

NOTICE OF PUBLIC MEETING

VILLAGE OF HARRISON, CALUMET (& OUTAGAMIE) COUNTY, WI

NOTICE IS HEREBY GIVEN that a Village of Harrison Board Meeting will be held at the Harrison Municipal Building, W5298 State Road 114, Menasha on Tuesday, June 13, 2017 at 7:00pm. The agenda is printed below.

1. Call to Order the Village Board Meeting for June 13, 2017
2. Pledge of Allegiance
3. Roll Call of Village Board
4. Correspondence or Communications from Board and Staff
 - a) Proposal for bike/pedestrian path and crosswalk (Amy DeBroux, W5638 Mark Ct.)
5. Public Comments

Please be advised per State Statute section 19.84(2), information will be received from the public; be further advised that there may be limited discussion on the information received; however, no action will be taken under public comments. It is the policy of the Village that there is a three minute time limit per person. Time extensions may be granted by the President. Please register your name on the sign-in sheet prior to the start of the meeting.
6. Consent Agenda
 - a) Renewal Operator Licenses for July 1, 2017-June 30, 2018
 - b) New Operator Licenses for July 1, 2017-June 30, 2018
 - c) Renewal Class A and Class B Combination Licenses for July 1, 2017- June 30, 2018
 - d) Renewal Tobacco Licenses for July 1, 2017-June 30, 2018
7. Items removed from Consent Agenda (if any)
8. Appointments
 - a) None
9. Unfinished Business from Previous Meetings for Consideration or Action
 - a) Preliminary Plat- Kimberly Heights- Dercks DeWitt LLC
10. New Business for Consideration or Action
 - a) Request to Purchase New Election Equipment
 - b) Deny Application for Operator's License
 - c) Approve purchase of 4 culverts for Kesler Rd.
11. Reports of Ad Hoc Committees and Departments
12. Future Agenda Items
13. Closed Session: The Village Board will meet in closed session pursuant to Wis. State Stats. §19.85 (1)(e) to deliberate or negotiate the purchasing of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session in regards to (a) a development project with Toonen Companies. The Village Board may reconvene into open session pursuant to section 19.85(2) of the Wisconsin Statutes for possible action on the closed session.
14. Adjournment

Agenda is posted at Harrison Municipal Building and www.harrison-wi.org. Any person with hearing disabilities or requiring special accommodations to participate in the meeting should contact the Clerk's Office (920-989-1062) at least 24-hours prior to the meeting. This is a public meeting.

Jennifer Weyenberg, Village Clerk
Posted June 8, 2017

Proposal for bike/pedestrian path & crosswalks

Purpose: Address Safety Issues Near SE Corner of HWY N and HWY KK

Jeff and Amy DeBroux

W5638 Mark Ct

(920) 810-3673

adebroux@new.rr.com

- We are requesting the Town Board to review and endorse the pedestrian/bike path proposal.
- Please let us know what other information is needed and/or which meetings to attend.

CTY N Path

Rationale

- Traffic traveling north toward lights is slowing and becoming condensed, increasing the hazards
 - It's difficult for vehicles to switch lanes to avoid pedestrians/bikes
 - While cars try to move to left lane to avoid pedestrians/bikes, they need to abruptly swerve back to the right to avoid cars turning left onto Hank Dr. (We have experienced and witnessed many near misses here)
- The proposed path and crosswalk (shown in yellow), will address these hazards and connect flow between neighborhoods and businesses
- The proposed path also enables people to go safely from the SE section of Darboy to Sunrise and Woodland Schools

Jeff and Amy DeBroux

W5638 Mark Ct

(920) 810-3673



CTY KK Path

Jeff and Amy DeBroux

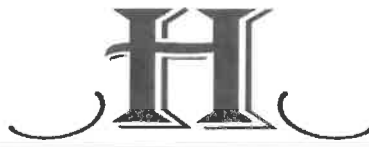
W5638 Mark Ct

(920) 810-3673

Rationale

- Traffic traveling east from lights is condensed, increasing the hazards
 - It's difficult for vehicles to switch lanes to avoid pedestrians/bikes
 - While cars try to move to left lane to avoid pedestrians/bikes, they need to abruptly swerve back to the right to avoid cars turning left onto Hank Dr. (We have experienced and witnessed many near misses here)
- The proposed bike path and crosswalk (shown in yellow below), will address these hazards and connect flow between neighborhoods and businesses





VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:

Jennifer Weyenberg, WCMC

Date:

June 7, 2017

Title:

Consent Agenda- Renewal Operator Licenses

Issue:

None. These are the renewal license applications; the current licenses expire June 30, 2017.

Background and Additional Information:

The following applications have been filed with the Village Clerk and the necessary fees have been paid. All have met the requirements to hold an operator's license.

*See Sheet Attached

Budget/Financial Impact:

None

Recommended Action:

Staff recommends approval of the licenses.

Attachments:

- List of Applicants

Renewal Applications Filed

Arft, Ann
Blohowiak, Heather
Borsche, Rodney
Calcari, Lauren
Clegg, Alyson
Close, Ryan
Coenen, Brenda
Coffey, Nancy
Crane, Kenneth
Day, John
DeCoster, Rachelle
Delie, John
Dominguez, John
Eckes, Sandra
Ellis, Rose
Engel, Laura
Fassbender, Diane
Feucht, Katie
Freschette, Robin
Gaab, Dawn
Goerl, Lyla
Grow, Abby
Helms, Marne
Herkowski, Michael
Hietpas, Jennifer
Hoch, Paige
Jacobson, Brianna
Jones, Kyle
Karmann, James
Kavanaugh, Lynn
Kilishek, Vickie
Knapp, Michael
LeClair, Paul
Limpert, Patricia
Lisowe, Jennifer
Lukes, Shawn
Melville, Kristin
Monday, Alexa
Moore, Sean
Nushart, Sara
Ostrowski, Victoria
Paulowski, Lisa
Phillips, Paul
Phillips, Tammy
Pyle, Brenda
Rasmussen, Brian
Reetz, Theresa
Reynolds, Danielle
Ristow, Lindsay
Rivest, Nichole
Roe, Jordyn
Schmit, Alyssa
Schmitt, Susan
Schneider, Douglas
Scott, Christopher
Soffa, Kathleen
Sprangers, Alisha
Sprangers, Brittany
Storino, Charles
Stumbris, Andrew
Stuyvenberg, Amanda
Tilkens, Lauren
Titera, Paula
Trypuc, Stephanie
Verkuilen, Elliott
Vissers, John
Waisanen, Laura
Wandrey, Tabatha
Warning, Brianna
West, Mae



VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:
Jennifer Weyenberg, WCMC

Date:
June 7, 2017

Title:
Consent Agenda- New Operator Licenses

Issue:
None. These are the all NEW license applications and the background checks were conducted.

Background and Additional Information:

The following applications have been filed with the Village Clerk and the necessary fees have been paid. All have met the requirements to hold an operator's license.

- Orozco, Skylar
- Schneider, Leah
- Baeten, Jordanne
- Knop, Trevor
- Burda, Juliana
- Atkinson, Elsie
- Runyan, Audrey
- Burhop, Kayla
- Holley, Rachel
- Lauer, Amanda
- Kulman, Marc
- Barker, Melissa
- Pickens, Shynethia

Budget/Financial Impact:
None

Recommended Action:
Staff recommends approval of the licenses.

Attachments:
Applications



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Orozco First Name: Skylar Middle I: E
Street Address: 4198 Honeywood Ct City: Appleton Zip: _____
Day Phone: 920-809-9449 Evening Phone: 920-809-9449
Date of Birth: 10/16/1997 Where will you be working?: Waverly Beach
Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / NO

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 7 day
of May 2016/17.

Debra Gillis
Witness Signature

Witness Address: 127 S Scheerer St.
Appleton, WI 54915

X [Signature]
Applicant Signature

5/7/17
Date

Office Use Only: \$25.00

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Schneider First Name: Leah Middle I: D
 Street Address: W5084 FOX Lane City: Sherwood Zip: 54109
 Day Phone: (920) 427-2915 Evening Phone: (920) 427-2915
 Date of Birth: 12/20/1998 Where will you be working?: Waverly Beach
 Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / NO

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 10 day of May 2016/17.

[Signature]
Witness Signature

Witness Address: 127 S Schoeler St
Appleton, WI 54915

Leah Schneider 05/10/17
Applicant Signature Date

Office Use Only: \$25.00

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Baeten First Name: Jordanne Middle I: R.
Street Address: N9196 S. Johann Dr. City: Appleton Zip: 54915
Day Phone: 920-858-3508 Evening Phone: " "
Date of Birth: 08/08/1998 Where will you be working?: Waverly Beach
Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / **(NO)**

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 15 day of May 2016(17)

Debra J. Harris
Witness Signature

Witness Address: 127 S. Schaefer St.
Appleton, WI 54915

X Jordanne Baeten 5/15/17
Applicant Signature Date

Office Use Only: \$25.00

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Krop First Name: Trevor Middle I: L
Street Address: 712 Scott Ave City: Oshkosh Zip: 54901
Day Phone: 262-689-7459 Evening Phone: same as day
Date of Birth: 5/16/1995 Where will you be working?: Waverly Beach
Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES NO

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 13 day
of April 2016 (17)

Debra J. Hauver
Witness Signature

Witness Address: 127 S. Schaefer St.
Appleton, WI 54915

X Trevor Krop
Applicant Signature

4/13/2017
Date

Office Use Only: \$25.00

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Burda First Name: Juliana Middle I: B
 Street Address: 1316 E South River City: Appleton Zip: 54915
 Day Phone: 9202776621 Evening Phone: (same)
 Date of Birth: 4/17/95 Where will you be working?: Waverly Beach
 Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / NO

If yes, please list the municipality which issued your license: Appleton

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 19 day of April 2016/17

Debra J. Lewis
Witness Signature

Witness Address: 127 S Schaefer St.
Appleton WI 54915

X [Signature] April 19, 2017
Applicant Signature Date

Office Use Only: \$25.00

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Atkinson First Name: Elsie Middle I: K. Street Address: N8447 State Rd 55 City: Menasha Zip: 54952 Day Phone: (920) 858-7068 Evening Phone: (920) 989-1154 Date of Birth: 12-27-1998 Where will you be working?: Little Chicago's Driver's License Number: Do you currently hold or have held an operator's license within the last 2 years? YES / NO If yes, please list the municipality which issued your license:

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

Table with 3 columns: Violation, County or Municipality, Approximate Date

WITNESS SIGNATURE: Subscribed and sworn to before me this 4th day of May 2018 of Carolyn

X [Signature] 5/4/17 Applicant Signature Date

Witness Signature Witness Address: W5294 Hwy 114 Menasha 54952

Office Use Only: \$25.00 Background Check Course Completion

+ pror



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2017, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Runyan First Name: Audrey Middle I: M
Street Address: 319 Saratoga St City: Chilton Zip: 53014
Day Phone: 920-464-0069 Evening Phone: 920-464-0069
Date of Birth: 08/10/1998 Where will you be working?: Waverly Beach
Driver's License Number:

Do you currently hold or have held an operator's license within the last 2 years? YES / (NO)

If yes, please list the municipality which issued your license:

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

Table with 3 columns: Violation, County or Municipality, Approximate Date

WITNESS SIGNATURE:

Subscribed and sworn to before me this 30 day of April 2016/17.

Debra J. Harrison
Witness Signature

Witness Address: 127 S. Schaefer St.
Appleton, WI 54915

X [Signature] 04/30/17
Applicant Signature Date

Office Use Only: \$25.00 [checked]

Background Check [checked]

Course Completion [checked]

KAYLA



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Burnop First Name: Kayla Middle I: M
 Street Address: 11343 Rogers Ln. City: Appleton Zip: 54915
 Day Phone: 920378 8926 Evening Phone: Silver
 Date of Birth: 4/24/1988 Where will you be working?: SPV
 Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? **YES** / NO
 If yes, please list the municipality which issued your license: Buchanan ^{TOWN} → Stoneyard ~~NO~~

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.)
 Failure of full disclosure may prohibit approval of license.
Combined locks → yes ^{fine}

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE: _____ X Kayla Burnop 5/12/2017
 Subscribed and sworn to before me this 18th day of May 2017/18.
 Applicant Signature Date

David K... ..
 Witness Signature
 Witness Address: Village Hall

Office Use Only: \$25.00 Background Check
 Reported to the Board: Course Completion

+90 prof.



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Holley First Name: Rachel Middle I: M
Street Address: 1601 E Moonbeam Trl City: Appleton Zip: 54915
Day Phone: 920-378-8226 Evening Phone: 920-378-8226
Date of Birth: 10/23/1991 Where will you be working?: The Silver Spur Saloon
Driver's License Number: _____
Do you currently hold or have held an operator's license within the last 2 years? YES NO
If yes, please list the municipality which issued your license: n/a

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
|-----------|------------------------|------------------|
| N/A | N/A | N/A |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 22 day of May, 2017/18.

Suzanne Schenk
Witness Signature

Witness Address: 628 S Monroe Ave
Green Bay, WI 54201

X Rachel Holley 5/22/17
Applicant Signature Date

Office Use Only: \$25.00
Reported to the Board:

Background Check
Course Completion

+ \$10 prov.



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Lauer First Name: Amanda Middle I: M
Street Address: 119 Doty St. City: Kaukauna Zip: 54130
Day Phone: 920-766-4663 Evening Phone: 920-766-4663
Date of Birth: 5-24-1976 Where will you be working?: Little Chicanos
Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / NO

If yes, please list the municipality which issued your license: Little Chute

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE: _____
Subscribed and sworn to before me this 20 day of May 2017/18.
Applicant Signature: Amanda Lauer Date: 5-20-17

Lisa Paulowski
Witness Signature

Witness Address: N 9338 Exploration Ave
Appleton, WI 54915

Office Use Only: \$25.00
Reported to the Board: _____

Background Check
Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: KULMAN First Name: MARC Middle I: D
 Street Address: 204 alde pulley Ln City: MENASHA Zip: 54952
 (APT. H)
 Day Phone: 920 284 8199 Evening Phone: 920 284 8199
 Date of Birth: 02/26/70 Where will you be working?: Bobber's BAR
 Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / NO

If yes, please list the municipality which issued your license: N/A

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 26 day
of May 2017/18

X [Signature] 05/26/17
 Applicant Signature Date

[Signature]
Witness Signature

Witness Address: Village Hall

Office Use Only: \$25.00 Background Check
 Reported to the Board: _____ Course Completion

Certified 5/31/17
showed on-line certificate



NEW

APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Barker First Name: Melissa Middle I: A
 Street Address: W732 County Road KK City: Kaukauna Zip: 54130
 Day Phone: (920)737-3104 Evening Phone: (920)737-3104
 Date of Birth: 07-21-1982 Where will you be working?: Darby Corner Store
 Driver's License Number: _____

Do you currently hold or have held an operator's license within the last 2 years? YES / **(NO)**

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
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WITNESS SIGNATURE:

Subscribed and sworn to before me this 1st day of June 2017/18.

[Signature]

Witness Signature

Witness Address: N9573 Tyler Ln.
Kaukauna

X Melissa A Barker 06-01-17
Applicant Signature Date

Office Use Only: \$25.00

Reported to the Board: _____

Background Check

Course Completion



APPLICATION FOR LICENSE TO SERVE FERMENTED MALT BEVERAGES AND INTOXICATING LIQUORS

Village of Harrison, Wisconsin Town of Harrison, Wisconsin

To the Board of the Village of Harrison, WI or Town of Harrison, WI:

I hereby apply for a license to serve, from date hereof to June 30, 2018, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitation imposed by Section 125 of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

I understand that any falsification, omissions, or misleading information on this application is grounds for denial of my license application or revocation of any license issued.

Last Name: Pickens First Name: Shynethia Middle I: L
Street Address: 512 1/2 W College Ave. Apt 4 City: Appleton Zip: 54911
Day Phone: 920-268-5595 Evening Phone: —
Date of Birth: 9/12/88 Where will you be working?: Sapphires Gentlemen Club
Driver's License Number: —

Do you currently hold or have held an operator's license within the last 2 years? YES NO

If yes, please list the municipality which issued your license: _____

List any offenses you have been convicted of in the last 5 years which were felony, misdemeanor, or local ordinance. Include juvenile convictions and alcohol related traffic violations (drunk driving, open intoxicant in vehicle, etc.) Failure of full disclosure may prohibit approval of license.

| Violation | County or Municipality | Approximate Date |
|-----------|------------------------|------------------|
| | | |
| | | |
| | | |

WITNESS SIGNATURE:

Subscribed and sworn to before me this 6th day of June 2017/18.

Caro Kuan

Witness Signature

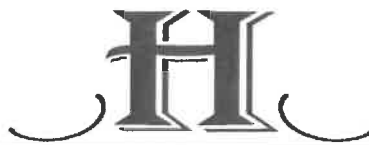
Witness Address: Village Hall

X

Shynethia Pickens
Applicant Signature Date

Office Use Only: \$25.00
Reported to the Board:

Background Check
Course Completion



VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:

Jennifer Weyenberg, WCMC

Date:

June 7, 2017

Title:

Consent Agenda- Renewal Class A and Class B Combination Licenses

Issue:

None. These are the renewal license applications; the current licenses expire June 30, 2017.

Background and Additional Information:

The following applications have been filed with the Village Clerk, the necessary fees have been paid, and the notice has been published in the Appleton Post Crescent.

CLASS B COMBINATION LIQUOR & BEER

Darboy Club, Inc., Mark P. Tatro, Agent, N4810 35th Drive, Fremont WI 54940

Location: Darboy Club, N9695 CTH N

Menasha Entertainment LLC, Kevin Weaver, Agent, 1143 Highland Ave, Beloit WI 53511

Location: Blu Sapphires, W7195 Hwy 10 & 114

Kenneth Sprangers, W2245 Harvestore Road, Hilbert WI 54129

Location: Silver Spur, W5779 CTH KK

Rock II LLC, Thomas Jack, Agent, N7759 Palisades Trail, Sherwood WI 54169

Location: Waverly Beach, N8770 Firelane 1

Bobbers LLC, David Levknecht, Agent, N5564 Lakeshore Drive, Hilbert WI 54129

Location: Bobbers, W5204 Faro Springs Road

Countryside Bar & Grill, Inc., Daniel Harrell, Agent, W5360 Hwy 114, Menasha WI 54952

Location: Countryside Bar & Grill, W5302 Hwy 114

North Shore Golf Club, Inc., Barbara Schaffer, Agent, N231 Forest Ave, Sherwood WI 54169

Location: North Shore Golf Club, N8421 North Shore Road West

Lake Park Pub, Inc., Jerome Kolosso, Agent, W6394 Manitowoc Rd, Appleton WI 54915

Location: Lake Park Pub, N8904 County LP

Little Chicago, LLC, Jerome Kolosso, Agent, W6394 Manitowoc Rd, Appleton WI 54915
Location: Little Chicago Dining & Spirits, N9650 Friendship Dr

Cimarron Bar Inc., Tom Day, Agent, N8847 Hwy 10 & 114, Menasha WI 54952
Location: Cimarron, W7170 Hwy 10 & 114

CLASS A COMBINATION LIQUOR & BEER
Darboy Corner Store Inc., Patricia Rodencal, Agent, N9573 Tyler Lane, Kaukauna WI 54130
Location: Darboy Corner Store, N9690 Hwy N

Budget/Financial Impact:

None

Recommended Action:

Staff recommends approval of the licenses.

Attachments:

- AT-115s

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

456

| Applicant's WI Seller's Permit No.: 00087196-03 | FEIN Number: 39-1894090 |
|--|-------------------------|
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ 100.00 |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ 350.00 |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 10.00 |
| TOTAL FEE | \$ 460.00 |

For the license period beginning: 07/01/17 (MM DD YYYY) ending: 06/30/18 (MM DD YYYY)

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

County of Calumet 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) Darboy Club Inc. Home Address N9695 County N Post Office & Zip Code 54915

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Darboy Club Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) N9695 Cty Rd N Appleton, WI
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 54915

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|--|------------------------|
| President/Member | <u>Mark P. Tatro</u> | <u>N4810 35th Dr. Fremont, WI</u> | <u>54940</u> |
| Vice President/Member | <u>Randall Ashauer</u> | <u>W1571 Carolyn Ln., Kaukauna, WI</u> | <u>54130</u> |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | <u>Mark P. Tatro</u> | | |
| Directors/Managers | | | |

C.1. Trade Name Darboy Club Inc. Business Phone Number 920-734-7010
 2. Address of Premises N9695 Cty Rd N Post Office & Zip Code Appleton, WI 54915

- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 story block bldg w/basement
- Legal description (omit if street address is given above): 150 x 150
- a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are **charges for any offenses** presently pending (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
- Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. Yes No
- Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
- Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 30 day of May, 20 17
Jeanette Weppersberg
 (Clerk/Notary Public)
 My commission expires 3/18/21

Mark P. Tatro
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Mark P. Tatro
 (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

| TO BE COMPLETED BY CLERK | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/30/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 15 2017 ending: 6-30-18
(MM DD YYYY) (MM DD YYYY)

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

County of CALUMET 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
MENASHA ENTERTAINMENT LLC

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

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

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

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

President/Member PRESIDENT TAYLOR OCASIO W7195 US 10-114 MENASHA WI

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent KEVIN J. WEAVER

Directors/Managers _____

C. 1. Trade Name BLU SAPPHIRES Business Phone Number 920 882 5496

2. Address of Premises W7195 US 10-114 Post Office & Zip Code MENASHA WI 54952

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.) 52 X 96 FOOT BUILDING EXCLUDING

5. Legal description (omit if street address is given above): DRESSING ROOMS + ENTRY WAY

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 they must hold a Wisconsin Seller's Permit? [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 officers), members/managers of Limited Liability Companies must sign.)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25 day of May, 2017

John F. Fisher
Notary Public

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

My commission expires is permanent

Kevin J. Weaver
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)

State Bar # 0616712

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

TO BE COMPLETED BY CLERK

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/26/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

3 Bartender Licenses 73.00

| | |
|--|--------------------------------|
| Applicant's WI Seller's Permit No. FEIN Number | <u>456-1029201 181-2366862</u> |
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>350.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10.00</u> |
| TOTAL FEE | \$ <u>535.00</u> |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 6/30/2017 ending: 6/30/2018
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| | |
|---|---------------|
| Applicant's WI Seller's Permit No.: FEIN Number: <u>456-000357705-03</u> <u>39-1717</u> | |
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>350</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>100</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10</u> |
| TOTAL FEE | \$ <u>460</u> |

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office, & Zip Code
 ▶ SPRANGAS, KENNETH ANDREW 62245 HANLSTOR RD HUBERT, WI 53129

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 ▶ SILVER SPUR SALOON Business Phone Number 920-733-0762
 2. Address of Premises ▶ LOST A HUN KK Post Office & Zip Code ▶ APPLETON 53415

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.) ENTIRE FIRST FLOOR AND BASEMENT
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 they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME
 this 8 day of May, 20 17
[Signature]
(Clerk/Notary Public)
 My commission expires 3/18/21

[Signature] 5/8/2017
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature]
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

| | | |
|---|--|-----------------------------------|
| TO BE COMPLETED BY CLERK | | |
| Date received and filed with municipal clerk <u>5/8/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07-01-17 ending: 06-30-17
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ROCK II LLC DBA Waverly Beach
 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 Attached
 Treasurer/Member _____
 Agent ▶ Tom JACK N7749 Palisades Trail 54169
 Directors/Managers _____

C. 1. Trade Name ▶ Waverly Beach Business Phone Number 920-733-9721

2. Address of Premises ▶ N8770 Firclane Mcnasha Post Office & Zip Code ▶ 54952

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.) Liquor Room, Main Bar, ball room, tik bar

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 they must hold a Wisconsin Seller's Permit? [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 16th day of May, 20 17

Jennifer Weisenberg
(Clerk/Notary Public)

My commission expires 3/18/2021

Douglas R. Smith
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/16/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

| | |
|--|------------------|
| Applicant's WI Seller's Permit No.: | FEIN Number: |
| <u>4561020-420164-07</u> | <u>201121131</u> |
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ <u>N/A</u> |
| <input checked="" type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ <u>350</u> |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10</u> |
| TOTAL FEE | \$ <u>460-</u> |

Rock II, LLC

Mike and Connie Bailey

N7734 Palisades Tr.
Sherwood, WI 54169
Mike 920-989-2335

Tom and Barb Jack

N7749 Palisades Tr.
Sherwood, WI 54169
Tom 920-851-5283

Willie and Deb Harrison

127 S Schaefer St.
Appleton, WI 54915
Willie 920-378-3320
Deb 920-659-1012

Doug and Karen Schneider

1523 Orchard Dr.
Kaukauna, WI 54130
Doug 920-858-5356

Ron and Marie Kalista

308 Norstad Rd.
Manitowoc, WI 54220
Ron 920-901-4943

Chad Muenster

N1249 Technical Dr.
Greenville, WI 54952
920-209-3193

Brad and Melissa Scholl

304 Gage St.
Kimberly, WI 54136
920-378-3352

Chuck Storino

1718 S Walden Ave
Appleton, WI 54915
920-284-0867

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7/1/17 ending: 6/30/18
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| Applicant's WI Seller's Permit No.: <u>456-0003282414</u> FEIN Number: <u>26-029335</u> | |
|---|------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>350.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10</u> |
| TOTAL FEE | \$ <u>460.00</u> |

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Bobbers LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ W280 Kings Way 54169
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|---------------------------|------------------------|
| President/Member | <u>Dave Levknecht</u> | <u>N5564 Lakeshore Dr</u> | <u>Hilbert 54129</u> |
| Vice President/Member | <u>Laurie Levknecht</u> | <u>N5564 Lakeshore Dr</u> | <u>Hilbert 54129</u> |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent ▶ | <u>Dave Levknecht</u> | | |
| Directors/Managers | | | |

C. 1. Trade Name ▶ Bobbers LLC Business Phone Number 920-989-2900
 2. Address of Premises ▶ W5204 Park Springs Rd Post Office & Zip Code ▶ Hilbert 54129

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.) All Buildings and Grass Area
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 they must hold a Wisconsin Seller's Permit? [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 30 day of May, 2017
Jennifer L. Wenzel
(Clerk/Notary Public)
 My commission expires _____

Dave Levknecht OL 5/30/17
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature]
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

| TO BE COMPLETED BY CLERK | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/30/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 6-30-2017 ending: 6-30-2018
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| Applicant's WI Seller's Permit No.: <u>486-0000311622-0239-1987234</u> | |
|--|----------------|
| FEIN Number: _____ | |
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ _____ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>300</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>150</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ _____ |
| <input type="checkbox"/> Class B (wine only) winery | \$ _____ |
| Publication fee | \$ <u>10</u> |
| TOTAL FEE | \$ <u>460-</u> |

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Harell Daniel W. Home Address W5360 Hwy 117 Post Office & Zip Code Munasha 54952

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Countryside Bar & Grill, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) W5302 Hwy 114 Munasha WI

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company: 54952

| 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 Countryside Bar & Grill Business Phone Number 920-989-1155

2. Address of Premises W5302 Hwy 114 Post Office & Zip Code Munasha 54952

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.) SDX 90 two story building, patio, porch

5. Legal description (omit if street address is given above): Excluding upstairs and deck building

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 they must hold a Wisconsin Seller's Permit? [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 11th day of May, 20 17

Jeannifer Lindberg
(Clerk/Notary Public)

My commission expires 3/18/21

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

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

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

TO BE COMPLETED BY CLERK

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/11/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2017 ending: 6/30/18
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company North Shore Golf Club, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

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

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|--|--|------------------------|
| President/Member | <u>Mike Fleisch</u> | <u>512 Maple, Neenah, WI 54956</u> | |
| Vice President/Member | <u>Dan Thome</u> | <u>2761 E Dietzen Dr Appleton, WI 54915</u> | |
| Secretary/Member | <u>Cornie Goenich</u> | <u>W 5817 Royaltram Dr Menasha, WI 54952</u> | |
| Treasurer/Member | <u>Dan Thome - Above</u> | | |
| Agent | <u>Barbara Schaffer</u> | <u>11231 Forest Ave, Sherwood, WI 54169</u> | |
| Directors/Managers | <u>Barbara Schaffer, Director of FeB</u> | <u>Dave Ley, Manager</u> | |

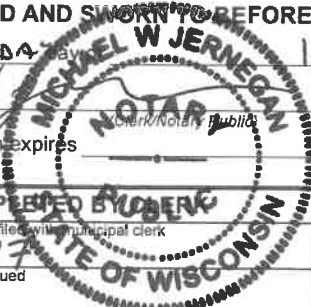
C.1. Trade Name North Shore Golf Club, Inc Business Phone Number 920-739-2386
 2. Address of Premises N8421 North Shore West Road Post Office & Zip Code Menasha, WI 54952

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.) Club - main bar / 19th hole / Lake House
5. Legal description (omit if street address is given above): 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 they must hold a Wisconsin Seller's Permit? [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 WI Seller's Permit No.: <u>456 6011210 102</u> FEIN Number: <u>39-0506460</u> | |
|---|-----------------|
| LICENSE REQUESTED | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.-</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>350.-</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| <input checked="" type="checkbox"/> Publication fee | \$ <u>10.-</u> |
| TOTAL FEE | \$ <u>460.-</u> |

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 THURSDAY day of August, 2017
 My commission expires 04/22/2020



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

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

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

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/24/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 2017 ending: JUNE 30 2018
(MM DD YYYY) (MM DD YYYY)

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

| Applicant's WI Seller's Permit No.: FEIN Number: <u>456-00055706-03 40-0478-203</u> | |
|--|------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>350.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10.00</u> |
| TOTAL FEE | \$ <u>460.00</u> |

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 ▶ LAKK PARK PUB, INC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member JEROME E KOLOSSO W6394 MANITOWOC RD APPLETON 54915
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ JEROME KOLOSSO SAME AS ABOVE
 Directors/Managers _____

C. 1. Trade Name ▶ LAKK PARK PUB Business Phone Number 920 739-1901
 2. Address of Premises ▶ N8904 LAKK PARK RD Post Office & Zip Code ▶ MENASHA 54952

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.) BAR, DINING ROOM, KITCHEN, STORAGE ROOM & PARKING LOT AVG 12, 2017
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 they must hold a Wisconsin Seller's Permit? [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 17 day of May, 2017
Ashleen M. Joffe
(Clerk/Notary Public)
 My commission expires 6-15-18

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

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/25/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

27-4397417

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: JULY 1 2017 ending: JUNE 30, 2018
(MM DD YYYY) (MM DD YYYY)

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

| Applicant's WI Seller's Permit No.: FEIN Number: <u>456-1027097199-02</u> | |
|--|------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>350.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10.00</u> |
| TOTAL FEE | \$ <u>460.00</u> |

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) JEROME KOLOSSO Home Address W6394 MANITOWOC RD Post Office & Zip Code APPLETON 54915

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ LITTLE CHICAGO LLC

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

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

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|--|-------------------------|----------------------|------------------------|
| President/Member <input checked="" type="checkbox"/> | <u>JEROME KOLOSSO</u> | <u>SAME AS ABOVE</u> | |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent ▶ | | | |
| Directors/Managers | | | |

C. 1. Trade Name ▶ LITTLE CHICAGO Business Phone Number 920 462-4393
2. Address of Premises ▶ N9650 FRIENDSHIP DR Post Office & Zip Code ▶ KAUKAUNA 54130

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.) BAR, DINING ROOMS, PATIO & KITCHEN

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 they must hold a Wisconsin Seller's Permit? [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

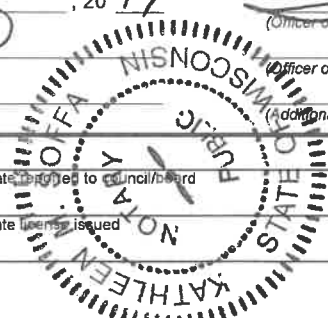
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the 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 17 day of May, 20 17
Kathleen M. Saffa (Clerk/Notary Public)
My commission expires 6-15-18
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
[Signature] (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

| | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/25/17</u> | Date reported to Council/Board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |



RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: July 1 (MM DD YYYY) ending: June 30 2018 (MM DD YYYY)

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: FEIN Number: 456-00000 2474-03 39 1846 148

| LICENSE REQUESTED | |
|--|---------------|
| TYPE | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ |
| <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 | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| <input checked="" type="checkbox"/> Publication fee | \$ |
| TOTAL FEE | \$ 460 |

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) DAY THOMAS L Home Address N 8547 Hwy 10-114 Post Office & Zip Code Menasha 54952

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company CIMARRON BAR & GRILL LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

| Title | Name (Inc. Middle Name) | Home Address | Post Office & Zip Code |
|-----------------------|-------------------------|--------------------------|------------------------|
| President/Member | <u>TOM DAY</u> | <u>N 8547 Hwy 10-114</u> | <u>MENASHA 54952</u> |
| Vice President/Member | | | |
| Secretary/Member | | | |
| Treasurer/Member | | | |
| Agent | <u>THOMAS L DAY</u> | | |
| Directors/Managers | | | |

C. 1. Trade Name CIMARRON BAR & GRILL Business Phone Number 920 733 3125
 2. Address of Premises W 2170 Hwy 10-114 Post Office & Zip Code MENASHA 54952

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.) BAR - DINING ROOM PARKING LOT
5. Legal description (omit if street address is given above): SPECIAL OCCASIONS
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 they must hold a Wisconsin Seller's Permit? [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 31 day of May, 20 17
Sniff Weirbeck
 (Clerk/Notary Public)
 My commission expires 3/18/21

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

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

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

| TO BE COMPLETED BY CLERK | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>5/31/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/17 ending: 6/30/18
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

| Applicant's WI Seller's Permit No.: FEIN Number: <u>456-1020058569-03 20-3834036</u> | |
|---|------------------|
| LICENSE REQUESTED ▶ | |
| TYPE | FEE |
| <input checked="" type="checkbox"/> Class A beer | \$ <u>350</u> |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input checked="" type="checkbox"/> Class A liquor | \$ <u>150</u> |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>10</u> |
| TOTAL FEE | \$ <u>\$ 510</u> |

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code 175
685

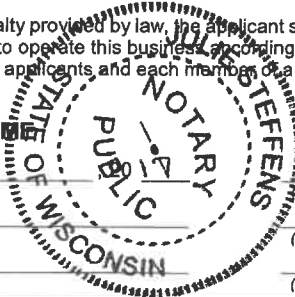
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Darby Corner Store, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Patricia Lynn Rodenza N9573 Jyln Ln Kaukauna, WI. 54130
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent ▶ Patricia Rodenza
 Directors/Managers _____

C. 1. Trade Name ▶ Darby Corner Store Business Phone Number 920-997-1554
 2. Address of Premises ▶ N9690 Hwy. N Post Office & Zip Code ▶ Appleton, WI. 54915

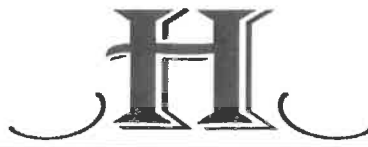
3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, 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.) convenience 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 they must hold a Wisconsin Seller's Permit? [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
 this 1 day of June
Julie Steffens (Clerk/Notary Public)
 My commission expires 4/28/18
Pat Rodenza (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if any)



| TO BE COMPLETED BY CLERK | | |
|--|--|-----------------------------------|
| Date received and filed with municipal clerk <u>6/01/17</u> | Date reported to council/board <u>6/13/17</u> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |



VILLAGE OF HARRISON

HARRISON

TOWN OF HARRISON

VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:

Jennifer Weyenberg, WCMC

Date:

June 7, 2017

Title:

Consent Agenda- Renewal Tobacco Licenses

Issue:

None. These are the renewal license applications; the current licenses expire June 30, 2017.

Background and Additional Information:

The following applications have been filed with the Village Clerk and the necessary fees have been paid.

Darboy Corner Store, Inc (over the counter sales)

Silver Spur Saloon (over the counter sales)

Budget/Financial Impact:

None

Recommended Action:

Staff recommends approval of the licenses.

Attachments:

- CTP-200s

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1020058569-03

← 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) Darboy Corner Store, Inc. | | Federal Employer Identification No. (FEIN) 20-3834036 |
| Trade or Business Name (if different than Legal Name) | | Telephone Number () |
| Business Address (License Location) N9690 Hwy. N | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | Business Telephone () |
| City Appleton | State WI. | ZIP Code 54915 |
| Mailing Address (if different than Business Address) | | County Harrison |
| City | | State ZIP Code |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: **12/05**
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? YES NO
- Other (describe) _____

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

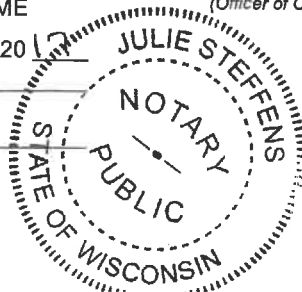
Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this 1 day of June, 2017
Julie Steffens
(Clerk / Notary Public)

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

My commission expires 4/28/18



Application for Cigarette and Tobacco Products Retail License

100

MUNICIPAL USE ONLY

Submit to municipal clerk.

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

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000357705-03

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

| | | |
|--|---|---|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) <u>SILVER SPUR SALOON</u> | | Federal Employer Identification No. (FEIN) <u>39-1717943</u> |
| Trade or Business Name (if different than Legal Name) | | Telephone Number <u>(920) 271-4136 cell</u> |
| Business Address (License Location) <u>WSTPA COUNTY RD KK</u> | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of: <u>HARRISON</u> | Business Telephone <u>(920) 733-0762</u> |
| City <u>Appleton</u> | State <u>WI</u> | ZIP Code <u>54915</u> |
| Mailing Address (if different than Business Address) | | County <u>CAUMMET</u> |
| | | 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) _____

- YES NO 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- YES NO 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-261-6435. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
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Cigarettes / Tobacco will be sold over counter through vending machine both

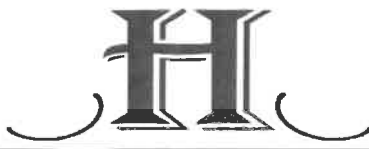
READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred 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 8 day of May, 2017
Jennifer A. Kuepfer
 (Clerk / Notary Public)

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

My commission expires _____



VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:

Jennifer Weyenberg, WCMC

Date:

June 7, 2017

Title:

Purchase Election Equipment

Issue:

Should the Village piggy-back on Outagamie County’s purchase of election equipment?

Background and Additional Information:

As I have previously reported to the village board, the election machines used at the polling places are outdated and prone to malfunctioning on Election Day. Refurbishing parts is difficult because the vendor no longer makes the machines and our only options have been to take junked machines from other municipalities. The inconsistency of how the votes are tabulated and reported is difficult for both the election officials and staff. There is no indication that Calumet County will be purchasing new machines in the next few years because the expenses are cost-prohibitive for the smaller communities.

In April 2017, I requested that Outagamie County consider allowing Harrison to purchase new machines through their county-wide procurement. Our request has been granted and Outagamie County will allow us to purchase the machines at 100% of the cost plus a 5% administrative fee; the cost-sharing agreement of 50%-50% will not be extended to Harrison (Wards 1 and 2 in Outagamie Co. do not have registered voters). The machines are “all-in-one” and we wouldn’t need both the OS ballot readers and TSX touch screen machines on site.

The village’s chief inspectors along with Calumet County Clerk Beth A. Hauser support the purchase of new election equipment. This is a one-time offer from Outagamie County with the goal of having the machines ready for use in February 2018.

Budget/Financial Impact:

Estimated cost per machine is approximately \$10,000. We will need two machines and with the admin fees costs could be near \$25,000.

Recommended Action:

Staff recommends approval of the purchase.

Attachments:

- Outagamie County Resolution 4-2016-17

RESOLUTION NO.: 4—2016-17

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 The voting machines at various municipalities within Outagamie County are outdated and
2 lack consistency in how votes are tabulated and reported. With the increasingly rigid
3 federal and state election reporting requirements, along with intense scrutiny given to the
4 election process and results, it is desirable for the county's municipalities to have modern
5 and standardized voting machines that can both automatically tabulate votes, and create
6 an audit trail for canvassing purposes. Although the purchase of voting equipment is
7 generally within the purview of individual municipalities, all results are then reported to
8 the County Clerk's office and then becomes a county function to report the outcomes as
9 well as to canvass the results. Given this partnership and the need for accurate, auditable
10 and timely tabulations and results, this resolution seeks authority to commence the
11 procurement process for county-wide voting equipment to determine the cost for such
12 equipment.

13
14 This resolution also authorizes the county clerk to enter into an intergovernmental
15 agreement with municipalities to gauge interest regarding the purchase of such equipment
16 based on a fifty-fifty (50/50) cost share between the municipality and the county. Such
17 agreements would be contingent upon a further county board resolution to fund the
18 county's share once final costs and municipal participation are known. It would be
19 administration's recommendation to bond for the outlay.

20
21 Municipalities would be presented with the following financing options:

- 22
23 1) No financing. The municipality will pay its full share in 2018.
24
25 2) Five-year (5) financing. The municipality will pay its full share over a five-year (5)
26 period, with interest, equivalent to the rate of the county's bond.
27
28 3) Ten-year (10) financing. The municipality pays its full share over a ten-year period
29 (10), with interest, equivalent to the rate of the county's bond.
30

31 These options are a one-time offer. Municipalities that do not to participate from the out-
32 set will not receive county funding should they purchase voting equipment in the future.
33 It is anticipated that the total hardware cost will be in the range of \$500,000 to \$750,000.
34

35 NOW THEREFORE, the undersigned members of the Finance Committee recommend adoption
36 of the following resolution.

1 BE IT RESOLVED, that the Outagamie County Board of Supervisors does authorize the county
2 clerk to commence the procurement process to determine the cost of the proposed county-wide election
3 equipment purchase, and

4 BE IT FURTHER RESOLVED, a procurement team will be formed consisting of seven (7)
5 members to include three (3) Outagamie County representatives, one (1) City of Appleton
6 representative, one (1) Fox West area representative, one (1) Heart of the Valley representative, and one
7 (1) representative from the rural municipalities, and

8 BE IT STILL FURTHER RESOLVED, that the Outagamie County Board conceptually approves
9 of a fifty-fifty (50/50) cost share arrangement between Outagamie County and each municipality subject
10 to the following:


- 11 1) Municipalities are responsible for 100% of ongoing equipment/software maintenance costs.
- 12 2) The number of voting machines will be determined by the chosen vendor based on the number
13 of residents in each municipality or precincts within a municipality who voted in the 2016
14 presidential election.
- 15 3) The county will fully fund 100% of two (2) back-up machines which will be available to
16 municipalities in the event of equipment failure.
- 17 4) Municipalities who wish to purchase voting machines in excess of the number recommended
18 by the vendor will be responsible for 100% of the machine cost.
- 19 5) Municipalities with multi-county polling locations will fund 100% of machines utilized in
20 locations with a majority of non-Outagamie County voters, and

21 BE IT STILL FURTHER RESOLVED, that the Outagamie County Board of Supervisors does
22 authorize the county clerk and corporation counsel to draft an Inter-Governmental Agreement,
23 consistent with the terms of this resolution, for presentation to municipalities to gauge interest level and
24 contingent upon adoption of a subsequent resolution appropriating funds, and

1 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
2 of this resolution to the Outagamie County Executive, and the Outagamie County Finance Director.

3 Dated this 18th day of April 2017

4
5 Respectfully Submitted,
6
7 FINANCE COMMITTEE

8
9
10 
11 _____
12 Kevin Sturn

13
14
15 
16 _____
17 Peter Stueck


18
19 
20 _____
21 James Pleuss

22
23 
24 _____
25 Nadine Miller

26
27 
28 _____
29 Chris Croatt

30 Duly and officially adopted by the County Board on: April 18, 2017

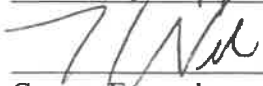
31 Signed: 
32 _____
Board Chairperson



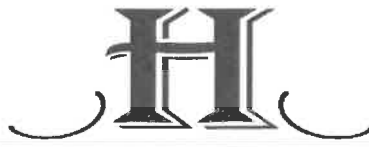
County Clerk

Approved: 4.20.17

Vetoed: _____

Signed: 

County Executive



VILLAGE BOARD MEETING

VILLAGE OF HARRISON

From:

Jennifer Weyenberg, WCMC

Date:

June 7, 2017

Title:

Deny Application for Operator License

Issue:

The applicant does not meet the guidelines set forth by the board to hold a license.

Background and Additional Information:

The background check conducted on S. Rautmann lists criminal activity of possession of THC, possession of drug paraphernalia, and felony charges of manufacture/delivering TCH. There are also felony charges of bail jumping.

The applicant has two or more charges within the past five years.

Budget/Financial Impact:

None

Recommended Action:

Staff recommends denial of the license in accordance with the board approved guidelines.

Attachments:

- Application and background check

VILLAGE BOARD MEETING**VILLAGE OF HARRISON**

Date: June 13th, 2017

Title:

Approve purchase of four (4) culverts for Kesler Rd.

Issue:

Should the Village purchase four (4) new culverts for Kesler Rd.?

Background and Additional Information:

The culverts on Kesler Rd. are corroded and in need of repair. Earlier this year, the Village Board approved chip sealing Kesler Rd. Since Kesler road will be pulverized and chip sealed, now would be the most cost efficient time to replace the culverts.

The approximate cost of the four (4) poly-coated culverts would be \$16,667.20

Budget/Financial Impact:

Estimated cost \$16,667.20. This item would be expensed to the road maintenance account. Currently \$99,049.33 is available for road maintenance.

Recommended Motion:

Staff recommends a motion to approve the purchase of four (4) poly-coated culverts at a cost of \$16,667.20 to be installed on Kesler Rd.

Attachments:

None.