARRELS

9.00 Burn barrels.

A burn barrel may be used in the Town of Waterford only in accordance with the following provisions:

9.1. The burn barrel shall not be used to burn any of the prohibited materials listed in Section 6 of this ordinance and may only be used in accordance with the provisions of Section 7 of this ordinance.

9.2. The burn barrel shall be located at least 50 feet from the nearest building that is not on the same property as the burn barrel.

9.3. The burn barrel shall have vent holes above the ash line for combustion air and shall be covered with a heavy wire screen.

9.4. The burn barrel shall not serve a commercial enterprise.

SECTION 10: OUTDOOR WOOD-FIRED FURNACES

10.00 Outdoor wood-fired furnaces.

An outdoor wood-fired furnace may be installed and used in the Town of Waterford only in accordance with the following provisions:

10.1. The outdoor wood-fired furnace shall be installed and used only in an area zoned for agricultural use.

10.2. The outdoor wood-fired furnace shall not be used to burn any of the prohibited materials listed in Section 6 of this ordinance.

10.3. The outdoor wood-fired furnace shall be located at least 75 feet from the nearest building which is not on the same property as the outdoor wood-fired furnace.

10.4. The outdoor wood-fired furnace shall have a chimney that extends at least 10 feet above the ground surface. If there are any residences within 500 feet, the chimney shall also extend at least as high above the ground surface as the height of the roofs of all such residences. The Fire Chief may approve a lesser height on a case-by-case basis if necessary to comply with manufacturer's recommendations and if the smoke from the lower chimney height does not create a nuisance for neighbors.

SECTION 11: FIRE DEPARTMENT PRACTICE BURNS

11.00 Fire department practice burns.

Notwithstanding sections 5 and 6 of this ordinance, the fire department may burn a standing building if necessary for fire fighting practice and if the practice burn complies with the requirements of the Department of Natural Resources.

SECTION 12: EXEMPTION FOR BURNING CERTAIN PAPERS

12.00 Exemption for burning certain papers.

12.1. Notwithstanding Subsection 6.17 of this ordinance, paper and cardboard products may be used as a starter fuel for a fire that is allowed under this ordinance

12.2. Small quantities of confidential papers from a residence may be burned if necessary to prevent the theft of financial records, identification or other confidential information.

12.3. Confidential papers from a commercial enterprise shall be shredded or destroyed in a manner other than burning.

12.4. A fire set for burning of a small quantity of confidential papers shall be subject to and comply with applicable subsections of this ordinance.

SECTION 13: PROHIBITED CONDITIONS

13.00 Prohibited Burning Conditions

13.1. Except for barbecue, gas and charcoal grills, no campfires or bonfires shall be undertaken during periods when either the Fire Chief or the Wisconsin Department of Natural Resources has issued a burning ban applicable to the area, or an ozone alert has been declared by Racine County or the National Weather Service.

13.2. No person shall cause or permit the emission of dense smoke from any premises owned or occupied by such person.

13.3. All allowed open burning shall be conducted in a safe nuisance free manner, when wind speed does not exceed nine (9) miles per hour and weather conditions are such as to minimize adverse effects and not create a health hazard or a visibility hazard on roadways. Open burning shall be conducted in conformance with all local and state fire protection regulations.

13.4. When weather conditions warrant, the Fire Chief or Police Chief, with the permission of the Town Chairman, or his duly authorized representative, or the Department of Natural Resources may declare a burning moratorium on all open burning and temporarily suspend all open burning, including campfires and bonfires.

13.5 No person shall burn garbage or other material the burning of which causes an offensive or obnoxious odor within the town limits.

SECTION 14: PERMITS

14.00 Permits.

14.1. The Town of Waterford does not require a permit for open burn, campfire or bonfire. Persons are responsible for the content of this ordinance.

14.2. Persons are required to obtain building permits as required for purposes stated in Section 8 and 10.

14.3. No person shall start, kindle or permit any burning at anytime during the provisions as stated in Section 13.

SECTION 15: LIABILITY

15.00 Liability. A person utilizing or maintaining an outdoor fire shall be responsible for all fire suppression costs and any other liability resulting from damage caused by the fire.

SECTION 16: RIGHT OF ENTRY AND INSPECTION

16.00 Right of entry and inspection. The Fire Chief, with permission of the Town Chairman or his duly authorized representative, or any authorized officer, agent, employee or representative of the Town of Waterford who presents credentials may inspect any property for the purpose of ascertaining compliance with the provisions of this ordinance. Note: If the owner or occupant of the premises denies access to the property for this purpose, a special inspection warrant may be obtained in accordance with sections 66.122 and 66.123, Wis. Stats.

SECTION 17: ENFORCEMENT AND PENALTIES

17.00 Enforcement and penalties.

17.1. The Fire Chief, with permission of the Town Chairman or his duly authorized representative, or any duly authorized officer for the fire department, Police Chief and authorized law enforcement officers are authorized to enforce the provisions of this ordinance.

17.2. The penalty for violation of any portion of this ordinance shall be a forfeiture of not less than \$10 or more than \$500 plus the cost of prosecution. Penalties are doubled for second and subsequent offenses.

PASSED AND ADOPTED this ____ day of _____, 2023, to take effect upon posting/publication as required by law.

TERI JENDUSA-NICOLAI
Town Chair

ATTEST:

TINA MAYER
Town Clerk

Estimate

Chief Matt Johnson
 Waterford Police Department
 415 N. Milwaukee St
 Waterford, WI 53185 USA

Chief Matt Johnson
 Waterford Police Department
 415 N. Milwaukee St
 Waterford, WI 53185 USA

20230008
 01/27/2023
 02/03/2023

Town Hall/Court Desk

\$12,200.00

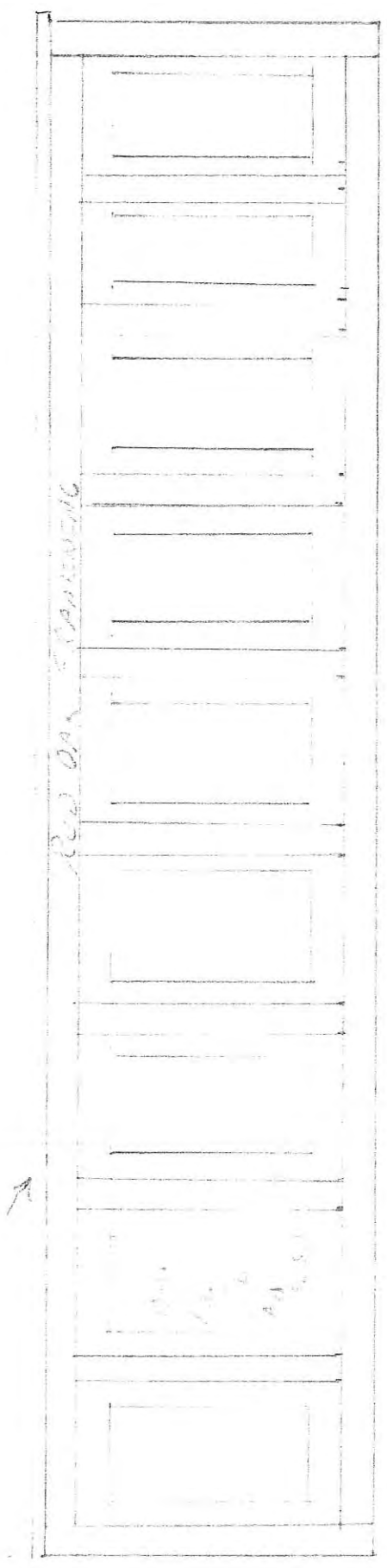
415 N. Milwaukee St Waterford

| DATE | ACTIVITY | QTY | RATE | AMOUNT |
|------|--|-----|-----------|-----------|
| | Custom Woodwork Project Provide and install the following: 20ft - 7 Person - Built-In Town Hall Desk • Die wall with maple panel face and maple flush backside • Laminate lower and upper countertop with necessary supports • Wood base board • Four coat stain process • Wiring pathway inside desk area with access panels | 1 | 22,000.00 | 22,000.00 |
| | 02 Site Work:Electrical Installation 8 Recessed Electrical Outlets w/ USB C mounted in the backside of desks facing seats, along with 2 Electrical Receptacles for 80" Screens Mounted on New Side Walls | 1 | 2,400.00 | 2,400.00 |
| | **FYI - Install Schedule & Price Increase's** All installations must go through our installation manager, and be scheduled accordingly. Before installations can be put on the schedule, the customer must sign the estimate and remit funds for down payment listed on the estimate. | 1 | 0.00 | 0.00 |
| | NOTE: Installations may be delayed due to manufacturing/shipping delays beyond our control. "Costs are currently rising at sudden and unpredictable rates. This proposal is based on current pricing from our vendors and suppliers and includes all price increases and surcharges levied by those suppliers and known by Seller as of the date of this proposal. Seller reserves the right to require an approved change order before the order can be released into production to compensate for any supplier price increases or surcharges announced after the date of this proposal and prior to the release of materials for installation. Seller will provide written documentation of the Supplier increase notice upon request. All Buyer Contracts shall include a provision to this affect." | | | |
| | Chris Phillips - President & CEO - AdvaTech Systems | | | |
| | Warranty:AdvaTech Systems - 90day Warranty AdvaTech Data Systems Warranty; | 1 | 0.00 | 0.00 |
| | AdvaTech Ensures that the wiring of above listed cables, connectors, rack and terminations will be free from defect for the time frame of 90 days from the date of install. This warranty also includes the factory certified programming and installation of the listed cameras, switch gear and recording devices for the period of 90 days , after which the | | | |

G. Modrak



OAK COUNTER TOP



RED OAK FINISHING

FRONT VIEW

RAISED PANEL DOORS & DRAWERS

88,900.

K. HINZ TO

- * 5142112 / 100 100 00
- * ASSIST IN INSTALC
- * 4222111 CA.

7/17/23



WOODWRIGHTS

Retail and Commercial Casework Crafted with Precision

Proposal: Conference table

Customer: Waterford Town Hall
Attention: Heather Stratton

We hereby propose to furnish only per scope of work

Bid Clarifications:

- * Delivery included
- * Taxes are **not** included.
- * Installation **not** included (Furnish only)
- * Based on details provide by Heather
- * Color is black for die wall and tops planned as Pionite Jewel Mahogany.
- * Exclusion: Electrical hook up and outlets for die wall.

Scope of Work:

| Conference table | | |
|------------------|----|----------------------------|
| 20 | LF | Die wall |
| 5 | EA | Wall brackets |
| 18 | LF | Laminate top |
| 20 | LF | Laminate wall cap |
| 1 | EA | Style and Rail on die wall |

Base bid: Die wall, countertop, wall cap and wall brackets: \$7,480.00

Delivery: \$250.00

Installation: \$2035.00

Respectfully Submitted,
Michael Heinzlmann Vice President

\$9,765.00

TOWN OF WATERFORD

415 N. MILWAUKEE ST.
WATERFORD, WI 53185
PH: (262) 534-2350

SPECIAL EVENTS PERMIT APPLICATION

Special Event: As defined by Chapter 6 of Town Code this term includes, but is not limited to, conduct, exhibit, operate or maintain within Town limits: any circus, menagerie, carnival, play, game, contest, theatrical performance, theater, concert, athletic event; any contest of speed, skill or endurance on land or water; any type of performance involving dancing or body movement; or any other type of public amusement, show or performance, where the public or members of clubs and organizations are invited or present, without first obtaining a permit as provided for under this section.

Name of Event: Annual Car Show & Charities

Date(s) of Event: August 26-27 Start Date: Aug 25 End Date: Aug 28

Name of Organization (list out contact information for all partners, officers and directors if the organization is a partnership or corporation): Tichigan Lions Club & CHARITIES

Address: 6710 Big Bend Rd. City: Waterford State: WI Zip: 53185

E-Mail Address of applicant: [REDACTED]

Contact Person (Day of event): Mark Knudsen

Address: [REDACTED] City: Muskego State: WI Zip: 53150

E-Mail: Same as above Home Phone: [REDACTED] Cell Phone: [REDACTED]

Time event will begin: 8-26 at 3 PM Time event will end: 8-27 at 7 PM

Site plan information. Attach a detailed map/diagram of the event and indicate the location of the following: event vendors (e.g. food, alcohol); parking accommodations (on and off site); proposed road closures; signage, emergency vehicle access.

Estimated attendance at the event: 3,000

Will there be outdoor music at the event? Yes No Hours/days: 8/26 (6-9 PM) 8/27 12-5 PM

Other submittal items:

The applicant agrees to indemnify and save harmless the Town from and against all liabilities, claims, demands, judgments, losses, and all suits at law or in equity, costs and expenses, including reasonable attorney fees, for injury or death of any person or loss or damage to the property of any person, firm, organization or corporation, including both parties hereto and their employees, arising from the holding of such special event.

Signature of applicant: [Signature] Date: 5/9/23

GREGORY HORETH
ON BEHALF OF MARK KNUDSEN

Application for Temporary Class "B" / "Class B" Retailer's License

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

FEE \$10.00

Application Date: 05/9/2023

Town Village City of Waterford

County of Racine

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

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

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

at the premises described below during a special event beginning 08/26/2023 and ending 08/27/2023 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Tichigan Lions Club & CHARITIES

(b) Address 6710 Big Bend Rd.

(Street)

Town Village City

(c) Date organized _____

(d) If corporation, give date of incorporation _____

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

(f) Names and addresses of all officers:

President Dave Hrycak, [REDACTED]

Vice President Mark Whorley, [REDACTED]

Secretary Don Goede, [REDACTED]

Treasurer Tom Szeklinski, [REDACTED]

(g) Name and address of manager or person in charge of affair: Mark Knudsen

[REDACTED], Muskego, 53150

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Town Park/Jensen Park

(b) Lot Entire park

Block _____

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

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: N/A

3. Name of Event

(a) List name of the event Tichigan Lake Lions Car Show

(b) Dates of event 08/26/2023

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

(Signature / Date)

Tichigan Lake Lions

(Name of Organization)

Date Filed with Clerk

5/9/2023

Date Reported to Council or Board

6/12/2023

Date Granted by Council _____

License No. _____

A RESOLUTION OF THE TOWN BOARD OF THE TOWN OF WATERFORD REQUESTING LEGISLATIVE ACTION TO CHANGE THE ALLOCATION OF RESERVE "CLASS B" LIQUOR LICENSES WITHIN THE STATE OF WISCONSIN

WHEREAS, the State of Wisconsin has a law in effect limiting the number of Reserve "Class B" Liquor Licenses that may be issued by local municipalities (See §125.51(4), Wis. Stat.); and

WHEREAS, under state law, a municipality may arrange for a transfer of a Reserve "Class B" Liquor License from a municipality that is contiguous with, or is located within two miles of, the requesting municipality, with a statutorily required issuance fee, typically the payment of at least \$10,000.00, to the transferring municipality for the transferred license (See §§125.51(3)(e)(4) and (4)(e), Wis. Stat.); and

WHEREAS, municipalities in the State of Wisconsin desire to increase their tax base through development and growth of businesses and provisions that hamper these efforts are detrimental to not only the municipalities but also the residents and taxpayers; and

WHEREAS, it is our belief that the two provisions above are unnecessarily limiting and prevent new businesses from establishing and growing in our municipality; and

WHEREAS, municipalities of Walworth and Kenosha Counties have also been asked to support a change in these laws;

NOW, THEREFORE, BE IT RESOLVED that the Town of Waterford respectfully requests the State of Wisconsin to allow municipalities to request a transfer of a Reserve "Class B" liquor license throughout an entire county rather than being limited to a 2-mile contiguous radius.

BE IT FURTHER RESOLVED by the Town Board of the Town of Waterford, that the Chair is directed to transmit a copy of this Resolution to the Governor of the State of Wisconsin and the Racine County's State legislative delegation.

Introduced: , 2023

Adopted:

Teri Jendusa-Nicolai, Chairperson

Attest:

Tina Mayer, Town Clerk



VILLAGE OF WATERFORD PUBLIC WORKS & UTILITIES REPORT

For additional information: <http://www.waterfordwi.org>

Meeting Date: June 12, 2023

Staff Recommendation:

That the Village and Town of Waterford enter into a Boundary Agreement.

Background:

Legislation in 1954 empowered incorporated jurisdictions to enact extraterritorial plat review of property divisions, and to set standards to which those would be approved. Up until 2022, the Village enacted no restrictions on land divisions in the Town. Following the Town's Incorporation Attempt, the Village put in place an ordinance that prohibited land divisions of parcels less than 20 acres in size.

Staff Proposed Terms to be reviewed and discussed by both Boards :

1. Develop a revenue sharing agreement to keep the Town whole financially for a set number of years (5 years proposed, at the year prior to annexation's Town Tax Income for impacted properties).
2. Develop a TID revenue sharing agreement to facilitate growth of the Village into Town held areas (staff proposes 2.5% of TID Increment revenues for the **last 5 years (after any annual Village Debt Service Obligations are met)** of any Newly Created TID districts for any areas annexed after a boundary agreement is put into place.
3. Using the attached map, work to identify vacant "trigger" parcels that would compel annexation of all properties within an identified area on the map. The goal for the Village is to eliminate any "Town Islands" that make service delivery difficult for both the Village and Town.
4. Identify Town Sanitary District Expansion Areas and incorporate those into the Boundary Agreement.
5. Have both the Village and Town incorporate an "Official Street Map" that compel dedication of Rights of Way to ensure that the Village and Town can grow harmoniously over the course of decades without any connectivity gaps for service delivery.
6. Term of the agreement proposed at 40 years, with any filing for a petition of incorporation for any portion of the Town resulting in a simultaneous termination of the boundary agreement.
7. Reinforce the provision in the Village's land division ordinance through incorporation of terms into the Boundary Agreement that states "no section of this ordinance applies to any community that has a Boundary Agreement with the Village". In effect, block the Village's ability to stop land divisions in the Town.

I would ask for feedback from Teri following the Town's June 12th meeting so that I can draft a preliminary agreement for review by both Boards (hopefully at their July or August meetings).

Fiscal Impact:

Both Communities would benefit from orderly growth and development with unknown financial benefits (and costs) at this juncture. Failing to plan is planning to fail. Our Communities need a Plan.

Submitted by,

Zeke Jackson
Village Administrator

2/21/2021 Village Proposed Boundary Plan

