

**LICENSE REVIEW COMMITTEE
TUESDAY – MAY 10, 2016
MONONA CITY HALL
LARGE CONFERENCE ROOM
4:00 P.M.**

1. Call To Order
2. Roll Call
3. Approval of Minutes of March 8, 2016
4. Appearances
5. Unfinished Business
6. New Business
 - A. Consideration Of 2015/2016 Class "B" Fermented Malt Beverage and "Class B" Liquor License Applications For Breakwater Monona, LLC d/b/a Breakwater, 6308 Metropolitan Lane, Monona, Wisconsin, 53713
 - B. Consideration Of 2015/2016 Patio Permit Application For Breakwater Monona, LLC d/b/a Breakwater, 6308 Metropolitan Lane, Monona, Wisconsin, 53713
 - C. Consideration Of 2016/2017 Class "A" Liquor License Application For Treysta Holdings LLC, d/b/a Treysta On The Water, 320 West Broadway
 - D. Consideration Of 2016/2017 "Class A" Liquor (Cider Only) License Application For Shopko Holding Company LLC, 700 Pilgrim Way, Green Bay, Wisconsin, 54307 d/b/a Shopko #32, 2101 West Broadway
 - E. Consideration Of 2015/2016 Patio Permit For Mr Brews Tap House Monona LLC, d/b/a Mr Brews Tap House Monona, 103 West Broadway, Suite B
 - F. Consideration Of Patio Permit Extension Dates For Badger Bowl, Inc., 506 E. Badger Road, Madison, Wisconsin, 53713, d/b/a Monona Village Lanes, 208 Owen Road

Consideration of the following:

- G. Renewal Applications for 2016/2017 Class "A" Fermented Malt Beverage Licenses:
 1. La Rosita of Wisconsin, Inc., d/b/a La Rosita Latina, 6005 Monona Drive
 2. Shopko Holding Company LLC, 700 Pilgrim Way, Green Bay, Wisconsin, 54307 d/b/a Shopko #32, 2101 West Broadway
 3. Treysta Holdings LLC, d/b/a Treysta On The Water, 320 West Broadway
- H. Renewal Applications for 2016/2017 Class "A" Fermented Malt Beverage and "Class A" Liquor (Cider Only) Licenses:
 1. PDQ Food Stores, Inc., P. O. Box 620997, Middleton, Wisconsin, 53562, d/b/a PDQ #123, 105 East Broadway
 2. Speedway LLC, P. O. Box 1580, Springfield, Ohio, 45501, d/b/a Speedway #4088, 5450 Monona Drive

3. Speedway LLC, P. O. Box 1580, Springfield, Ohio, 45501, d/b/a Speedway #4533, 2500 Royal Avenue

I. Renewal Applications for 2016/2017 Class "A" Fermented Malt Beverage and "Class A" Liquor Licenses:

1. Ultimate Mart, LLC, Owned By Roundy's Supermarkets, Inc., P. O. Box 473, MS-2650, Milwaukee, Wisconsin, 53201, d/b/a Copps #8181, 6540 Monona Drive
2. Fellersen, Inc., 1012 Birch Haven Circle, Monona, Wisconsin, 53716, d/b/a Ken's Meats & Deli, 5725 Monona Drive
3. W.D.S. Inc., 704 Raymond Road, Waunakee, Wisconsin, 53597 d/b/a Licali's Lakeside Liquor, 6325 Monona Drive
4. Monona Mart, LLC, 4967 Highwood Circle, Middleton, Wisconsin, 53562, d/b/a Monona Mart, 1220 East Broadway
5. Kwik Trip, Inc., P. O. Box 2107, LaCrosse, Wisconsin, 54602, d/b/a Tobacco Outlet Plus #531, 6300 Monona Drive, Suite 2
6. Walgreen Co, P. O. Box 901, Deerfield, Illinois, 60015, d/b/a Walgreens #04830, 5300 Monona Drive
7. Wal-Mart Stores East, LP, 702 SW 8th Street, Bentonville, Arkansas, 72716, d/b/a Wal-Mart Supercenter #3857, 2151 Royal Avenue

J. Renewal Applications for 2016/2017 Class "B" Fermented Malt Beverage and "Class B" Liquor Licenses:

1. EZ August, LLC, d/b/a Angelo's, 5801 Monona Drive
2. Breakwater Monona, LLC d/b/a Breakwater, 6308 Metropolitan Lane
3. Bridge Road LLC, d/b/a Bridge Lounge, 6414 Bridge Road
4. Blazin Wings, Inc., 5500 Wayzata Boulevard, Suite 1600, Golden Valley, Minnesota, 55416, d/b/a Buffalo Wild Wings, 6544 Monona Drive
5. Blake & Blake, d/b/a David's Jamaican Cuisine, 5734 Monona Drive
6. The East Side Club, Inc., d/b/a The East Side Club, 3735 Monona Drive
7. Mr. Luo LLC Owned by Jun Luo, d/b/a Edo Garden Japanese Restaurant, 6309 Monona Drive
8. Fat Jacks Monona, Inc., d/b/a Fat Jack's Barbecue, 6207 Monona Drive
9. Joe's Fire Station LLC, 1910 Tarragon Drive, Madison, Wisconsin, 53716, d/b/a Joe's Fire Station, 900 East Broadway
10. Monona Garden Family Restaurant, Inc., d/b/a Monona Garden Family Restaurant, 6501 Bridge Road
11. Pizza Oven of Monona LLC, d/b/a Pizza Oven, 5511 Monona Drive
12. Red Robin International, Inc., 6312 S. Fiddlers Green Circle, Suite 200N, Greenwood Village, Colorado, 80111, d/b/a Red Robin Gourmet Burgers, 6522 Monona Drive
13. Valdimark, Inc., d/b/a Silver Eagle Bar & Grill, 5805 Monona Drive
14. Snick's Sportsman's Bar, LLC, 2004 Barger Drive, Stoughton, Wisconsin, 53589, d/b/a Snick's Sportsman's Bar, 4605 Monona Drive
15. Tasting Room of Monona Inc., d/b/a The Tasting Room, 6000 Monona Drive, Suite 103
16. Wiltzius LLC, 5250 Summer Ridge Drive, Madison, Wisconsin, 53704, d/b/a Tower Inn, 1008 East Broadway
17. Leskes Inc., d/b/a Tully's II Food & Spirits, 6401 Monona Drive
18. Badger Bowl, Inc., 506 E. Badger Road, Madison, Wisconsin, 53713, d/b/a Monona Village Lanes, 208 Owen Road
19. FHMonona, LLC, 5279 Scenic Ridge Trail, Middleton, Wisconsin, 53562, d/b/a Waypoint Public House, 320 West Broadway

- K. Renewal Application for 2016/2017 "Class A" Liquor License:
 - 1. Fraboni's Italian Specialties, Inc., d/b/a Fraboni's, 108 Owen Road

- L. Renewal Applications for 2016/2017 Class "B" Fermented Malt Beverage and "Class C" Wine Licenses:
 - 1. Huang & Lin China Star LLC Owned by Ming Yi Huang, 2935 South Fish Hatchery Road, Madison, Wisconsin, 53711, d/b/a China Star Restaurant, 111 River Place
 - 2. Mr Brews Tap House Monona LLC, d/b/a Mr Brews Tap House Monona, 103 West Broadway, Suite B
 - 3. The Noodle Shop, CO. – Wisconsin, Inc., 520 Zang Street, Suite D, Broomfield, Colorado, 80021, d/b/a Noodles & Company #203, 6520 Monona Drive
 - 4. Shrestha Family, LLC, Owned by Madan Shrestha, d/b/a Swad Indian Restaurant, 6007A Monona Drive
 - 5. Jiang & Chen Enterprise, LLC, d/b/a World Buffet, 2451 West Broadway

- M. Renewal Application for 2016/2017 Class "B" Fermented Malt Beverage License:
 - 1. Mitchell Marks, 4040 Vilas Hope Road, Cottage Grove, Wisconsin, 53527, d/b/a Marks Enterprise, Monona Community Center, 1011 Nichols Road

- N. Renewal Applications for 2016/2017 Patio Permit:
 - 1. Breakwater Monona, LLC d/b/a Breakwater, 6308 Metropolitan Lane
 - 2. Mr Brews Tap House Monona LLC, d/b/a Mr Brews Tap House Monona, 103 West Broadway, Suite B
 - 3. Valdimark, Inc., d/b/a Silver Eagle Bar & Grill, 5805 Monona Drive
 - 4. Badger Bowl, Inc., 506 E. Badger Road, Madison, Wisconsin, 53713, d/b/a Monona Village Lanes, 208 Owen Road
 - 5. FHMonona, LLC, 5279 Scenic Ridge Trail, Middleton, Wisconsin, 53562, d/b/a Waypoint Public House, 320 West Broadway

- O. Discussion Of Next Steps Regarding Product Accessibility After Salable Hours.

- P. Discussion Of Recently Enacted Alcohol License Laws.

- Q. Renewal of Committee Members Who Have Terms Expiring May, 2016.
 - 1. Wayne Kimmell
 - 2. Scott Warner

7. Adjournment

NOTE: Upon reasonable notice, the City of Monona will accommodate the needs of disabled individuals through auxiliary aids or services. For additional information or to request this service, contact Joan Andrusz at (608) 222-2525 (not a TDD telephone number), FAX: (608) 222-9225, or through the City Police Department TDD telephone number 441-0399.

The public is notified that any final action taken at a previous meeting may be reconsidered pursuant to the City of Monona ordinances. A suspension of the rules may allow for final action to be taken on an item of New Business.

It is possible that members of and a possible quorum of members of other governmental bodies of the municipality may be in attendance at the above stated meeting to gather information or speak about a subject, over which they have decision-making responsibility. Any governmental body at the above stated meeting will take no action other than the governmental body specifically referred to above in this notice.

Licensing Committee Minutes
March 8, 2016

Present: Chairman Doug Wood, Wayne Kimmel, John Klinzing, Jim Pflasterer
Absent: Scott Warner and Joan Andrusz, Clerk

Also present: Police Chief Walter Ostrenga

To approve minutes: Klinzing made a motion to approve the February 9, 2016 minutes.
Seconded by Kimmell. Motion carried.

Appearances. No discussion.

6.a. Operator Licenses

Michele R. Freitag, applicant, and Cira Burke, Speedway manager, were present. Police Chief: possession of drug paraphernalia charge from 2015 was on Freitag's application. Losby did not recommend approval. Freitag: situation was that she drove someone home from a bar, and the person left prescription pills in her vehicle; this was the reason for the charge. She pled guilty rather than face high penalties. This is the only trouble she has been in. She assured the committee that she would follow all prescribed rules and regulations. She has held a license in McFarland without incidence and has worked as a realtor. Burke said she is working out well at Speedway since February (part-time). Klinzing moved approval of the application for Freitag. Seconded by Kimmel. Motion carried. This will need to go City Council for approval.

6.b. Temporary Class B for Verona Wildcats Youth (Janie Ritter). Ryan Greismeier (Race Day Events) and Mike O'Brien were present. Lake Monona 20K event will be same as previous year, with beer in Winnequah Park. It is a partnership between the two groups. Entry fee includes beer; 1000-1200 participants expected. Chief did not recall any issue in the past. Committee has been consistent about requiring fences. No opposition to a single fence. Pflasterer made a motion to approve; Seconded by Kimmel. Motion carried.

6.c. Discussion of Class A after Saleable Hours –

Copps, Bryan Roth and Dan Farrell (Roundy's) were present. Wood: As new licenses have been issued, the City has become more restrictive about locking up alcohol. There is an interest by alders to restrict access to alcohol, that it is treated the same and is all contained. By ordinance it is supposed to be inaccessible – physically restricted in some way. Chief: At 9 PM – you can't sell and it must be inaccessible (locked off). The letters were sent to be advisory about the ordinance's requirements. Alcohol needs to be better secured. Farrell: the grocery industry has done more with "pairing," i.e. wine displayed near cheese. They would need to do a store reset or they have structural issues to mitigate this better. They feel they have checks and balances in place to prevent theft and other issues (theater roping, restricting door access afterhours, cameras, signage etc.). Chief

did not feel theater roping was sufficient. Kimmel: problem is also access from the deli. There's no structure there to use for blocking.

Wal-Mart - Sara Voegeli was present. They have metal gates installed. They questioned the beer stacks outside. The registers do not allow after hours sales, plus they have a self-check person, four walkers and a front door greeter posted along with cameras. Will try to keep compliance.

Walgreens (Jennifer Barritt was present) – After hours locking devices are installed on shelves. She provided photos as proof.

Shopko – It was clarified that physical removal of the alcohol was not specifically required by City Council, but this is what Shopko had planned to do.

Kimmel: Need to define “inaccessibility.” After 9 PM, lock up what you can. We need to better define what we are requiring of businesses. Chief: check was done for all retail outlets selling after hours. He would like to see more security. Committee did not require Cops to make major changes to the “wine wall” for now, but they have done some modifications. Farrell: asked whether the police were aware of a high degree of thefts; how much does the hour matter? Chief: there have been theft incidences even in broad daylight. Farrell: Cops would like to talk further about City expectations.

Kimmel made a motion to adjourn. Seconded by Pflasterer. Motion carried. Adjourned 4:50 PM.

By April Little, City Administrator

16-2970

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning MAY 20th 20 16 ;
ending JUNE 30th 20 16

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

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

- The named INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION/NONPROFIT ORGANIZATION

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

- Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): BREAKWATER MONONA, LLC

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

Title	Name	Home Address	DOB	Post Office & Zip Code
President/Member	<u>BRANDON REID</u>	<u>16310 KEEFE AVE SUN PRSAIE WI 53590</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Vice President/Member	<u>NICK PAZOUR</u>	<u>622 WINGEN ST. MADISON, WI 53715</u>		
Secretary/Member	Timothy Trpkosh	PAZOUR TIMOTHY R TRPKOSH 745 REFLECTION DR		
Treasurer/Member	Timothy Trpkosh	BRANDON REID	<u>VERONA WI 53593</u>	
Agent	<u>NICK PAZOUR</u>			
Directors/Managers	<u>BRANDON REID</u>	<u>NICK PAZOUR</u>		

- Trade Name BREAKWATER Business Phone Number _____

- Address of Premises 6308 METROPOLITAN LN Post Office & Zip Code MONONA, 53713

- Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? Yes No
- Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
- Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? Yes No
- (a) Corporate/limited liability company applicants only: Insert state WI and date 4/27/16 of registration. Yes No
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) MAIN FLOOR BANQUET ROOM, THE BAR, LIQUOR ROOM, STORAGE CLOSET

- Legal description (omit if street address is given above): outside patio and rooftop deck of BAR

- Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
- If yes, under what name was license issued? BARBON ST BACE GRILL AGENT: PATRICK K. MACKESCY
- Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
- Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 28th day of April, 20 16

[Signature]
(Clerk/Notary Public)

My commission expires March 05, 2017

[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 Partners/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-16</u>	Date reported to council/board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

CITY OF MONONA APPLICATION

PATIO PERMIT

Fee: \$50 (non-refundable) This permit expires on June 30, 20 16 Permit # _____

New Permit Renewal Permit _____

The undersigned hereby makes application for a Patio Permit, as defined in Title 7, Chapter 2 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, Ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police and Fire Departments and all members thereof to inspect and search the premises described below. I(We) further understand that this permit is not transferable.

Business Name and Address: BREAKWATER

6308 Metropolitan Ln Monona WI 53713 Telephone: _____

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? Proper staffing of servers & managers
during the high traffic times, plus bartenders & hostesses

Description of video surveillance: none - will be looking to add

Amplified sound in Patio? Yes No _____

If yes, please describe: speakers for radio/music

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

[Signature]
Applicant/Agent Signature

4/28/16
Date

NEW/REVISED APPLICANTS

Plan Commission Approval: Granted: _____ Denied: _____ Date: _____

Fencing required? No _____ Yes _____ (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: _____ Not Recommended: _____ Date: _____

City Council Approval: Granted: _____ Denied: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Police Chief Signature: Det Sgt R LOSBY Date: 05 03 16

Fire Chief Signature: _____ Date: _____

City Clerk Signature: _____ Date Issued: _____

- 1) Breakwater will rely on the boating season and the vast amount of slips that is provided with the lease. This has been the ideal place for boaters to stop when looking to get off the water and is also a meeting place from those looking to meet up with someone who is on the water. The automobile traffic is less than ¼ mile from Broadway and is ideal for people looking to find a place not too far off the beltline.
- 2) The location was targeted because of the lack of finer neighborhood bars in the surrounding Madison area. There has been an increase in these types of establishments but there still is a lack in the Monona, Stoughton, Oregon, other South suburbs of Madison.
- 3) The size of the establishment is 7,000 sq ft in the main restaurant. Along with the main area, there is main level patio consisting of 1,800 sq ft, a riverside deck with 910 sq ft and a rooftop deck that consist of restrooms, bar, kitchen and a sitting area, all totaling an additional 2,400 sq ft.
- 4) The layout is currently divided into an area that served as a banquet room, a game room off to the side, the main bar area and the three levels of patios. There is no reason to change the patio area as it is ideal for the location and the setting. The inside will be altered but under current lease, there will be little done to the property. Should anything be done, the wall separating the bar and the game room will be removed or opened up more to make it flow better than the current set up. The walls will be repaired and painted, the carpet will be replaced with vinyl flooring to better handle people coming from the water.
- 5) There are two people on staff that have worked at the former establishment in the past. They know the level of security needed and will handle all scheduling to meet those needs. Also, one of the owners has many ties to downtown bars and the staff in order to assure proper security. IF there is a larger event where there is an increased need for security we would outsource it to one of the local security firms in Madison such as PerMar or JBM.
- 6) There is sufficient parking to meet out basic needs with the use of the yacht clubs parking lot and the lot along the building. Also there are ample boat slips in the back to help handle the busier season due to proximity to the lake.
- 7) The lighting will not be change from the past owners and seemed to be sufficient. In the future, there might be a desire to add more lighting in the form of signage on both the front and back of the building. We also will add simple lighting to the outside such as rope lighting along the railing and other areas that need to be illuminated more than in the past.
- 8) The area is mixed use with the residential being on the North and East side of the river. There are also lake homes that are west of the establishment but they are not within site. The closest residences to the property are those that sit on the other side of the river. There are few churches in that part of Monona but the Global Presence Ministries is within a block. However, when looking at the Monona Riverfront Project, there is little chance that building will still exist in the coming years.
- 9) We want to be a favorite place for all types of clientele whether you are in a suit coming from one of the businesses in the area, still have on your construction clothes or stopping in from the water to get out of the sun, we will want people to feel like this is the place to be. It will have a wide variety of foods that cater to all people. We will hopefully be able to get acoustic musicians on the patio during happy hours and early evenings.

- 10) Brandon Reid has been in cooking since he was 15. He will be bringing with him a farm to table ideology. . Brandon has worked with many great chef's in Wisconsin including, Dan Fox of the Heritage Tavern, Michael Pruett of Steenbock's on Orchard and Cento, Nick Szombatfalvy of Craftsman Table and Tap, and Allen Boltik of The Wisconsin Club. Currently the executive chef at The Coopers Tavern, he has developed a solid relationship with many of the local purveyors and farmers by being understanding and caring to their difficult job.

Nick Pazour has been running or helping start bars around the downtown area for over a decade. Most recently, he helped the Comedy Club ownership transition over to running the Orpheum Theater. One of the bigger undertakings was the transition of what was once the Pub into Whiskey Jacks, where he did the hiring, training and scheduling during the busy reopening to ensure it success on State St. Currently, he rotates between the Orpheum and the RedZone bartending and training those who get hired.

Timothy Trpkosh is not in the bar/restaurant business and will not be handling direct operations but rather the back of the house, number crunching and marketing to the businesses within the Monona/south suburb area. Tim graduated from UW-Madison and has never left because of his love for the lakes and amazing food that is in downtown Madison. He is looking forward to bringing those two passions together for an amazing experience at Breakwater.

- 11) The license would be consistent with the planning for development and would help with the Riverfront Plans causing that area and Monona to be the place for people to visit and stay when coming into Dane Co.
- 12) The new Waypoint Public House would be the main competitor to Breakwater. Both have water access and will offer a wide variety of craft beers. Our direct location on the water, number of slips and higher quality of food will be our advantage. However, having competition within close proximity can create a positive result within the community. Along with the Waypoint, there is Buffalo Wild Wings, Sliver Eagle Bar and Grill and Tullys' II that would be licensed similarly. However, none of these places have water access nor do they have a farm to table concept. Actually, there is no farm to table concept in the Monona area. These are becoming increasingly popular in many trendy communities and Breakwater would love to add this to the Monona Community. We don't know about this year but we will also be doing wood fire pizzas as this too is a missing trend in the Monona area.
- 13) All three owners live in the Madison area and are easily reachable by calling their cell phones. A vast majority of the time, one of the three will be at the establishment since two of the three owners are managing as well.
- 14) Looking to obtain a Class B Beer and Class B liquor license to allow people to come directly off the lake to have a cold beer, frozen drink, ice cream drink. Or after a long day at the office a place overlooking the water to kick back and unwind. All while having fresh and amazing food available to satisfy the community and its guest.

- 15) Going above the State requirements for our staff is a must. All people working at Breakwater will take the Alcohol Awareness Program whether they are serving or bartending. This will help identify those that have been over served and keep the community safe from drunk drivers. This is increasingly important with boaters as there has been an increase in accidents and tickets on the lake itself. We will reimburse them for the class and will allow them a period of time once hired to take the class otherwise they will be terminated.
- 16) No, there is no need for a zoning permit change. Breakwater will be an upgraded version of the former occupant. Better service, better food, better overall experience.
- 17) Please see attached plan

BREAKWATER



Executive Summary

Breakwater has an amazing location on the water in the town of Monona, WI. Coupled with the opportunity the large patio provides, Breakwater will be the talk of the town while being raved throughout Dane County and all of Wisconsin. While the location and the patio give Breakwater a summer time advantage among other restaurants, the vast selection of local craft beers and wines, mouth watering farm to table food and a exciting and lively environment will create the perfect spot for diners in surrounding areas and Monona to frequent.

The success of Breakwater will not be solely on the location but rather a combination of the location, quality food, amazing drinks and superb service. In the past, the location was the primary reason people would stop by. Under our team at Breakwater, the location will be an added bonus, with people mainly coming for the food, drinks and experience. By combining a seasoned bar manager, who has helped start up two bars on State Street, with one of Madison's best chefs will create an equally balanced operation putting out top food and exceptional service. Breakwater will be committed to making this operation a successful one. Even our servers will be hand selected and share the owners vision, in that, keeping customer happy assures repeat business.

Word-of-mouth advertising is priceless and a must for new restaurants. It means everything is right. Everything is happening. The bar is alive. The food is great and the employees love working there. They are talking and saying great things about the place, and that is passed on to your customers. The customers will love going to Breakwater, and they will tell other customers. When we can get to that point, it will be just priceless.

Breakwater will provide a comfortable place for locals to come and gather from being out on the lake during a summer day while striving to be the bar of choice for the locals in the Monona and suburban Madison. Boaters tend to be a tighter knit group and having the Four Lakes Yacht Club within the building will help with word of mouth spreading out in the lake. By providing fast and superior service, in a relaxed atmosphere, it will encourage patrons to unwind. Breakwater will be based on the guiding principles that life is to be enjoyed and this will be reflected in the vast selection of beverages, its' delicious food offerings and the professional team members.

Products/Services Descriptions

Breakwater will offer a broad and deep variety of specialty beers and wines which will appeal to the public's ever changing and increasingly more sophisticated demands for a variety of beer and wines. The bar will offer a full service liquor bar along with ice cream and frozen drinks that are hand crafted.

Patrons that desire food will have two options; our quick menu with items meant to target someone looking to get back on the water or back to work. But just because it is quick, the experience and taste will stay on people's minds creating a natural desire to come back. If people have more time and they desire to have a sit down dinner, they will be able to enjoy that in the restaurant area. Here they will experience farm to table, top quality preparation and presentation from our top level executive chef Brandon Reid.

Professional Team Members

Brandon Reid has been in cooking since he was 15. He will be bringing with him a farm to table ideology. . Brandon has worked with many great chef's in Wisconsin including, Dan Fox of the Heritage Tavern, Michael Pruett of Steenbock's on Orchard and Cento, Nick Szombatfalvy of Craftsman Table and Tap, and Allen Boltik of The Wisconsin Club. Currently the executive chef at The Coopers Tavern, he has developed a solid relationship with many of the local purveyors and farmers by being understanding and caring to their difficult job.

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Start-Up Summary

- Following is a summary of required funds to establish the business:
- Tenant improvement costs have estimated to include, known as MUST; in the form of cleaning the whole restaurant, painting all walls, staining bar and other wood items, replacing carpet in all rooms with luxury vinyl, replacing the wall art, add signage on both sides of bar, bathroom improvements, ceiling tiles and air vents, replacing non working kitchen equipment.
- Possible improvements would include, known as WANT: replacing the boat slip with composite wood, adding a stain glass fixture in the bar and between the banquet room and the current game room (Will be turned to dining area), getting a better room divider in the banquet room, adding beer lines, installing wine machine, ice cream/frozen drink machines.
- The owners have estimated the improvements to be in the ballpark of 150,000 to do the MUST items and 150,000 to do the WANT items.
- The owners are currently fixing leaks in the ceiling and will maintain that component once lease is executed.
- The owners are seeking a 300,000 working capital loan to meet start-up inventory requirements, and licensing requirements. The loan will be secured by silent partners funds along with the use of personal real estate.
- Further, the owners are seeking a commercial loan in the amount of \$100,000 to purchase kitchen equipment, supplies and bar supplies. The space was formerly a restaurant and the layout is perfect for the proposed kitchen. The equipment itself is not in great shape and presents a large concern for overhead should anything need to be replaced early in the lease. Contingencies are being created for this and are included in the WANT numbers from above.
- Total starts up costs are estimated to run in the neighborhood of \$150,000.00.

The owners specifically targeted this location because of the lack of finer 'neighborhood bars' in the suburbs – but also provides a great option to take out of town guests with finer food and beverage offerings. The water access increases the traffic for those summer months but the food quality and service will maintain a consistent business in the winter months. The banquet room will be used to hold meetings from local business like WPS and weddings for people wanting to be on the water.

While patrons can find similar bars in the trendier downtown Madison, surrounding areas desire those place but that don't require the traveling downtown due to hassle and parking. Experienced in the business, the owners listened to their patrons and boaters, creating Breakwater based on these requested needs.

Target Market Segment Strategy

- Breakwater specifically targets individuals in the local market and surrounding areas with incomes greater than \$75,000 desiring a neighborhood bar and fine dining to relax and unwind. The marketing strategy is designed to target this group.
- With this much space, Breakwater will be dividing into four different offerings to attract a wide range of customer within and out of our target market. Here are the four sections:

The lower level under the deck and slips:

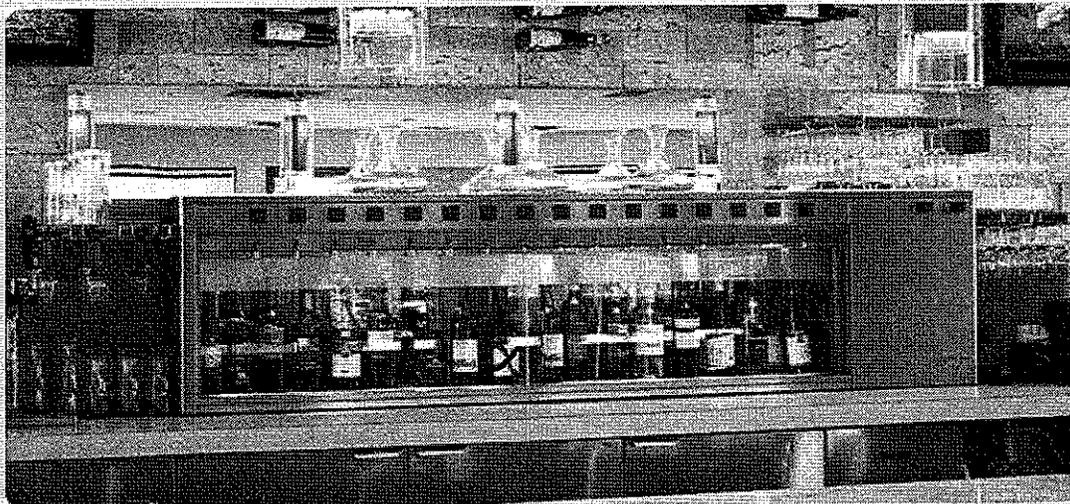
- Breakwater will be adding a Tiki Bar to this level complete with six packs of beer to go, wine, ice, bait, and other items we identify as a possibility through listening to the patrons as they get off their boats. Also we will be offering "slip side service" so people can stay on their boats, get food and head back out. Everything down here will be built for someone looking for a minimal stop with little needs. We also will be handing out water with our "Quick Menu" printed on the label with our web address or app to place and pay for food using a payment service like PayPal. Our primary goal here is to get people to stop by, get them what they want, and get them back out in the sun and water.

The deck and upstairs patio:

- Again, speed will be a must. We are currently looking into the Ziosk or similar machine that are table top tablet for people to order and pay for dinner when they want. No more waiting for the bill as the day passes by! It will be serviced by our amazing and well trained staff but the tablets would give the patron more control on the time they spend there. The upstairs bar will be stocked with craft beers and a handful of our wines. We will try to maintain all liquor orders in the main level but will be willing to stock the upstairs should we determine we need it. It will also be a full food menu so the patrons can order either off the quick menu or the restaurant's menu depending on their time. The main goal here is to allow people to hang out and enjoy the patio for as long as they want or make it quick so they can get back on the water or work.

Inside bar and restaurant:

- **Bar-** This will be for people looking to get out of the sun but still have the fun and experience those on the patio are having. There will be a full bar with numerous craft beer taps, along with the staples like Miller Lite, Spotted Cow, and many other favorites. Along with our beer, the wine selection will be beautifully displayed in our By The Glass USA dispenser similar to the one shown here:



- These dispensers not only make pouring a glass of wine faster but preserve the wine so you get your wine in perfect condition at the ideal temperature. This will allow us to offer a finer wine list because we won't have to worry about pouring the wine out after a day or two. Along with an amazing beer and wine selection, we will have a vast array of single malt bourbons, whiskey and rye. With additions to all that, we will be creating a selection of ice cream and frozen drinks for those days that are just too hot to drink anything else. That will be the goal with everything we do at Breakpoint: create an amazing summertime bar so that people will desire coming during the long winter months.
- **Restaurant-** Again, the food is going to be the reason to come here. The water will be a bonus. Unlike in the past, our chef will be recreating a menu based upon in season foods and making dishes that will get the lake buzzing. A farm to table menu that changes often. Take a look at the sample menu attached. There you will see just a few of the creations that are in store for Breakwater. There will be gourmet pizzas (maybe wood burning), mouth watering burgers, and entrees that will leave you wanting more. Everything from the ketchup down to the sausage and pickles would be made in-house. The sample menu items might stay, but our real jumping off menu would probably be dialed back to appeal to a wider audience to begin with. This is just to display what we would be capable of.

Banquet dining/meetings/catering:

- We plan on using the banquet room to facilitate meetings, host events where people want to be close to the water and hold special cooking event and other events to continue to drive people through the doors during the slower winter months. With the vast amount of business in the area, it leads to a need for meeting space. While there are a lot of hotels offering this service, our staff and food will be superior while our pricing is in line with the competition.

Joan Andrusz

From: William S. Cole - Work <wcole@execpc.com>
Sent: Wednesday, April 27, 2016 4:56 PM
To: Joan Andrusz; Doug Wood
Subject: RE: New Business Patio Permit(s)

Hi Joan,

One permit can cover more than one patio. The separate areas just need to be specifically indicated. The ordinance does not impose any limit on the number of patios which may be permitted. Plan Commission would have to approve multiple patios.

The issue is going to be the seating limitation. Sec. 7-2-19(d)1 says "Patio permits shall only be issued for areas with seating no greater than 40 persons". I would interpret that language as 40 people cumulatively for the licensee property, NOT 40 for each of several patios on the property. My principal basis for that interpretation is the intent of the ordinance - to limit noise impact to neighboring properties and security from serving underage folks. If licensees were permitted 40 people per patio, without any limit to the number of patios, they circumvent the purpose of the ordinance by simply applying for several patios next to each other. Ultimately it is up to LRC and the Council as to whether they agree with that interpretation. If so, the licensee can request a variance from the limitation as was done with Waypoint.

Bill

William S. Cole
2945 Triverton Pike Drive, Suite 101
Fitchburg, Wisconsin 53711-7508
608/221-0079
608/221-7335 FAX
wcole@execpc.com

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-----Original Message-----

From: Joan Andrusz [<mailto:JAndrusz@ci.monona.wi.us>]
Sent: Wednesday, April 27, 2016 3:18 PM
To: Doug Wood; 'wcole@execpc.com'
Subject: New Business Patio Permit(s)

Hi Doug and Bill,

Not sure about this one: A new business, "Breakwater", will be applying for licensing in the former BSG space.

The question is, there are 3 patios. Do they need 3 Patio Permits?

If so, he will be able to meet the 40 patron limit in each. If not, he will have to apply for a variance to cover the capacity of all of them combined.

FYI, they are shooting for opening around Memorial Day. I'll be publishing the notice with the May 10 LRC and May 16 Council.

Thanks,

Joan Andrusz, WCMC

City Clerk

City of Monona

5211 Schluter Road

Monona, Wisconsin 53716

Population: 7,833

608-222-2525

Fax: 608-222-9225

jandrusz@ci.monona.wi.us

[\[cid:image005.jpg@01CF169A.88414FB0\]](#)

Joan Andrusz

From: William S. Cole - Work <wcole@execpc.com>
Sent: Wednesday, February 03, 2016 11:53 AM
To: 'dougwood1975'; Joan Andrusz
Cc: Doug Wood
Subject: RE: BSG Patio?

Follow Up Flag: Follow up
Flag Status: Flagged

The ordinance (7-2-19(a)) grandfathers smoking areas approved prior to July 8, 2013, but only for the uses allowed prior to that date. So this property is grandfathered, but only for the use of a smoking area as allowed, and used, prior to July 8, 2013.

As to all issues other than a smoking area, this is a new license application. The new business has no vested right to continue liquor operations under the same conditions as BSG did, so they have no other grandfathered rights. As such, just because BSG had a patio permit does not grandfather the new owner for one. The permits are privileges which renew annually. They do not run with the land and do not create any vested right to the holder.

The applicant will have to apply for the license and describe the premises it is seeking. Whatever the premises were under BSG doesn't matter. The council may grant a license for the new business for whatever premises it determines appropriate (or deny it altogether), notwithstanding what the premises were under BSG. It can also impose conditions on the license BSG did not face.

If the applicant desires to serve alcohol outside they will have to obtain a beer garden/patio permit for the outside area. The council is free to approve, deny, or modify the area subject to the permit. Again, the council possesses this discretion notwithstanding whatever was allowed under the BSG license. 7-2-19(e) requires notice and opportunity for input from neighboring residents. After hearing from the neighbors the council may decide to grant, deny or limit the permit scope.

William S. Cole
2945 Triverton Pike Drive, Suite 101
Fitchburg, Wisconsin 53711-7508
608/221-0079
608/221-7335 FAX
wcole@execpc.com

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From: dougwood1975 [<mailto:dougwood1975@gmail.com>]
Sent: Wednesday, February 03, 2016 10:48 AM
To: Joan Andrusz; 'wcole@execpc.com'
Cc: Doug Wood
Subject: RE: BSG Patio?

My thought would be that they have to a patio permit. The previous owners established the patio before we adopted the ordinance and were grandfathered. We can and should, in my opinion, apply the patio ordinance to the new owner.

Doug

Sent from my U.S. Cellular® Smartphone

----- Original message -----

From: Joan Andrusz <JAndrusz@ci.monona.wi.us>

Date: 2/3/2016 9:49 AM (GMT-06:00)

To: "wcole@execpc.com" <wcole@execpc.com>

Cc: Doug Wood <dwood@ci.monona.wi.us>, Doug Wood <dougwood1975@gmail.com>

Subject: BSG Patio?

Good Morning,

April was approached by someone interested in applying for liquor licensing for a new business in the BSG site.

My question is this: BSG's patio was just part of their premises. Now that we have a patio permit Ordinance, should the outdoor area now be considered a patio? With separate licensing, capacity, and hours of operation?

This person is apparently stopping in sometime today, so if possible I'd like to have an answer for him.

Thank you,

Joan Andrusz, WCMC

City Clerk

City of Monona

5211 Schluter Road

Monona, Wisconsin 53716

Population: 7,833

608-222-2525

Fax: 608-222-9225

Form 37-1734696

ORIGINAL ALCOHOL BEVERAGE RETAIL LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning July 1 20 2016
ending June 30 20 2017

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

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-1028-854 8349</u> -03	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ <u>5</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$1015.00

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

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

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): Treysta Holdings LLC
Rebecca M. Anderson / Robin Pharo

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

	Title	Name	Home Address	Post Office & Zip Code
President/Member	<u>Managing Member</u>	<u>Robin Pharo</u>	<u>1853 Dierst Valley Rd</u>	<u>53572</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent		<u>Rebecca M. Anderson</u>	<u>4905 Tonyawatha Tr Monona, WI</u>	<u>53716</u>

3. Trade Name Treysta on the Water Business Phone Number 608-222-3900
4. Address of Premises 320 W. Broadway Post Office & Zip Code 53716

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

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Small counter & self service coolers with shelves, locked storage room in lobby
10. Legal description (omit if street address is given above): _____
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? Same as above
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] Yes No
13. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776]. Yes No
14. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

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

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

Rebecca M. Anderson
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

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

My commission expires 9-20-19

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-16</u>	Date reported to council/board <u>LR Mayor/cc 6-6</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 7-15) Des St R 1034
4/18/16 -DK

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company SHOPKO STORES OPERATING CO., LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 700 PILGRIM WAY, GREEN BAY, WI
 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>SEE ATTACHED LISTING</u>		
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent	<u>JIM SARBACKER - STORE MANAGER</u>		
Directors/Managers			

C.1. Trade Name SHOPKO #32 Business Phone Number 608-222-6010
 2. Address of Premises 2101 WEST BROADWAY Post Office & Zip Code MONONA, WI 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SINGLE STORY; APPROX 97,931 SQ FEET
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 14th day of March, 2016
[Signature]
(Clerk/Notary Public)
 My commission expires 8-24-18

[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	Date reported to council/board	Date license granted
<u>3-21-16</u>	<u>LRC May 10 CE June 6</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)
OK - W. [Signature] 3-22-16

Applicant's WI Seller's Permit No.: <u>456102016114603</u>		FEIN Number: <u>20-3606109</u>	
LICENSE REQUESTED			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	500
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input checked="" 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		\$	15
TOTAL FEE		\$	515

CITY OF MONONA APPLICATION

PATIO PERMIT

Fee: \$50 (non-refundable) This permit expires on June 30, 2016 Permit #

New Permit X Renewal Permit

The undersigned hereby makes application for a Patio Permit, as defined in Title 7, Chapter 2 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, Ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police and Fire Departments and all members thereof to inspect and search the premises described below. I(We) further understand that this permit is not transferable.

Business Name and Address: MR BYEN'S TAVERN MONONA 103W BROADWAY MONONA WISC 53716 Telephone: 608-212-0799

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? STAFF TO BE WELL TRAINED. WINDOWS ALONG THE PATIO AREA ALLOW INSIDE STAFF TO VIEW PATIO.

Description of video surveillance: CAMERAS TO BE PLACED IN PATIO AREA.

Amplified sound in Patio? Yes X No

If yes, please describe: SPEAKERS FOR MUSIC ON PATIO

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

[Signature]

8/20/15

Applicant/Agent Signature

Date

Plan Commission Approval: Granted: X Denied: Date:

Fencing required? No X Yes (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: X Not Recommended: Date: 9-8-15

City Council Approval: Granted: X Denied: Date: 9-21-15

Building Inspector Signature: Martin Pign Date: 9-1-15

Police Chief Signature: Det Sgt R LOSBY Date: 08 31 15

Fire Chief Signature: Date: 10/27/15

City Clerk Signature: Joan Anderson Date Issued: 10-27-15

Village Lanes Patio Extension

For the dates listed below we are proposing a 40ft by 33ft extension on to our exiting outside food and drink patio. The fence area will be extended before the event, and will be replaced to the smaller approved size the night of the event. The dates we have events scheduled are all on Saturdays and would begin at 11:00am:

May 21, 2016

May 28, 2016

June 11, 2016

June 25, 2016

July 16, 2016

July 30, 2016

August 13, 2016

August 27, 2016

September 10, 2016

September 24, 2016

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.: <u>456-1037300909-0245-2890912</u>		FEIN Number:	
LICENSE REQUESTED			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	500
<input 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 type="checkbox"/> Class B liquor		\$	
<input type="checkbox"/> Reserve Class B liquor		\$	
<input type="checkbox"/> Class B (wine only) winery		\$	
Publication fee		\$	15
TOTAL FEE		\$	515⁰⁰

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Birthdates & Middle Initials Required!

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company La Rosita of Wisconsin Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) 6005 Monona Drive

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Date of Birth Home Address Post Office & Zip Code
 President/Member Karina Garcia [Redacted] 617 Topeka Court Carol Stream IL 60188
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Juan Perez [Redacted] 2601 Post Rd Apt 201 Fitchburg WI 53711
 Directors/Managers Juan Perez

C.1. Trade Name La Rosita Latina Business Phone Number 608 291 2203
 2. Address of Premises 6005 Monona Drive Post Office & Zip Code 53716

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.) Beer is stored in cooler in back of store and in the storage room.

- 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 12 day of April 20 16

[Signature] _____
(Clerk/Notary Public)
 My commission expires 10/26/19
"OFFICIAL SEAL"
Laurice Matheny
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 10/26/19

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-14-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Juan Andrusz</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company PDQ FOOD STORES, INC.

Address of Corporation/Limited Liability Company (if different from licensed premises) PO BOX 620997, MIDDLETON, WI

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>MICHAEL S. ARNOLD</u>	<u>7755 BITTERSWEET CT, MIDDLETON, WI</u>	
Vice President/Member	<u>PHILIP J. TROIA</u>	<u>1846 QUAIL CT, SUN PRAIRIE, WI</u>	
Secretary/Member			
Treasurer/Member			
Agent	<u>PHILIP J. TROIA</u>	<u>1846 QUAIL COURT, SUN PRAIRIE, WI</u>	<u>53590</u>
Directors/Managers			

C.1. Trade Name PDQ STORE #123

Business Phone Number 608.222.7890

2. Address of Premises 105 E. BROADWAY

Post Office & Zip Code MONONA, WI 53716

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.) SALES FLOOR & COOLERS

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

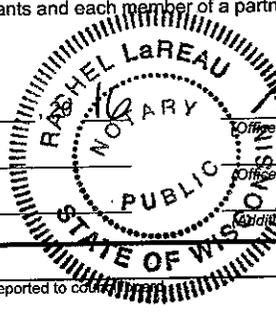
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No

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 17th day of MARCH
[Signature]
(Clerk/Notary Public)
 My commission expires 3.16.18



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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-21-16</u>	Date reported to court	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)
OK - W. C. 3-22-16

Applicant's WI Seller's Permit No.: <u>456000022780204</u>		FEIN Number: <u>39-1136741</u>	
LICENSE REQUESTED			
TYPE		FEE	
<input checked="" type="checkbox"/> Class A beer		\$	500
<input type="checkbox"/> Class B beer		\$	
<input type="checkbox"/> Class C wine		\$	
<input type="checkbox"/> Class A liquor		\$	
<input checked="" 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		\$	15
TOTAL FEE		\$	515

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____

Birthdates & Middle Initials Required!

Applicant's WI Seller's Permit No. FEIN Number: <u>456 000004854803</u> <u>31-1551430</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 500.
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input checked="" 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	\$ 15
TOTAL FEE	\$

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Speedway LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ PO Box 1580, Springfield, OH 45501
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Anthony Raymond Kenney</u>	[REDACTED]	<u>10623 Sunderland Woods Ct. Centerville, OH 45458</u>	
Vice President/Member	<u>Glenn Michael Plumb</u>	[REDACTED]	<u>281 Sputhwood Trail, Beavercreek, OH 45440</u>	
Secretary/Member	<u>David Eugene Ball</u>	[REDACTED]	<u>5560 Eron Xenia Pk., Fairborn, OH 45324</u>	
Treasurer/Member	<u>Ronald Luis Edmiston</u>	[REDACTED]	<u>221 Old Springfield Rd., South Charleston, OH 45361</u>	
Agent	<u>Cira Lynn Burke</u>	<u>06/22/1965</u>	<u>2625 Sumak Ct., Apt 8, Janesville, WI 53545</u>	
Directors/Managers	<u>N/A</u>			

C. 1. Trade Name ▶ Speedway 4088 Business Phone Number 608-221-2808
 2. Address of Premises ▶ 5456 Monona Drive Post Office & Zip Code ▶ Monona, WI 53176
 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 Store

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 10th day of March, 20 16
Katherine J. Bongers
(Clerk/Notary Public)
 My commission expires 3-16-19

David E. Ball David E. Ball, Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Ronald L. Edmiston Ronald L. Edmiston, Treasurer
(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	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jan Andrusz</u>

AT-115 (R. 7-15)
OK - W. Ball 3-22-16

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION *

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name)

Birthdates & Middle Initials Required!

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Speedway LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ Po Box 1580, Springfield, OH 45501
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Anthony Raymond Kenney</u>	[REDACTED]	<u>10623 Sunderland Woods Ct. Centerville, OH 45458</u>	
Vice President/Member	<u>Glenn Michael Plumb</u>	[REDACTED]	<u>281 Southwood Trail, Beavercreek, OH 45440</u>	
Secretary/Member	<u>David Eugene Ball</u>	[REDACTED]	<u>5060 Engon-Xenia Pk., Fairborn, OH 45324</u>	
Treasurer/Member	<u>Ronald Luis Edmiston</u>	[REDACTED]	<u>221 Old Springfield Rd., South Charleston, OH 45368</u>	
OK Agent	<u>Ronald James Maas</u>	[REDACTED]	<u>5643 Montecdale St., Fitchburg, WI 53711</u>	
Directors/Managers	<u>N/A</u>			

C.1. Trade Name ▶ SpeedWay 4533 Business Phone Number 608-221-2808
 2. Address of Premises ▶ Bob Royal Avenue Post Office & Zip Code ▶ Monona, WI 53173

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 Store

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 10th day of March, 20 16

Katherine J. Borquez
(Clerk/Notary Public)

David E. Ball, Secretary
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Ronald L. Edmiston, Treasurer
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

My commission expires 3-16-19

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board <u>LRC may 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

AT-115 (R. 7.15)
 OK. W. D. J. 3-22-16

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ ULTIMATE MART, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ POBOX473 MS2650 MILWAUKEE, WI
 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>PRES MICHAEL P TURZENSKI</u>	<u>4435 S REGAL MANOR DR, NEW BERLIN, WI</u>	<u>53151</u>
Vice President/Member	<u>VP WILLIAM L DOWLING</u>	<u>4760 ROLLING MEADOW DR, NEW BERLIN, WI</u>	<u>53146</u>
Secretary/Member	<u>NONE</u>		
Treasurer/Member	<u>TREAS MICHAEL P TURZENSKI</u>	<u>4435 S REGAL MANOR DR, NEW BERLIN, WI</u>	<u>53151</u>
Agent	<u>▶ BRYAN P. ROTH</u>	<u>8076 LONE OAK COURT, CROSS PLAINS, WI</u>	<u>53528</u>

 Directors/Managers _____

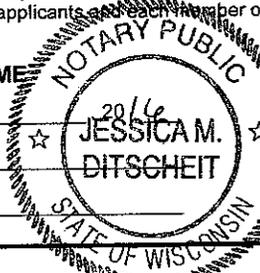
C. 1. Trade Name ▶ COPPS #8181 Business Phone Number 608-222-9575
 2. Address of Premises ▶ 6540 MONONA DRIVE Post Office & Zip Code ▶ MONONA 53716

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.) 1 STORY RETAIL GROCERY & LIQUOR
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. eff 4-11- Edward Kitz is no longer an officer 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>456102850799304</u>	FEIN Number <u>47-2620246</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500⁰⁰</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500⁰⁰</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>15⁰⁰</u>
TOTAL FEE	\$ <u>1015⁰⁰</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 2nd day of March
Jessica M Ditschreit (Clerk/Notary Public)
 My commission expires 3/12/17
Michael P Turzanski - President/Treas
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual
William L Dowling - VP
 Officer of Corporation/Member/Manager of Limited Liability Company /Partner
 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-11-16</u>	Date reported to clerk/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

16-2218

456-0000431058-03

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership: Full Name(s) (Last, First and Middle Name) Home Address

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) Date of Birth Home Address Post Office & Zip Code

C.1. Trade Name: KENS MEATS & DELI Business Phone Number: 608-222-1663
2. Address of Premises: 5725 MONONA DR. Post Office & Zip Code: 53716

- 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.) COOLER: WINE FROM FLOOR DISPLAY RETAIL STORE: BEER FROM RETAIL
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... Yes No
b. Are charges for any offenses presently pending... 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? 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 15th day of March, 2016
Joan Anderson (Clerk/Notary Public) 9-20-19

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

TO BE COMPLETED BY CLERK

Table with 3 columns: Date received and filed with municipal clerk (4-15-16), Date reported to council/board (LRC May 10 / Council June 6), Date license granted, License number issued, Date license issued, Signature of Clerk / Deputy Clerk (Joan Anderson)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) O'Connell Bill W Birthdates & Middle Initials Required!
 Home Address 704 Raymond Rd Post Office & Zip Code Waunakee WI 53597

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

Address of Corporation/Limited Liability Company (if different from licensed premises) 6325 Monona Dr.

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

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	Bill Wrenn O'Connell		704 Raymond Rd	53597 Waunakee
Vice President/Member	Mary Ann O'Connell		"	"
Secretary/Member	Bill Wrenn O'Connell		"	"
Treasurer/Member	Bill Wrenn O'Connell		"	"
Agent	Bill O'Connell		"	"

C.1. Trade Name Kialis Lakeside Liqueur Business Phone Number 608 204-2887
 2. Address of Premises 6325 Monona Dr Post Office & Zip Code Monona WI 53116

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.)
14,000 sq. feet front liquor store, back room storage

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 15th day of April, 20 16

Jean Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

Bill Wrenn O'Connell
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jean Anderson</u>

456-000 259161-03

Applicant's WI Seller's Permit No.: 39-1154672 FEIN Number: 39-1154672

LICENSE REQUESTED	
TYPE	500 FEE
<input checked="" type="checkbox"/> Class B beer	\$ 500
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 500.00
<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	\$ 15
TOTAL FEE	\$

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name)

Birthdates & Middle Initials Required!

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Maroon Way Holdings, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 4967 Highwood Ct., Middleton, WI 53562
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>SURINDER PANGLI</u>	<u>4967 Highwood Ct., Middleton, WI</u>	<u>53562</u>	<u>[REDACTED]</u>
Vice President/Member	<u>Nirbhaj Pangli</u>	<u>15 Bellingrath, McFarland, WI</u>	<u>53558</u>	<u>[REDACTED]</u>
Secretary/Member				
Treasurer/Member				
Agent	<u>Nirbhaj Pangli</u>	<u>15 Bellingrath, McFarland, WI</u>	<u>53558</u>	

C. 1. Trade Name Monona Mart Business Phone Number (608) 221-8109
 2. Address of Premises 1220 E. Broadway, Monona Way Post Office & Zip Code 53916

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.) Gas Station & Conv. Store

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 26th day of April, 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-15

Nirbhaj S. Pangli
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-25-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

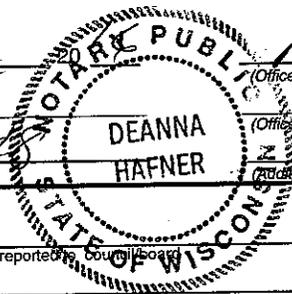
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Kwik Trip, Inc.
 Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 2107 La Crosse, WI 50602
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Birth Date	Home Address	Post Office & Zip Code
President/Member	Donald Paul Zietlow	[REDACTED]	2802 Bergamot Pl.	Onalaska, WI 54650
Vice President/Member				
Secretary/Member	Assistant Secretary, Mark Scott Zietlow	[REDACTED]	1301 7th St. SW	Rochester, MN 55902
Treasurer/Member	Assistant Secretary, Jeffrey James Wrobel	[REDACTED]	3633 Bentwood Pl.	La Crosse, WI 54601
Agent	Teresa Lyn Singleton, 4568 Vilas Road, Madison, WI, 0			
Directors/Managers	Donald P. Zietlow and Steven D. Zietlow			

C. 1. Trade Name TOBACCO OUTLET PLUS 531 Business Phone Number 608/221-3005
 2. Address of Premises 6300 Monona Dr. Suite 2 Post Office & Zip Code Monona, 53717
 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.) One-story frame construction with storage in coolers, on sales floor & behind sales counter
 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.** New agent reported July 2015 and Agent address change reported 10/15/15 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 8th day of March
Deanna Hafner (Clerk/Notary/Public) 1988
 My commission expires _____
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
 _____ (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)



TO BE COMPLETED BY CLERK	
Date received and filed with municipal clerk <u>3-21-16</u>	Date reported to Council Board _____
License number issued _____	Date license issued _____
	Date license granted _____
	Signature of Clerk / Deputy Clerk _____

OK - W. B. Boring 3/22/16

Applicant's WI Seller's Permit No. 456-0000287614-03	FEIN Number: 39-1036365
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>500.00</u>
<input type="checkbox"/> Class B beer	\$ _____
<input type="checkbox"/> Class C wine	\$ _____
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500.00</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>15.00</u>
TOTAL FEE	\$ <u>1,015.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2016 ending: 06/30/2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

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

Address of Corporation/Limited Liability Company (if different from licensed premises) PO Box 901, Deerfield, IL 60015

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	Alexander W. Gourlay (DOB: [REDACTED])	607 Longwood Ave.	Glencoe, IL 60022
Vice President/Member	Bradley M. Fluegel (DOB: [REDACTED])	11 E. Walton St. Apt. 4901	Chicago, IL 60611
Secretary/Member	Amelia D. Legutki (DOB: [REDACTED])	130 Homewood Ave.	Libertyville, IL 60048
Treasurer/Member	Jason M. Dubinsky (DOB: [REDACTED])	1156 Cherry Street	Deerfield, IL 60015
Agent	Jennifer L. Barritt, Store Manager (DOB: [REDACTED])	4419 Dutch Diamond Way	De Forest, WI 53532

C. 1. Trade Name Walgreens #04830

Business Phone Number 608-226-9920

2. Address of Premises 5300 Monona Drive

Post Office & Zip Code Monona, WI 53716

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.) beer is located in cooler and wine in a cage near cooler

5. Legal description (omit if street address is given above): both take up 1-3 shelves

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 March 2016

[Signature]
(Clerk/Notary Public)

OFFICIAL SEAL
 RICARDO J. RAMIREZ
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 07/30/17

[Signature]
 Amelia Legutki
 Assistant Secretary
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	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

OK - W. Blum 3/22/16

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Wal-Mart Stores East, LP Home Address 702 SW 8th Street, Licensing Dept 8916, Bentonville, AR 72716-0500 Post Office & Zip Code 72716-0500

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 See List Attached
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent Sarah K. Voegeli W9020 County Road B, Browntown, WI 53522 D.O.B. [REDACTED]
 Directors/Managers See List Attached

C.1. Trade Name Walmart #3857 Business Phone Number (608) 226-0913
 2. Address of Premises 2151 Royal Avenue Post Office & Zip Code Monona, WI 53713

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) 1 room, 1 story, approximately 111,093 sq. ft.
5. Legal description (omit if street address is given above): N/A
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. Change of corporate officer 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 22 day of Feb, 20 16
[Signature]
(Clerk/Notary Public)
 My commission expires 9/14/2025

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>3-21-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)
 OK - W. [Signature] 3/22/16

Applicant's WI Seller's Permit No.: FEIN Number: 456-1020028180-05 71-0862119	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$
<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	\$
TOTAL FEE	\$

460785708

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Applicant's WI Seller's Permit No.: <u>456102793103-02</u> FEIN Number: <u>—</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company EZ AUGUST 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) Date of Birth Home Address Post Office & Zip Code

President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

Agent PATRICK A AUGUSTINE [REDACTED] 2028 ALICE PAULINE DR.

Directors/Managers OREGON, WI 53575

C. 1. Trade Name ANGELO'S Business Phone Number 608-222-1469

2. Address of Premises 5801 MONONA DRIVE MONONA, WI Post Office & Zip Code MONONA, 53116

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.) GRAY STUCCO BLD. CORNER OF OWEN + MONONA DR LOWER LEVEL LIQUOR ROOM - BILL UP LOWER LEVEL

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 26th day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

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

My commission expires 9-20-16

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-25-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BREAKWATER MONONA, LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 622 WINGEA ST MONONA WI 53715

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	DATE of Birth	Post Office & Zip Code
President/Member	<u>BRANDON REID</u>	<u>1631 O'KEEFE AVE SUN PRAIRIE WI 53590</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Vice President/Member	<u>NICK PAZOUR</u>	<u>622 WINGEA ST MONONA WI 53715</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Secretary/Member	<u>Timothy Trakosh</u>	<u>4455 SPANGLER RD TIMOTHY RT TRAKOSH 745 REFLECTION DR</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Treasurer/Member	<u>Timothy Trakosh</u>	<u>BRANDON REID</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Agent	<u>NICK PAZOUR</u>			
Directors/Managers	<u>BRANDON REID NICK PAZOUR</u>			

C. 1. Trade Name BREAKWATER Business Phone Number _____
 2. Address of Premises 6306 METROPOLITAN LN Post Office & Zip Code MONONA 53713

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) PREMISES ARE LOCATED ON THE MAIN FLOOR BANQUET ROOM, THE BAR, LIQUOR ROOM, STORAGE CLOSET, OUTSIDE PATIO & ROOFTOP DECK AND BAR.

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 there 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 20th day of April, 20 16

[Signature]
 (Clerk/Notary Public)

My commission expires March 05, 2017

[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/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-28-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>

AT-115 (R. 7-15)
 Det Sgt R LORRY 05 03 16 OK

456-1028142478-02

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017

Table with columns: TYPE, FEE. Rows include Class A beer, Class B beer (\$100), Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor (\$500), Reserve Class B liquor, Class B (wine only) winery, Publication fee (\$15), TOTAL FEE (\$615.00).

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

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

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Birthdates & Middle Initials Required!

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) BRIDGE ROAD 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) Date of Birth Home Address Post Office & Zip Code
President/Member William DURAN NOLTNER 4812 WINNEQUAH ROAD MONONA WI 53716

C. 1. Trade Name BRIDGE LOUNGE Business Phone Number 608 221-3992

2. Address of Premises 6414 BRIDGE ROAD Post Office & Zip Code MONONA 53713

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) CONCRETE BLOCK BAR AREA + POOL TABLES APPROX 2000 SQ FT + 180 SQ FT OUTDOOR SMOKING + DRINKING

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 7th day of March, 2016
Joan Anderson
(Clerk/Notary Public)
My commission expires 9-20-19

Will D Noltner
(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)

Table with 3 columns: Date received and filed with municipal clerk (3-7-16), License number issued, Date reported to council/board (LRC May 10 / Council June 6), Date license issued, Date license granted, Signature of Clerk / Deputy Clerk (Joan Anderson)

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BLAZIN WINGS, INC.
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5500 WAYZATA BLVD. SUITE 1600
 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	SALLY J. WOLD,	7001 DUBLIN ROAD,	EDINA, MN 55439
Vice President/Member	JAMES M. SCHMIDT,	17325 25TH AVE,	PLYMOUTH, MN 55447
Secretary/Member			
Treasurer/Member	EMILY C. DECKER	3155 LAFAYETTE RIDGE RD,	WAYZATA, MN 55439
Agent	DENNIS I. KRAMER	601 BRULE PARKWAY,	DEFOREST, WI 53532

C.1. Trade Name BUFFALO WILD WINGS Business Phone Number (608) 237-8686

2. Address of Premises 6544 MONONA DRIVE Post Office & Zip Code 53716

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.) Alcohol will be stored/served in: patio, dining + bar

5. Legal description (omit if street address is given above): Alcohol stored: bar area, locked alcohol storage + beer cooler
Restaurant is single story bldg. w/ attached, enclosed patio.

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. MARY J. TWINEM HAS RESIGNED AS OFFICER 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 25 day of March, 2016

Kristin Westlund

(Clerk/Notary Public)

My commission expires 1/31/2021

[Signature]

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

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

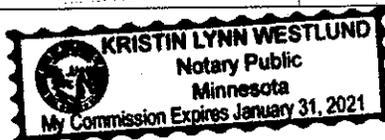
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>3-28-16</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

AT-115 (R. 7-15)

03 29 16 -DK



Wisconsin Department of Revenue

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) BLAKE DAVID A
 Home Address _____
 Post Office & Zip Code 53502

Birthdates & Middle Initials Required!

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company DAVID'S SAMOUEAN CUISINE
 Address of Corporation/Limited Liability Company (if different from licensed premises) 5734 MONONA TRAIL

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Date of Birth Home Address Post Office & Zip Code
 President/Member DAVID ALEXANDY BLAKE 03/23/85 353235 Jrs Ridge
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____

C.1. Trade Name DAVID'S SAMOUEAN CUISINE Business Phone Number 608 222 8109
 2. Address of Premises 5734 MONONA TRAIL Post Office & Zip Code 53716

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.) DAVID'S SAMOUEAN CUISINE Kitchen & BAR Area

- 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 26th day of April, 2016
Joan Anderson
(Clerk/Notary Public)
 My commission expires 9-20-19

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-26-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

16-2412

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

▶ THE EAST SIDE CLUB

Birthdates & Middle Initials Required!

Applicant's WI Seller's Permit No. <u>456-102002435303</u>	FEIN Number: <u>39-0155517</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" 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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>715.00</u>

Post Office & Zip Code Madison 53714

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ THE EAST SIDE CLUB

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) Date of Birth Home Address Post Office & Zip Code

President/Member GAYLE BROKSIECK (HENRY) 5318 SUDBURY WAY MADISON 53714

Vice President/Member NATHAN PAUL BAKER 335 MILLER ST SUN PRAIRIE 53590

Secretary/Member ANN MARIE BADEAU 1108 BIRCH AVENUE CIR MONONA 53716

Treasurer/Member NANCY MIST-SCHMELTZER (LYNN) 5109 MAYWOOD DR MONONA 53716

Agent ▶ JOHN M. FADNESS 4205 WINNEQUATT RD, MONONA 53716

Directors/Managers

C. 1. Trade Name ▶ THE EAST SIDE CLUB Business Phone Number 608 222 9131

2. Address of Premises ▶ 3735 MONONA DR. Post Office & Zip Code ▶ MADISON 53714

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.) CAPITAL VIEW ROOM LAKEVIEW ROOM, TIKI BAR, BRIDALSUITE OUTSIDE YARD BY LAKE

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 26th day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

John M. Fadness
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-26-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION *

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Mr. Luo LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 6309 Monona Drive

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

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

President/Member Jun Luo [Redacted] 6209 Monona Dr. Monona, WI 53716

Vice President/Member

Secretary/Member

Treasurer/Member

Agent ▶

Directors/Managers

C.1. Trade Name ▶ Edo Garden Business Phone Number (608) 226-9828

2. Address of Premises ▶ 6309 Monona Dr. Monona, WI Post Office & Zip Code ▶ 53716

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.) The beverages are sold and served in all the sitting area within the restaurant and stored in the bar, closet, and a storage area.

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 22nd day of March ~~April~~, 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-16</u>	Date reported to council/board <u>LRC may 10 / council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

Applicant's WI Seller's Permit No. <u>45610262456492</u>	FEIN Number: <u>453975732</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

03

Applicant's WI Seller's Permit No. 756-000056643 FEIN Number 59-1954327

LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100 -
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 500 -
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ 15
TOTAL FEE	\$

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Birthdates & Middle Initials Required!

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Fat Jack's Monona, Inc Home Address 6207 Monona DR. Post Office & Zip Code Monona 53716

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 President/Member Name (Inc. Middle Name) Daniel J. Baryenbruch Date of Birth [REDACTED] Home Address 127 Ash St Post Office & Zip Code Oregon 53575
 Vice President/Member —
 Secretary/Member —
 Treasurer/Member —
 Agent MARY S. Baryenbruch [REDACTED] 127 Ash St Oregon 53575
 Directors/Managers —

C. 1. Trade Name Fat Jack's Business Phone Number 608-221-4220
 2. Address of Premises 6207 Monona DR Post Office & Zip Code Monona 53716

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.) 3,000 sq ft Free-Standing Single Story - no basement

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 6th day of April, 20 16
Jean Andrusz
(Clerk/Notary Public)
 My commission expires 9-20-18

Daniel J. Baryenbruch 4/6/16
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
—
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
—
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4-6-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jean Andrusz</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

► Conway Joseph M. 1910 Tarragon Dr Madison, WI 53716

► Conway Barbara D. 1910 Tarragon Dr Madison WI 53716

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ► Joe's Fire Station LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) ► 900 E. Broadway Monona 53716

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

Title

Name (Inc. Middle Name) Date of Birth

Home Address

Post Office & Zip Code

President/Member Barbara D. Conway 1910 Tarragon Dr Madison, WI 53716

Vice President/Member Joseph M. Conway 1910 Tarragon Dr Madison, WI 53716

Secretary/Member

Treasurer/Member

Agent ►

Directors/Managers

C. 1. Trade Name ► Joe's Fire Station LLC

Business Phone Number 608-272-5788

2. Address of Premises ► 900 E. Broadway

Post Office & Zip Code ► Monona, WI 53716

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.) Frame Building, Bar Room 800sq Ft, Store Room up ~ stairs, 60 sq ft, Basement 15x16 Cooler 30 Foot Basement Store Room, 25x5 sq. Foots, 4, 200sq Feet 10x25

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 13th day of April, 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-19

Joseph M Conway Sr
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Barbara D Conway
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-13-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

Applicant's WI Seller's Permit No. <u>46-00043622-0227-2298204</u>	FEIN Number:
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>560.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of Village of City of } Monona
 County of Dane Aldermanic Dist. No. --- (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address

▶ MONONA GARDEN FAMILY RESTAURANT INC.
6501 BRIDGE RD MONONA WI 53713

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

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

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

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

President/Member NEDZMI SEMOVSKI 6102 FREDERICKSBURG LN MADISON WI 53718
 Vice President/Member VASVI ZYTEJA 3224 CONSERVANCY ESTATE S. PRAIRIE WI 53590
 Secretary/Member NEDZMI SEMOVSKI 6102 FREDERICKSBURG LN MADISON WI 53718
 Treasurer/Member VASVI ZYTEJA 3224 CONSERVANCY ESTATE SUN PRAIRIE WI 53590
 Agent ▶ BARBARA B. HICKS 415 LA BELLE LN MONONA WI 53716
 Directors/Managers NEDZMI SEMOVSKI & VASVI ZYTEJA

C.1. Trade Name ▶ MONONA GARDEN RESTAURANT Business Phone Number (608) 223-9707

2. Address of Premises ▶ 6501 BRIDGE RD MONONA WI Post Office & Zip Code ▶ 53713

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TABLE SERVICE IN THE DINING AREA AND BANQUET ROOM PLUS THE BAR SERVICE

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 March, 20 16

[Signature]
(Clerk/Notary Public)

My commission expires 3-31-16

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-4-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>[Signature]</u>

Applicant's WI Seller's Permit No. <u>602552</u>	FEIN Number <u>47-0924612</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15.00</u>
TOTAL FEE	\$ <u>615.00</u>

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
NIKOLAS C EWERT 3188 VILAS RD COTTAGE GROVE, WI 53527
GREGORY J EWERT 3188 VILAS RD COTTAGE GROVE, WI 53527

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company THE PIZZA OVEN OF MONONA 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) Date of Birth Home Address Post Office & Zip Code
 President/Member GREGORY J EWERT — 3188 VILAS RD COTTAGE GROVE 53527
 Vice President/Member NIKOLAS C EWERT — 3188 VILAS RD COTTAGE GROVE 53527
 Secretary/Member ERIKA B EWERT — 3188 VILAS RD COTTAGE GROVE 53527
 Treasurer/Member — — — —
 Agent NIKOLAS C EWERT
 Directors/Managers —

C.1. Trade Name PIZZA OVEN MONONA LLC Business Phone Number 608-222-8722
 2. Address of Premises 5511 MONONA DR Post Office & Zip Code 53716

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.) RESTAURANT, BANQUET, BAR AREAS ALSO KITCHEN, COOLER & GAME AREA

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 26 day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-26-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

Applicant's WI Seller's Permit No. / FEIN Number: <u>4516-0001720240-02 / 33-108882</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$ <u>100.00</u>
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input type="checkbox"/> Class B liquor	\$ <u>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2016 ending: 06 30 2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ RED ROBIN INTERNATIONAL, INC.
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 6312 S FIDDLERS GREEN CIR 200N
 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>STUART BENTON BROWN,</u>	<u>145 FAIRFAX ST, DENVER, CO 80220</u>	<u>80220</u>
Vice President/Member	<u>MICHAEL L KAPLAN,</u>	<u>4391 E PERRY PKWY, GREENWOODVLG, CO 80121</u>	<u>80121</u>
Secretary/Member	<u>SARAH ANNE MUSSETTER,</u>	<u>455 FAIRFAX ST, DENVER, CO 80220</u>	<u>80220</u>
Treasurer/Member	<u>STUART BENTON BROWN,</u>	<u>145 FAIRFAX ST, DENVER, CO 80220</u>	<u>80220</u>
Agent	<u>KRISTY R MUELLER,</u>	<u>509 LISA ANN DR., MADISON, WI 53718</u>	<u>53718</u>

 Directors/Managers _____

C. 1. Trade Name ▶ RED ROBIN AMERICA'S GOURMET BURGERS Business Phone Number 608-223-1390
 2. Address of Premises ▶ 6522 MONONA DR Post Office & Zip Code ▶ MONONA, WI 53716
 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, DIN RM, KEG COOLER, LOCKER, STORAGE
 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. CORPORATE OFFICER CHANGE 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 Wt Seller's Permit No.: <u>456102004640703</u>		FEIN Number: <u>91-0847486</u>	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 100		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ 500		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 15		
TOTAL FEE	\$ 615		

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 4 day of April, 2016
 _____ (Official of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
 _____ (Clerk/Notary Public)
 My commission expires 5/12/2019
AMANDA BLACK
NOTARY PUBLIC
STATE OF COLORADO
 Notary ID 20154018879 (Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK		My Commission Expires <u>05/12/2019</u>
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-8-16</u>		
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: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Valdemar 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) Date of Birth Home Address Post Office & Zip Code

President/Member Mitchell Erwin Marks [redacted] 4718 Splinter Rd Madison 53718

Vice President/Member _____

Secretary/Member Dawn Jean Marks [redacted] 4718 Splinter Rd Madison 53718

Treasurer/Member Mitchell Erwin Marks [redacted] " " " " "

Agent ▶ _____

Directors/Managers _____

C. 1. Trade Name ▶ Silver Eagle Bar + Grill Business Phone Number 608 222-2843

2. Address of Premises ▶ 5805 Monona Dr Post Office & Zip Code ▶ MONONA 53716

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.) Back Area of Kitchen for Beer + Wine

has Lockard Beer.

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 14th day of April, 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-14-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

Applicant's WI Seller's Permit No. <u>456-102016646-03</u>	FEIN Number: <u>39-1523775</u>
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input 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 type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION *

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name)

Birthdates & Middle Initials Required!

Home Address

Post Office & Zip Code

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) Date of Birth Home Address Post Office & Zip Code

President/Member Monica Ann Marie Quale 957 Hillcrest Rd Deerfield 53531

Vice President/Member

Secretary/Member Date of Birth [REDACTED] / Telephone 608 216 5348

Treasurer/Member

Agent

Directors/Managers

C. 1. Trade Name SWICKS SPORTSMAN'S BAR LLC Business Phone Number 608 442-5620

2. Address of Premises 4605 Monona Dr. Post Office & Zip Code 53716

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.) 3 rooms - 1st Floor, 10'x23' outdoor

- smoke deck, basement storage

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. Monica & John moved to Deerfield 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 21st day of March, 20 16

Joan Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

Monica A. Quale

(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>3-18-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

AT-115 (R. 7-15)

OK - w. [Signature] 3/22/16

Wisconsin Department of Revenue

FEIN # 39-2032510

Applicant's WI Seller's Permit No./FEIN Number: 456102011491663

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>500</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village of } Monona
 City of }
 County of Dane Aldermanic Dist. No. — (if required by ordinance)

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Tasting Room of Monona, Inc.

Address of Corporation/Limited Liability Company (if different from licensed premises) 16000 Monona Dr Suite 103, Monona, WI 53716

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

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Bryant Alan Schaefer</u>	<u>[Redacted]</u>	<u>117 E. Milwaukee St. #10</u>	<u>Janesville, WI 53545</u>
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent	<u>Bryant Alan Schaefer</u>			
Directors/Managers				

C. 1. Trade Name The Tasting Room Business Phone Number 608-223-1641
 2. Address of Premises 16000 Monona Dr Suite 103 Post Office & Zip Code Monona, WI 53716

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.) Single Room Retail Store 1900 sq. ft.

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 6th day of April, 20 16
Jean Andrusz
(Clerk/Notary Public)
 My commission expires 9-20-19

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	<u>4-6-16</u>	Date reported to council/board	<u>LRc May 10 / Council June 6</u>	Date license granted	
License number issued		Date license issued		Signatures of Clerk / Deputy Clerk	<u>Jean Andrusz</u>

Birthdates & Middle Initials Required!

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-000642710-03</u>	<u>02-0673090</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No.:		FEIN Number:	
456 000 1710 482-02		26-075228	
LICENSE REQUESTED ▶			
TYPE	FEE		
<input type="checkbox"/> Class A beer	\$		
<input checked="" type="checkbox"/> Class B beer	\$ 700.00		
<input type="checkbox"/> Class C wine	\$		
<input type="checkbox"/> Class A liquor	\$ 500.00		
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A		
<input checked="" type="checkbox"/> Class B liquor	\$ 500.00		
<input type="checkbox"/> Reserve Class B liquor	\$		
<input type="checkbox"/> Class B (wine only) winery	\$		
Publication fee	\$ 15		
TOTAL FEE	\$ 615.00		

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Birthdates & Middle Initials Required!

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 ▶ WILTZ IUS 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)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>BARBARA ANN WILTZIUS</u>	<u>[REDACTED]</u>	<u>5250 SUMMER RIDGE</u>	<u>MADISON 53704</u>
Vice President/Member	<u>BRIAN B WILTZIUS</u>	<u>[REDACTED]</u>	"	"
Secretary/Member	_____	_____	_____	_____
Treasurer/Member	_____	_____	_____	_____
Agent ▶	_____	_____	_____	_____
Directors/Managers	_____	_____	_____	_____

C. 1. Trade Name ▶ TOWER INN Business Phone Number 608 222 9855
 2. Address of Premises ▶ 1008 E BROADWAY Post Office & Zip Code ▶ MADISON WI 53716

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 AREA - KITCHEN - OFFICE - COOLER
SMOKE PATIO 28x20

- 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 April, 20 16
Joan Anderson
(Clerk/Notary Public)
 My commission expires 9-20-19

Brian Wiltzius
(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
Paul Wiltzius
(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	Date reported to council/board	Date license granted
<u>4-11-16</u>	<u>LRC May 10 / Council June 6</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		<u>Joan Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Birthdates & Middle Initials Required!

Applicant's WI Seller's Permit No. / FEIN Number: <u>456-0000476121-03 39-1329484</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>500.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>615.00</u>

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Leskes Inc. DBA Tully's II Food & Spirits

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)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Sherry Lea Hayes</u>	<u>2140 Colladay Point Drive - Stoughton WI 53589</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>
Vice President/Member	<u>Craig William Hayes</u>	<u>2140 Colladay Point Drive - Stoughton WI 53589</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>
Secretary/Member	<u>Sherry Lea Hayes</u>	<u>2140 Colladay Point Drive - Stoughton WI 53589</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>
Treasurer/Member	<u>Craig William Hayes</u>	<u>2140 Colladay Point Drive - Stoughton WI 53589</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>
Agent	<u>Sherry Lea Hayes</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>
Directors/Managers	<u>Sherry Lea Hayes</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>	<u>DOB [REDACTED]</u>

C. 1. Trade Name Leskes Inc. DBA Tully's II Food & Spirits

Business Phone Number 608-222-4995

2. Address of Premises 4701 Monona Drive

Post Office & Zip Code Monona WI 53716

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 Room, Banquet Room, Dining Room, Game Room, Front Outdoor patio 36x8 with exit gate, Liquor Storage in locked office + basement locker, One story frame with basement.

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 29th day of March, 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-17

Sherry Lea Hayes
(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>3-29-16</u>	Date reported to council/board <u>LRC may 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

456-0000555693-03

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

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

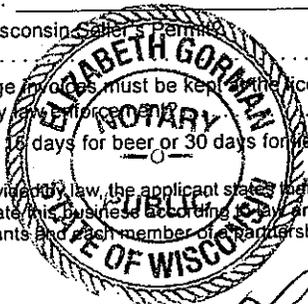
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company BADGER BOWL INC DBA VILLAGE LANES
Address of Corporation/Limited Liability Company (if different from licensed premises) 506 EAST BADGER ROAD MADISON WI 53713
All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

8/19/17

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>LAURA SMITHBACK SLUDE</u>	<u>[REDACTED]</u>	<u>1410 Joyce Road</u>	<u>MONONA WI 53716</u>
Vice President/Member	<u>KEVIN JOHN CAREY</u>	<u>[REDACTED]</u>	<u>6302 Hidden Farm Road</u>	<u>McFARLAND, WI 53558</u>
Secretary/Member	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Treasurer/Member	<u>LYNN JOANNE CAREY</u>	<u>[REDACTED]</u>	<u>6302 Hidden Farm Road</u>	<u>McFARLAND, WI 53558</u>
Agent	<u>KEVIN JOHN CAREY</u>			
Directors/Managers	<u>MARY CONKLIN</u>			

C. 1. Trade Name Village Lanes Business Phone Number (608) 222-7361
2. Address of Premises 208 Owen Road Post Office & Zip Code Monona WI 53716

- 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, Bowling Center, BASEMENT, Smoking Patio Outside Food/Bar PATION - To INCLUDE PATIO Extension on DATES Provided
- 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. Approval of PATIO Extension on DATES Provided 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 products must be kept on 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 29 day of March, 20 16
Elizabeth Gorman (Clerk/Notary Public)
My commission expires 9-15-2019
Randy Lusk (Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
Kevin Carey (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		
Data received and filed with municipal clerk <u>4-6-16</u>	Date reported to council/board <u>LRC may 10 / council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jan Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

Applicant's WI Seller's Permit No. <u>456-1020631478-0247-1558083</u>		FEIN Number:	
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	\$		
Publication fee	\$ 15		
TOTAL FEE	\$		

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Birthdates & Middle Initials Required!

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 FH Monona LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 579 Scenic Ridge Tr. Middleton 53562
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Timothy Gilbert Thompson</u>	<u>[REDACTED]</u>	<u>579 Scenic Ridge Tr.</u>	<u>Middleton, WI 53562</u>
Vice President/Member	<u>Joseph Ryan DeWitt</u>	<u>[REDACTED]</u>	<u>4437 Dahman Pass</u>	<u>Cross Plains, WI 53528</u>
Secretary/Member	<u>Patrick James Richards</u>	<u>[REDACTED]</u>	<u>1402 Neponset Tr.</u>	<u>Monona, WI 53716</u>
Treasurer/Member				
Agent	<u>Timothy Gilbert Thompson</u>			

 Directors/Managers _____

C.1. Trade Name Waypoint Public House Business Phone Number 608-222-0224
 2. Address of Premises 300 W. Broadway Suite E Post Office & Zip Code Monona, WI 53716

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.) Kitchen, storage and patio of southernmost suite of 300 W. Broadway. first floor dining area, bar, office.
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 licensee? 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. minor ownership changes 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 29th day of March, 20 16

My commission expires is permanent
 (Clerk/Notary Public) _____
 (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	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
	<u>LRC May 10 / council June 6</u>	<u>John Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Birthdates & Middle Initials Required!

Applicant's WI Seller's Permit No. / FEIN Number: <u>956000277310-03391233641</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>500</u>
<input type="checkbox"/> Class 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>15</u>
TOTAL FEE	\$ <u>515</u>

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ Fraboni Italian Specialtie

Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 108 OWEN RD

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

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

President/Member STEVEN DOMINIC FRABONI [REDACTED] 4908 BATHMAN MONONA WI 53716

Vice President/Member GARRY ROBERT FRABONI [REDACTED] 5209 BROADHEAD MCFARLAND WI 53558

Secretary/Member _____

Treasurer/Member _____

Agent ▶ _____

Directors/Managers _____

C.1. Trade Name ▶ FRABONI'S Business Phone Number 222 6632

2. Address of Premises ▶ 108 OWEN Post Office & Zip Code ▶ MONONA 53716

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.) Single Level Brick + Glass

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 13th day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

[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	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Anderson</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Huang Mingyi Home Address 6210 Eagle Cave DR McFarland WI 53558 Post Office & Zip Code 53558

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Huang & Lin China Star LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 111 River PL Monona WI 53716
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member				
Vice President/Member				
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers				

C. 1. Trade Name China Star Business Phone Number _____
 2. Address of Premises 111 River PL Monona Post Office & Zip Code 53716

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.)

1,686 sq ft, 40 seat restaurant. sales from refrigerator at counter

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 March, 20 16

Jean Andrusz
(Clerk/Notary Public)

My commission expires 9-20-19

[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>3-16-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jean Andrusz</u>

AT-115 (R. 7-15)
 OK - [Signature] 3/22/16

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION *

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Birthdates & Middle Initials Required!
 Full Name(s) (Last, First and Middle Name) OZZIE CLEMMONS Home Address W12674 STATE RD 188 Post Office & Zip Code 7001 WI 53555
JAYE CLEMMONS 1808 EQUIN RD MT PLEASANT, WI 53572

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) Date of Birth Home Address Post Office & Zip Code
 President/Member OZZIE CLEMMONS [REDACTED] W12674 STATE RD 188 7001 WI 53555
 Vice President/Member JAYE CLEMMONS [REDACTED] 1808 EQUIN RD MT PLEASANT, WI 53572
 Secretary/Member 286-1131
 Treasurer/Member
 Agent ▶
 Directors/Managers

C. 1. Trade Name ▶ MR BREWSTAPHOUSE MONONA Business Phone Number 608-286-1131

2. Address of Premises ▶ 103 W BROADWAY SUITE B Post Office & Zip Code ▶ MONONA 53716

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.)
3000 S. STATE RD 2400 SQ FT RESTAURANT AND 17' X 59' FENCED OUTDOOR PATIO.

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. NEED TO FILE RETURN FOR 2015 Yes No

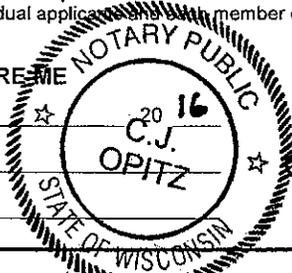
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No

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 applications must be signed by the 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 28 day of MARCH 2016
[Signature] (Clerk/Notary Public)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)
[Signature] (Officer of Corporation/Member/Manager of Limited Liability Company/Partner)
 My commission expires 7-6-18
 (Additional Partner(s)/Member/Manager of Limited Liability Company if any)



TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>3-28-16</u>	<u>LRC May 10 / Council June 6</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		<u>[Signature]</u>

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company The Needle Shop, Co - Wisconsin, Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) 520 2nd St, Ste D, Monona, WI 53161
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

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

President/Member Paul Allen Strasen [redacted] 6 White Alder, Witleton Co 80127

Vice President/Member Paul Allen Strasen same as above

Secretary/Member David James Boennighausen [redacted] 2543 Sunshine Canyon Dr, Boulder Co 80302

Treasurer/Member n/a

Agent Scott G. Finholt [redacted] 2225 Koby Rd, Stoughton WI 53589

Directors/Managers Paul Allen Strasen same as above

C. 1. Trade Name Nuads + Company Business Phone Number 608-226-9500
 2. Address of Premises 6920 Monona Dr Post Office & Zip Code Monona, WI 53161

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.) single story bldg, commercial retail multi unit

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. Paul A Strasen replaced Keith Kinsey as president + Director 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 April, 2016

Jennifer McVay
 Notary Public
 State of Colorado
 Notary ID 20064024472
 My Commission Expires June 23, 2018

[Signature]
 (Clerk/Notary Public)

My commission expires 6/23/18

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
<u>4-13-16</u>	<u>LRC May 10 / Council June 6</u>	
License number issued	Date license issued	Signature of Clerk / Deputy Clerk
		<u>[Signature]</u>

AT-115 (R. 7-15) Let Sgt R 10584 04-15-16 -OK

Wisconsin Department of Revenue

David J. Boennighausen replaced Keith Kinsey as Secretary of The Needle Shop, Co - Wisconsin, Inc.

#7. cont'd.)

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>186-0008929310-04</u>	<u>84-1471164</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<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>15</u>
TOTAL FEE	\$ <u>215</u>

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code *late fee*

► SHRESTHA MADAN KUMAR 2921 RICHARDSON ST FITCHBURG (WI) 53711

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ► SHRESTHA FAMILY 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) Date of Birth Home Address

Post Office & Zip Code

✓ President/Member SHRESTHA MADAN KUMAR 2921 Richardson St Fitchburg (WI) 53711

Vice President/Member _____

Secretary/Member _____

Treasurer/Member _____

Agent ► MADAN SHRESTHA

Directors/Managers _____

C. 1. Trade Name ► SWAD INDIAN RESTAURANT

Business Phone Number 608-819-6950

2. Address of Premises ► _____

Post Office & Zip Code ► 53716

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.) Alcohol will be served 200 sq ft

dining rm, back store room cabinet bar, 100 sq ft execution buffet area.

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 20 day of April - 20 16

Joan Andrusz
(Clerk/Notary Public)

My commission expires 9-20-16

M. Sam
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)
(Additional Partner(s)/Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-20-16</u>	Date reported to council/board <u>LRC may 10 / council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Joan Andrusz</u>

456-1028248290-04.

Applicant's WI Seller's Permit No.	FEIN Number:
	<u>46-3905149</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100⁰⁰</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100⁰⁰</u>
<input type="checkbox"/> Class A liquor	\$
<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>15</u>
TOTAL FEE	\$ <u>215⁰⁰</u>

Birthdates & Middle Initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Jiang Min

Home Address

1332 N High point Rd Middleton WI 53562

Post Office & Zip Code

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Jiang Echen Enterprise LLC

Address of Corporation/Limited Liability Company (if different from licensed premises) 2451 W. Broadway Monona WI 53113

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

Title	Name (Inc. Middle Name)	Date of Birth	Home Address	Post Office & Zip Code
President/Member	<u>Jiang Min</u>	<u>[REDACTED]</u>	<u>1332 N High point Rd Middleton WI 53562</u>	<u>53562</u>
Vice President/Member	<u>J Bing Chen</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Secretary/Member				
Treasurer/Member				
Agent				
Directors/Managers	<u>Qiu Fang Chen</u>	<u>[REDACTED]</u>	<u>3400 Brugger Pl MC Farland WI 53558</u>	<u>53558</u>

C. 1. Trade Name Jiang Echen Enterprise LLC Buffet Business Phone Number 608-222-2962

2. Address of Premises 2451 W. Broadway Monona WI 53113 Post Office & Zip Code 53113

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

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) Main Dining Room Approx 800 Sqft storage 10 Sqft

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 March, 20 16

Jean Andrusz
(Clerk/Notary Public)

My commission expires 9-20-19

[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>3-11-16</u>	Date reported to council/board <u>LRC May 10 / Council June 6</u>	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk <u>Jean Andrusz</u>

Applicant's WI Seller's Permit No. <u>456-0002345022-03</u>	FEIN Number <u>20-3407578</u>
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ <u>100</u>
<input checked="" type="checkbox"/> Class C wine	\$ <u>100</u>
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ <u>N/A</u>
<input type="checkbox"/> Class B liquor	\$
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$ <u>15</u>
TOTAL FEE	\$ <u>215⁰⁰</u>

Birthdates & middle initials Required!

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 7-1-2016 ending: 6-30-2017
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
Patrick Marks Mitchell E 4718 Splint Rd Madison 53718

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) Date of Birth	Home Address	Post Office & Zip Code
President/Member			
Vice President/Member			
Secretary/Member			
Treasurer/Member			
Agent			
Directors/Managers			

C. 1. Trade Name Maverick Community Center Business Phone Number 222-4167

2. Address of Premises 1011 Nichols Rd Post Office & Zip Code 53716

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.) Storage Side of Kitelex in Walkin Cooling + In Back Bar area

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 14th day of April, 20 16

Joan Anderson
(Clerk/Notary Public)

My commission expires 9-20-19

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

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

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk: <u>4-14-16</u>	Date reported to council/board: <u>LRC May 10 / Council June 6</u>	Date license granted:
License number issued:	Date license issued:	Signature of Clerk / Deputy Clerk: <u>Joan Anderson</u>

CITY OF MONONA APPLICATION

PATIO PERMIT

Fee: \$50 (non-refundable) This permit expires on June 30, 20 17 Permit # _____

New Permit _____ Renewal Permit X

The undersigned hereby makes application for a Patio Permit, as defined in Title 7, Chapter 2 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, Ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police and Fire Departments and all members thereof to inspect and search the premises described below. I(We) further understand that this permit is not transferable.

Business Name and Address: BREAKWATER
6308 Metropolitan Ln Monona WI 53713 Telephone: _____

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? Through proper staffing of the area during the high traffic times. Bouncers & hostesses.

Description of video surveillance: None - will be looking to add

Amplified sound in Patio? Yes X No _____

If yes, please describe: SPEAKERS FOR RADIO/MUSIC

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge

Applicant/Agent Signature [Signature] Date 4/28/16

NEW/REVISED APPLICANTS

Plan Commission Approval: Granted: _____ Denied: _____ Date: _____

Fencing required? No _____ Yes _____ (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: _____ Not Recommended: _____ Date: _____

City Council Approval: Granted: _____ Denied: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Police Chief Signature: Det Sgt R LOSBY Date: 05 03 16

Fire Chief Signature: _____ Date: _____

City Clerk Signature: _____ Date Issued: _____

CITY OF MONONA APPLICATION

PATIO PERMIT

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Business Name and Address: Silver Eagle Bar + Grill
5805 Monona Dr Telephone: 222-2843

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? 2 cameras front door
+ 2 big windows in front of building

Description of video surveillance: 2 cameras

Amplified sound in Patio? Yes X No

If yes, please describe: just background music

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

Applicant/Agent Signature Date 4-14-16

NEW/REVISED APPLICANTS

Plan Commission Approval: Granted: Denied: Date:

Fencing required? No Yes (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: Not Recommended: Date:

City Council Approval: Granted: Denied: Date:

Building Inspector Signature: Date:

Police Chief Signature: Det Sgt R Lobb Date: 04 15 16

Fire Chief Signature: Date:

City Clerk Signature: Date Issued:

CITY OF MONONA APPLICATION

PATIO PERMIT

Fee: \$50 (non-refundable) This permit expires on June 30, 20 17 Permit # _____

New Permit _____ Renewal Permit X

The undersigned hereby makes application for a Patio Permit, as defined in Title 7, Chapter 2 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, Ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police and Fire Departments and all members thereof to inspect and search the premises described below. I(We) further understand that this permit is not transferable.

Business Name and Address: Village LANES

208 OWEN ROAD MONONA WI 53716 Telephone: (608) 222-7361

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? MANAGERS AND BARTENDERS

ON Duty.

Description of video surveillance: Outside CAMERA System - ALREADY IN PLACE

Amplified sound in Patio? Yes X No _____

If yes, please describe: Within City Ordinance for Noise

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge.

[Handwritten Signature]

March 28, 2016

Applicant/Agent Signature

Date

NEW/REVISED APPLICANTS

Plan Commission Approval: Granted: _____ Denied: _____ Date: _____

Fencing required? No _____ Yes _____ (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: _____ Not Recommended: _____ Date: _____

City Council Approval: Granted: _____ Denied: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Police Chief Signature: _____ Date: _____

Fire Chief Signature: _____ Date: _____

City Clerk Signature: _____ Date Issued: _____

CITY OF MONONA APPLICATION

PATIO PERMIT

Fee: \$50 (non-refundable) This permit expires on June 30, 20____ Permit # _____

New Permit _____ Renewal Permit X

The undersigned hereby makes application for a Patio Permit, as defined in Title 7, Chapter 2 of the Monona Municipal Code, to engage in said business at the premises described below, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, Ordinances, and regulations and grants permission to the Monona Building Inspector and Monona Police and Fire Departments and all members thereof to inspect and search the premises described below. I(We) further understand that this permit is not transferable.

Business Name and Address: FT Monona, LLC DBA Waypoint Public House
320 W. Broadway Suite E Telephone: 608-222-0224

Attach a map of the premises showing the location and dimensions of the Patio. (Note: not required if this is a renewal application unless there is a change to the area.)

How is visual surveillance of the area maintained? Camera, servers serve all food and beverages, managers rotate through area regularly

Description of video surveillance: Camera with night vision capability and 7 day hard drive

Amplified sound in Patio? Yes X No _____

If yes, please describe: very low background music - not live music

Under penalty of law I swear that the information provided in this application is true and correct to the best of my knowledge.

[Signature] Date 3/6/16

NEW/REVISED APPLICANTS

Plan Commission Approval: Granted: _____ Denied: _____ Date: _____

Fencing required? No _____ Yes _____ (Attach Plan Commission minutes)

License Review Committee Approval: Recommended: _____ Not Recommended: _____ Date: _____

City Council Approval: Granted: _____ Denied: _____ Date: _____

Building Inspector Signature: _____ Date: _____

Police Chief Signature: Det Sgt R. LOSRY Date: 04 05 16

Fire Chief Signature: _____ Date: _____

City Clerk Signature: _____ Date Issued: _____



5211 SCHLUTER ROAD ■ MONONA, WI 53716-2598
CITY HALL (608) 222-2525
FAX (608) 222-9225
<http://www.mymonona.com>

March 24, 2016

PDQ

Attention: Philip Troia
105 East Broadway
Monona, Wisconsin 53716

Dear Mr. Troia,

On February 22, 2016 you were requested to attend the March 8, 2016 License Review Committee meeting to discuss the warning you received from the Monona Police Department on February 19, 2016 regarding alcohol products remaining accessible in your business establishment after the closing of salable hours. You did not attend the meeting.

This letter is to inform you that you are subject to a municipal citation if the Police Department visits your establishment and finds you out of compliance with the City's Ordinance 7-2-15(c) which addresses the requirements of inaccessibility of alcohol products after closing hours.

If you have any questions you may contact me at 608-222-2525.

Thank you for your attention to this matter.

Sincerely,

Joan Andrusz
City Clerk

Cc: License Review Committee
Detective Sergeant Ryan Losby

Joan Andrusz

From: Walter Ostrenga
Sent: Wednesday, March 09, 2016 4:37 PM
To: PD All
Cc: Joan Andrusz; April Little; Doug Wood
Subject: Retail Liquor Sales Checks

Per city ordinance stores that sell alcohol must cease sales between 9pm-6am. All alcohol must be "inaccessible" for public sale.

At yesterday's LRC meeting the commission wants to discuss further what exactly "inaccessible" means, as Copps only has a "theater like" divider that cordons off alcohol from the sales floor; while other stores have it locked in cabinets, or behind gates.

Until we get an interpretation from the LRC, don't initiate any actual citations on having alcohol "inaccessible" until you hear back from me. This has no effect on any enforcement of retail sales between 9pm-6am, those are clearly against the ordinance and can be cited.

Thanks
Wally



CHIEF WALTER J. OSTRENGA

Monona Police Department

5211 Schluter Road

Monona, WI 53716

(608) 222-0463

wostrenga@ci.monona.wi.us

FBINA Graduate 206th Session

Please like the City of Monona Police Department on Facebook and follow us on Twitter:

<https://www.facebook.com/mononapd> and <https://twitter.com/MononaPolice>

From the League of Wisconsin Municipalities March 31, 2016:

Liquor License Quota Exceptions Created

This week the Governor also signed AB 612 into law as Act 286.

The League thanks Rep. David Steffen (R-Howard) for introducing this bill after working out a compromise between the League, the Tavern League of Wisconsin, and the Wisconsin REALTORS Association. The Act creates two new options for communities that have no liquor licenses available under the state imposed quota system, but seek to accommodate a new restaurant or bar wanting to locate in the community. The new options are:

- **Regional Transfer Option:** Allows a municipality to purchase a "Class B" liquor license from a contiguous municipality or a noncontiguous municipality within 2 miles of the community's borders. A municipality may purchase a license from a donor municipality for a minimum of \$10,000. This is a one-time fee paid to the donor municipality that may not be refunded or rebated. A municipality may transfer a maximum of three reserve "Class B" liquor licenses in this manner.
- **PEDD Option:** Allows a municipality to establish a Premier Economic Development District (PEDD) and outlines specific requirements and qualifiers for a PEDD (i.e. economic development project must increase valuation in the district by at least \$20 million, only one PEDD per municipality, PEDD shall not exceed 40 acres, PEDD property must be contiguous, PEDD boundaries established by 2/3 vote of municipality's governing body and may not include industrial or single family parcels). Upon establishing a PEDD, a municipality may issue up to two Premier "Class B" Reserved liquor licenses within the PEDD at a cost of no less than \$30,000 each. These reserved licenses are non-refundable and non-transferable and are above the community's quota.

In exchange for these new quota exceptions, Act 286 makes the following two changes to current law sought by the Tavern League:

- Specifies that the initial \$10,000 fee for a reserve "Class B" liquor license may not be rebated or refunded.

Modifies the current 300 seat restaurant quota exception by clarifying that the exception only applies to restaurants having an interior permanent seating capacity of 300 or more seats. This change first applies to licenses initially issued after the effective date of this Act.



State of Wisconsin
Governor Scott Walker

Department of Agriculture Trade and Consumer Protection, Ben Brancel, Secretary
Department of Revenue, Richard Chandler, Secretary

March 16, 2016

To: Wisconsin Town, City, and Village Clerks
From: Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP)
Wisconsin Department of Revenue (DOR)
Re: "Class C" (Wine) License Questions

It has come to our attention that there are questions about food-related license requirements for retail establishments seeking initial issuance or renewal of a "Class C" wine license by a municipality.

The 2015-17 Biennial Budget (Wisconsin Act 55) transferred restaurant licensing and inspection activities from the Department of Health Services to the DATCP Bureau of Food Safety and Inspection, effective July 1, 2016. With this transfer of licensing and inspection activities, minor changes included:

- The definition of "retail food establishment" was modified to *include restaurants* as a type of retail food establishment. Previously, restaurants were excluded from this definition. Sec. 97.30, Wis. Stats., effective July 1, 2016.
- The definition of "restaurant" was modified to describe a restaurant's "predominant activity" as "the preparation, service, or sale of meals..." Sec. 97.01(14g), Wis. Stats., effective July 1, 2016.
- This updated definition of restaurant is cross-referenced in multiple places in Chapter 125 (Alcohol Beverages), as it relates to alcohol beverage retail licenses.

These modifications were made solely to accommodate the transfer of restaurant licensing and inspection to the DATCP Bureau of Food Safety and Inspection. There was no intent for these modifications to affect any Chapter 125 licenses or permits.

Many alcohol beverage licenses expire on June 30 pursuant to state law and must be renewed. DOR and DATCP advise that municipalities consider AT-115 applications submitted before July 1, 2016, to be based on the current statutory definition of restaurant. Current law states:

"'Restaurant' means any building, room or place where meals are prepared or served or sold to transients or the general public, and all places used in connection with it and includes any public or private school lunchroom for which food service is provided by contract. 'Meals' does not include soft drinks, ice cream, milk, milk drinks, ices and confections...." Sec. 97.01(14g), Wis. Stats.

If you have questions, please contact Wisconsin Department of Revenue Tax Specialist Tom Ourada or Wisconsin Department of Agriculture, Trade and Consumer Protection Director of Food and Recreational Businesses Peter Haase.