

AGENDA
COMMON COUNCIL MEETING
TUESDAY, JUNE 11, 2019 7:00 PM
COUNCIL CHAMBERS, BERLIN CITY HALL, 2ND FLOOR
MEETING IS OPEN TO THE PUBLIC & CITY HALL IS HANDICAPPED ACCESSIBLE

1. Call to order/Roll Call
2. General Public Comments. Registration card required (located at podium in Council Chamber).

CONSENT AGENDA: The Consent Agenda contains items which staff considers to be routine and have already been discussed and recommended by a committee, board or commission at a previous meeting. Staff recommends that Council act on all of these items on a single roll call vote. If any member of Council wishes to have any item removed from the Consent Agenda and discussed, the Council member may request that item be removed from the Consent Agenda prior to the adoption.

3. Waive the reading of ordinances and resolutions. RECOMMENDATION: Waive the reading of all ordinances and resolutions adopted at this meeting.
4. Written reports from the City Clerk, Treasurer, and Building Inspector. RECOMMENDATION: Receive and place on file the written reports from the City Clerk, Treasurer, and Building Inspector.
5. Minutes from the May 14, 2019 Common Council Meeting. RECOMMENDATION: Approve the minutes.
6. Water & Sewer Utility Annual Compliance Maintenance Annual Report (CMAR) Resolution. RECOMMENDATION: Accept the Water & Sewer Commission recommendation to approve Compliance Maintenance Annual Report Resolution #19-09.
7. Bids for Demolition and Abatement of Old Safeguard Building. RECOMMENDATION: Accept the Committee of the Whole recommendation to accept the bid from Egbert Excavating for \$82,500 with a completion date of July 19, 2019 for the demolition and abatement of the old Safeguard building.
8. Safeguard Grant Award Contracts. RECOMMENDATION: Accept the Committee of the Whole recommendation to approve the Safeguard Grant Award contract with Wisconsin Economic Development Corporation and authorize appropriate signatures.
9. 2019 Federal and State Taxi Grant Contract Amendments. RECOMMENDATION: Accept the Committee of the Whole recommendation to approve the amended 2019 federal and state taxi grants as presented and authorize the appropriate signatures.
10. Farmers Market Food Vending Permitting & Special Event Related Municipal Code. RECOMMENDATION: Accept the Committee of the Whole recommendation to authorize staff to allow food vendor trucks along S. Church Street from Park to E. Huron during the hours of the 2019 Farmers Market season without having to obtain permitting, obtain the permission from the affected resident(s), and direct staff to review special

event related ordinances and bring back recommendation for changes.

11. Bills List. RECOMMENDATION: Approve the list of bills for payment.

END OF CONSENT AGENDA

12. Shared-Ride Taxi Service Area Proposed Changes. RECOMMENDATION: Hold public hearing and if appropriate accept the proposed shared-ride taxi service area changes.
13. Fire Department Request to Sell Beer at Car Show. RECOMMENDATION: Approve Fire Department request to sell beer at 2019 Car Show Event.
14. Hunter Street Speed Limit Petition. RECOMMENDATION: Approve and adopt Ordinance #06-19 Reducing Speed Limit to 25 MPH on North Hunter Street from Broadway Street to Northwest Cumberland Street.
15. July Committee of the Whole and Common Council Meeting Dates. RECOMMENDATION: Reschedule the July Committee of the Whole and Common Council meeting dates from July 2 & 9 to July 9 & 16.
16. Action on annual licenses: Class "A" & Class "B" Beer and/or Intoxicating Liquor Licenses, Cigarette, & Amusement Devices. (see attached list) RECOMMENDATION: Grant or deny the licenses presented pending all appropriate approvals and inspections are completed and requirements met.
17. License Applications- Bartender Licenses for Erica E. Estrada, Michael Albert Gimenez, Victoria Ann Hill, Abby Love McGeehen and James Eric Saldana (approved by the PD). RECOMMENDATION: Grant or deny the licenses.
18. Old Business (To be used to request items of old business be put on a future agenda for further discussion or action; or used to make a motion for reconsideration of an item from the current meeting or immediately previous meeting; or to make a motion to take items off the table which were laid on the table only during the current meeting.)
19. New Business (To be used to request items of new business be put on a future agenda)
20. Public Appearances.
21. Adjourn.

Note: In adherence to the City of Berlin Public Meeting Participation Policy, public participation will be allowed under each agenda item at the discretion of the presiding officer, with the exception of the Consent Agenda. Attendees must register their intention to participate on either a general comments section or a specific agenda item prior to the meeting by filling out a Registration Card, which can be obtained from the Internet, City Clerk's office or in the City Hall Council Chambers at the podium. Registration Cards should be turned in prior to the meeting to either the presiding officer or City Clerk.

CITY OF BERLIN -- OFFICE OF THE TREASURER

HONORABLE MAYOR AND COMMON COUNCIL OF THE CITY OF BERLIN, WISCONSIN

I herewith present my report as City Treasurer for the month ending		5/31/2019							
FUNDS	BEG BALANCE	ADJ/ VOIDS	RECEIPTS	DISBURSEMENTS	BALANCE	INVESTMENTS	INVESTMENTS	TOTAL W/ INVESTMENTS	
GENERAL CITY	\$ 1,070,347.67		\$ 394,729.65	\$ 715,907.32	\$ 749,170.00	\$ 2,600,000.00	\$	\$ 3,349,170.00	
TAX COLLECTION ACCOUNT	\$ 511.90				\$ 511.90	\$	\$	\$ 511.90	
WATER INVESTMENTS	\$ 532,204.18		\$ 290,397.35	\$ 122,927.08	\$ 699,674.45	\$ 4,369,760.49	\$	\$ 5,069,434.94	
SEWER INVESTMENTS						\$ 2,227,384.57	\$	\$ 2,227,384.57	
SEWER BOND & INT						\$	\$	\$	
BOND & INT RESERVE	\$ -				\$ -	\$	\$	\$ -	
EQUIP REPLACEMENT FUND	\$ 87,512.10		10.87	\$ 66,821.31	\$ 20,701.66	\$ 1,255,000.00	\$	\$ 1,275,701.66	
CAPITAL PROJECT BORROWING	\$ -				\$ -	\$	\$	\$ -	
EMS ACCOUNT	\$ 101,286.68		\$ 41,418.70	\$ 100,035.00	\$ 42,670.38	\$	\$	\$ 42,670.38	
TOTAL OF ALL FUNDS	\$ 1,791,862.53		\$ 726,556.57	\$ 1,005,690.71	\$ 1,512,728.39	\$ 10,452,145.06	\$	\$ 11,964,873.45	
FUNDS									
	BANK STATEMENT BALANCE		ADJUSTMENT	OUTSTANDING CHECKS		AVAILABLE BANK BALANCE			
GENERAL CITY	\$ 765,696.76			\$ 16,526.76	\$ 749,170.00	\$	\$		
TAX COLLECTION ACCOUNT	\$ 811.22			\$ 299.32	\$ 511.90	\$	\$		
WATER & SEWER	\$ 703,758.44			\$ 4,083.99	\$ 699,674.45	\$	\$		
SEWER BOND & INT				\$ -	\$ -	\$	\$		
EQUIP REPLACMT FUND	\$ 20,701.66			\$ -	\$ 20,701.66	\$	\$		
CAPITAL PROJECT BORROWING	\$ -			\$ -	\$ -	\$	\$		
EMS ACCOUNT	\$ 42,670.38			\$ -	\$ 42,670.38	\$	\$		
TOTAL OF ALL FUNDS	\$ 1,533,638.46		\$ -	\$ 20,910.07	\$ 1,512,728.39	\$	\$		
RESPECTFULLY SUBMITTED,									
<i>Sharon W. Thelen</i>									

CITY OF BERLIN BUILDING REPORT MAY 2019

TYPE OF PERMIT	MONTH			YEAR TO DATE			LAST YEAR TO DATE		
	No.	Estimated Value	Permit Cost	No.	Estimated Value	Permit Cost	No.	Estimated Value	Permit Cost
Single Family Residence				1	\$203,000.00	\$1,022.40	0	0	0
Multi-Family Residence				0	\$0.00	\$0.00	0	0	0
Residential Garage	1	\$61,000.00	\$412.00	1	\$61,000.00	\$412.00	0	0	0
Residential Garage Alteration				0	\$0.00	\$0.00	0	0	0
Residential Alteration	2	\$45,015.00	\$410.00	8	\$112,179.00	\$790.00	15	156766	1089.11
Commercial				0	\$0.00	\$0.00	0	0	0
Commercial Alteration				2	\$31,000.00	\$278.00	0	0	0
Industrial				0	\$0.00	\$0.00	0	0	0
Industrial Alteration				0	\$0.00	\$0.00	0	0	0
Signs	1	\$222.00	\$59.00	3	\$422.00	\$329.50	2	12000	202
Miscellaneous	4	\$8,800.00	\$200.00	7	\$13,200.00	\$350.00	8	9900	450
Demolition				0	\$0.00	\$0.00	0	0	0
Hospital				0	\$0.00	\$0.00	0	0	0
Church				0	\$0.00	\$0.00	0	0	0
School				0	\$0.00	\$0.00	0	0	0
Driveways	5	\$15,845.00	\$170.00	6	\$19,545.00	\$220.00	2	0	100
Trailer Homes				0	\$0.00	\$0.00	0	0	0
Total Building Permits	13	\$130,882.00	\$1,251.00	28	\$440,346.00	\$3,401.90	27	\$178,666.00	\$1,841.11
Commercial Plan Approval				0	\$0.00	\$0.00	0	0	0
Plumbing Permits				6	\$31,996.00	\$315.00	8	39850	360
Electrical Permits	4	\$7,700.00	\$338.00	13	\$17,100.00	\$738.00	11	93300	817
Heating Permits	2	\$30,000.00	\$271.00	6	\$67,189.00	\$554.00	30	153640	1820
Total Permit Fees	19	\$168,582.00	\$1,860.00	53	\$556,631.00	\$5,008.90	76.00	\$465,356.00	\$4,838.11

Council

I would like to explain the grade on the CMAR that we received from the DNR for our influent loading and flow. This is the flow that comes into the Waste Water Treatment Plant that we do not have any control over. Whatever loadings that are in the wastewater are raw and have gone through no treatment process, they are sampled, Biological Oxygen Demand (BOD) And Total Suspended Solids (TSS) test are ran on them to figure out how much loading in milligrams per liter we are receiving. That is how the DNR gets the data to give us this grade.

I expressed my concern about the grades we have been receiving for the influent loading to our waste water engineer from the DNR. I shared with him that I have to give an explanation as to what is happening with the flow and loadings. It seems that our flow does not exceed parameters to many times but the influent BOD loading is what exceeds the most. I guess my question to him was how I would explain this, as the slug loading coming in is not easily controlled and it seems to be turning into the normal, but also we are able to treat it very well and is this something we should address on our next permit.

I received a response back from our waste water engineer. "I would continue to explain things as you have on previous CMARs. As long as you are handling the loading very well I have no issues." He also talked about the concerns of industrial loading and that on our next permit we could impose a compliance schedule on the industries that are giving us the heavy loading.

I have explained and discussed the information that I was given from the DNR to the commission. The consensus that I get from the commission on the subject of imposing a compliance schedule on the industries is, they don't feel it is necessary at this time as they are already paying us to treat their waste. The industries are charged for any parameter that they go over and above normal household waste. Implementing a compliance schedule on them could cost them money and lost review for the city.

In closing what I am saying is that we don't have much control over what comes into our plant but the way we treat it when it gets here is reflected by the other grades we received from the DNR on the other portion of Compliance Maintenance Annual Report.

Respectfully,

Brian Malnory

RESOLUTION 19-09

COMPLIANCE MAINTENANCE RESOLUTION

WHEREAS, the Department of Natural Resources through its Municipal Wastewater Section, Bureau of Wastewater Management, requires that a Compliance Maintenance Annual Report be filed annually by the City of Berlin Water & Sewer Utility, and

WHEREAS, it is required that the governing body of the City of Berlin review the said report and inform the Department of Natural Resources by resolution that it accomplished the review;

NOW, THEREFORE, BE IT RESOLVED:

That the City of Berlin, Wisconsin informs the Department of Natural Resources that the Common Council has reviewed and approved the Compliance Maintenance Annual report which is attached to this Resolution on June 11, 2019.

PASSED, APPROVED, AND ADOPTED, THIS 11TH DAY OF JUNE, 2019.

Approved as to form:

CITY OF BERLIN:

Matthew G. Chier, City Attorney

BY _____
Richard Schramer, Mayor

BY _____

Roll Call Vote:

_____ Ayes
_____ Nays
_____ Absent

Attest:

Jodie Olson, City Clerk

Compliance Maintenance Annual Report

Berlin Wastewater Treatment Facility

Last Updated: Reporting For:
5/15/2019 2018

Grading Summary

WPDES No: 0021229

SECTIONS	LETTER GRADE	GRADE POINTS	WEIGHTING FACTORS	SECTION POINTS
Influent	F	0	3	0
BOD/CBOD	A	4	10	40
TSS	A	4	5	20
Phosphorus	A	4	3	12
Biosolids	A	4	5	20
Staffing/PM	A	4	1	4
OpCert	A	4	1	4
Financial	A	4	1	4
Collection	A	4	3	12
TOTALS			32	116
GRADE POINT AVERAGE (GPA) = 3.62				

Notes:

- A = Voluntary Range (Response Optional)
- B = Voluntary Range (Response Optional)
- C = Recommendation Range (Response Required)
- D = Action Range (Response Required)
- F = Action Range (Response Required)

Compliance Maintenance Annual Report

Berlin Wastewater Treatment Facility

Last Updated: Reporting For:
5/15/2019 2018

Resolution or Owner's Statement

Name of Governing Body or Owner:	City of Berlin
Date of Resolution or Action Taken:	05/14/2019
Resolution Number:	19-09
Date of Submittal:	

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO SPECIFIC CMAR SECTIONS (Optional for grade A or B. Required for grade C, D, or F):

Influent Flow and Loadings: Grade = F

The City of Berlin WWTP received a F on the Influent and loadings portion of the CMAR, the main reason for this is Industrial loading. Some Industries in Berlin are discharging very high BOD waste, some as much as 54,000 mg/l or more. The WWTP seems to be treating the high loading, the City of Berlin is also surcharging all Industries for BOD and TSS over 250 ml/l and phosphorus over 7 ml/l.

Effluent Quality: BOD: Grade = A

Effluent Quality: TSS: Grade = A

Effluent Quality: Phosphorus: Grade = A

Biosolids Quality and Management: Grade = A

Staffing: Grade = A

Operator Certification: Grade = A

Financial Management: Grade = A

Collection Systems: Grade = A

(Regardless of grade, response required for Collection Systems if SSOs were reported)

ACTIONS SET FORTH BY THE GOVERNING BODY OR OWNER RELATING TO THE OVERALL GRADE POINT AVERAGE AND ANY GENERAL COMMENTS

(Optional for G.P.A. greater than or equal to 3.00, required for G.P.A. less than 3.00)

G.P.A. = 3.62

*Check Summary Register©

MAY 31 2019

Name	Check Date	Check Amt	
11100 Cash in Bank m FNB			
Paid Chk# 062831	BMO HARRIS BANK	5/2/2019	\$478.75 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062832	CITIZENS FIRST CREDIT UNION	5/2/2019	\$336.50 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062833	COMMUNITY FIRST CREDIT UNI	5/2/2019	\$702.50 2019 -MAY - EMPLOYER H.S.A. CO
Paid Chk# 062834	FARMERS & MERCHANTS BANK	5/2/2019	\$1,533.57 2019 -PAYROLL 9 - EMPLOYEE -
Paid Chk# 062835	FORTIFI BANK	5/2/2019	\$1,200.00 2019 -MAY - EMPLOYER H.S.A. CO
Paid Chk# 062836	HORICON BANK	5/2/2019	\$100.00 2019 -MAY - EMPLOYEE H.S.A. DE
Paid Chk# 062837	NORTH SHORE BANK, FSB	5/2/2019	\$75.00 2019 - PAYROLL 9 - EMPLOYEE DE
Paid Chk# 062838	VERVE	5/2/2019	\$87.50 2019 -MAY - EMPLOYEE H.S.A. DE
Paid Chk# 062839	WIS SCTF	5/2/2019	\$1,104.00 2019 - PAYROLL 9 - SUPPORT OBL
Paid Chk# 062840	AL SCHMUDE ELECTRIC LLC	5/2/2019	\$303.40 REPAIRS TO CLAY SIREN PER GARY
Paid Chk# 062841	APPLETON FINANCE DEPARTM	5/2/2019	\$471.25 2019 - APRIL - WEIGHTS AND MEA
Paid Chk# 062842	BALLWEG IMPLEMENT CO	5/2/2019	\$2.85 O-RING FOR PARK JD MOWER
Paid Chk# 062843	BAYCOM INC	5/2/2019	\$454.00 LITHIUM BATTERIES, BATTERIES F
Paid Chk# 062844	BREWER HEATING INC	5/2/2019	\$401.71 CONDENSER FAN MOTER REPLACEMEN
Paid Chk# 062845	BROESCH, JANET	5/2/2019	\$30.00 CONNECT INVITATIONS 2 SIDED
Paid Chk# 062846	CCP INDUSTRIES INC.	5/2/2019	\$286.72 SAFETY MEETING SUPPLIES
Paid Chk# 062847	COMPLETE OFFICE OF WI	5/2/2019	\$697.37 INK AND OFFICE SUPPLIES FOR OF
Paid Chk# 062848	EXPERT TOWING AND RECOVER	5/2/2019	\$90.00 WINCH OUT FOR EMS
Paid Chk# 062849	FEHL, CHARLES	5/2/2019	\$207.40 HARMONICAS FOR YOUTH CLASSES
Paid Chk# 062850	GREEN LAKE COUNTY CLERK	5/2/2019	\$1,074.60 BALLOTS FOR SPRING ELECTION
Paid Chk# 062851	HAWKINS /ASH CPAs	5/2/2019	\$4,640.00 GASB 75 IMPLEMENTATION, PROFES
Paid Chk# 062852	ITU ABSORBTECH, INC.	5/2/2019	\$90.97 2019 - APRIL - UNIFORM FEES
Paid Chk# 062853	JAMES E. CUTSFORTH	5/2/2019	\$1,400.00 14 STUMPS GROUND DPW
Paid Chk# 062854	KUNKEL ENGINEERING GROUP	5/2/2019	\$17,672.50 MARCH BUILDING INSPECTION
Paid Chk# 062855	LANDMARK SERVICES COOPER	5/2/2019	\$8,495.98 NO LEAD DELIVERY
Paid Chk# 062856	OSHKOSH OFFICE SYSTEMS	5/2/2019	\$167.27 2019 - APRIL - COPIES FOR COPI
Paid Chk# 062857	PEAK SOFTWARE SYSTEMS, IN	5/2/2019	\$0.00 SPORTSMAN 12 MONTH CLOUD HOSTI
Paid Chk# 062858	W.S. DARLEY & CO	5/2/2019	\$182.63 MONITOR SINGLE CO CLIP FOR FIR
Paid Chk# 062859	WAUSHARA CO EC DEVELOPM	5/2/2019	\$100.00 2019 - WAUSHARA COUNTY ECONOMI
Paid Chk# 062860	ZARNOTH BRUSH WORKS, INC.	5/2/2019	\$804.90 BRUSHES FOR DPW
Paid Chk# 062861	ADVANCED DISPOSAL SERVICE	5/10/2019	\$24,399.37 2019 - APRIL - CITY OF BERLIN
Paid Chk# 062862	AMERICAN FAMILY INSURANCE	5/10/2019	\$1,100.20 REIMBURSEMENT FOR GARY BAILEY
Paid Chk# 062863	ARING EQUIPMENT COMPANY, I	5/10/2019	\$97.57 PRESSURE MONITOR FOR BERLIN PU
Paid Chk# 062864	BERLIN JOURNAL NEWSPAPER	5/10/2019	\$3,165.58 SMMER PARK AND REC PROGRAM BOO
Paid Chk# 062865	BERLIN OIL PRODUCTS	5/10/2019	\$812.52 209 - APRIL - TIRES AND FUEL F
Paid Chk# 062866	CENTURYLINK	5/10/2019	\$66.76 2019 - APRIL - LONG DISTANCE P
Paid Chk# 062867	CHARTER COMMUNICATION	5/10/2019	\$139.98 2019 - MAY - INTERNET SERVICE
Paid Chk# 062868	CHIER LAW OFFICE LLC	5/10/2019	\$484.00 2019 - APRIL - SECRETARIAL/OVE
Paid Chk# 062869	CULLIGAN WATER	5/10/2019	\$19.00 2019 - APRIL - WATER SERVICE
Paid Chk# 062870	DIVISION OF UNEMPLOYMENT I	5/10/2019	\$402.00 4.1.19 THROUGH 4.13.19 UNEMPLO
Paid Chk# 062871	EMC INSURANCE COMPANIES	5/10/2019	\$18,750.03 2019 - MAY - LIABILITY INSURAN
Paid Chk# 062872	EMERGENCY MEDICAL PRODUC	5/10/2019	\$845.77 TRADE DISCOUNT
Paid Chk# 062873	FINISHLINE STUDIOS	5/10/2019	\$35.00 2019 - MAY - WEB HOSTING
Paid Chk# 062874	FIRE INSPECTION SERVICES IN	5/10/2019	\$2,947.00 2019 - APRIL - FIRE INSPECTION
Paid Chk# 062875	FOX VALLEY TRANSMISSION	5/10/2019	\$1,036.87 TRANSMISSION REPAIR FOR 99 INT
Paid Chk# 062876	GREEN LAKE COUNTY	5/10/2019	\$29.25 2019 - APRIL - SENIOR VAN USE
Paid Chk# 062877	JAMES E. CUTSFORTH	5/10/2019	\$200.00 2 STUMPS GROUND OUT
Paid Chk# 062878	LANDMARK SERVICES COOPER	5/10/2019	\$529.65 55 GAL ANTIFEEZE CONC. FOR DPW
Paid Chk# 062879	NEUMAN, KAREN	5/10/2019	\$546.64 REIMBURSE FROM RETIREE ACCT ME
Paid Chk# 062880	RUNNING INC. TRANSIT SERVIC	5/10/2019	\$12,928.69 2019 - APRIL - SHARED RIDE TAX
Paid Chk# 062881	SCHRADER, JOHN	5/10/2019	\$3,940.00 MEDICAL REIMBURSEMENT FROM RET
Paid Chk# 062882	SECURIAN FINANCIAL GROUP	5/10/2019	\$785.89 2019 - JUNE - EMPLOYEE ADDTL L
Paid Chk# 062883	SONDALLE FORD LINCOLN MER	5/10/2019	\$20,135.77 2008 FORD E450 AMBULANCE ENGIN
Paid Chk# 062884	STATE OF WI DSPTS	5/10/2019	\$50.00 PERMIT TO OPERATE ELEVATOR CH
Paid Chk# 062885	THE CVIKOTA COMPANY INC	5/10/2019	\$2,691.00 2019 - APRIL - AMBULANCE BILLI
Paid Chk# 062886	THEDACARE AT WORK	5/10/2019	\$36.00 DRUG SCREEN LYNN ANDREWS
Paid Chk# 062887	TRI-COUNTY CONSORTIA	5/10/2019	\$785.00 138 SYOG-7QS2SF WEBSTER STREET

*Check Summary Register©

MAY 31 2019

Name	Check Date	Check Amt	
Paid Chk# 062888	UNITEDHEALTHCARE LOCKBOX	5/10/2019	\$439.11 DAVID PHIPPS REIMBURSEMENT PAI
Paid Chk# 062889	VIVIAL	5/10/2019	\$44.95 2019 - MAY - CENTURYLINK PHONE
Paid Chk# 062890	WISCONSIN TUBING, INC	5/10/2019	\$660.53 STEELCULVERT 18 X 24 ARCH
Paid Chk# 062891	PEAK SOFTWARE SYSTEMS, IN	5/13/2019	\$965.00 12 MONTH SPORTSMAN CLOUD HOSTI
Paid Chk# 062892	FOX VALLEY TECHNICAL COLLE	5/14/2019	\$415.40 LEAP CONFERENCE - MURPHY
Paid Chk# 062893	GALLS	5/14/2019	\$74.99 UNIFORM ALLOWANCE CRK
Paid Chk# 062894	SONDALLE FORD LINCOLN MER	5/14/2019	\$1,023.26 1998 GMC SONOMA VEHICLE MAINTEN
Paid Chk# 062895	THEDA CARE	5/14/2019	\$382.50 BLOOD DRAWS, PATIENTS 35536,35
Paid Chk# 062896	VICKI MURPHY, PETTY CASH	5/14/2019	\$4.49 CONN - BUTT HTSL22-16G
Paid Chk# 062897	BAKER & TAYLOR	5/14/2019	\$1,361.20 21 UNITS FOR BERLIN PUBLIC LIB
Paid Chk# 062898	BERLIN JOURNAL NEWSPAPER	5/14/2019	\$71.00 ADFOR LIBRARY ASSISTANT
Paid Chk# 062899	BERLIN OIL PRODUCTS	5/14/2019	\$40.00 2019 - MAY - 20 BERLIN JOURNAL
Paid Chk# 062900	CINTAS CORPORATION	5/14/2019	\$37.80 2019 - APRIL - BERLIN LIBRARY
Paid Chk# 062901	COMPLETE OFFICE OF WI	5/14/2019	\$181.64 PAPER FOR BERLIN PUBLIC LIBRAR
Paid Chk# 062902	ELM USA	5/14/2019	\$120.34 CENTER PIN PLASTIC AND COMPOU
Paid Chk# 062903	LISA OBRIST	5/14/2019	\$825.00 2019 - APRIL - LIBRARY CLEANIN
Paid Chk# 062904	NATIONAL ELEVATOR INSPECTI	5/14/2019	\$80.00 ROUTINE ELEVATOR INSPECTIN AT
Paid Chk# 062905	OSHKOSH OFFICE SYSTEMS	5/14/2019	\$42.37 2019 - APRIL - COPIES FOR BERL
Paid Chk# 062906	OTA	5/14/2019	\$8.50 NAME TAG WITH MAGNET BACK
Paid Chk# 062907	STATE OF WISCONSIN - DSPS	5/14/2019	\$50.00 PERMIT TO OPERATE WI REG. TAG
Paid Chk# 062908	SUPERIOR CHEMICAL CORP	5/14/2019	\$125.16 CLEANING SUPPLIES FOR THE BERL
Paid Chk# 062909	UNIQUE MANAGEMENT SERVIC	5/14/2019	\$17.90 04/17 PLACEMENTS AT BERLIN PUB
Paid Chk# 062910	WINNEFOX LIBRARY SERVICES	5/14/2019	\$50.07 2019 - FEB - UNIQUE MANAGEMENT
Paid Chk# 062911	WINNEFOX COOPERATIVE TEC	5/14/2019	\$918.76 2019 - APRIL - MATERIALS FOR M
Paid Chk# 062912	WINNEFOX LIBRARY SYSTEM	5/14/2019	\$10.29 2019 - JANUARY - POSTAGE
Paid Chk# 062913	BMO HARRIS BANK	5/15/2019	\$260.00 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062914	CITIZENS FIRST CREDIT UNION	5/15/2019	\$211.50 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062915	COMMUNITY FIRST CREDIT UNI	5/15/2019	\$265.00 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062916	FARMERS & MERCHANTS BANK	5/15/2019	\$596.07 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062917	FORTIFI BANK	5/15/2019	\$575.00 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062918	HORICON BANK	5/15/2019	\$100.00 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062919	NORTH SHORE BANK, FSB	5/15/2019	\$75.00 2019 - PAYROLL 9 - EMPLOYEE DE
Paid Chk# 062920	VERVE	5/15/2019	\$25.00 2019 - PAYROLL 9 - EMPLOYEE H.
Paid Chk# 062921	WI COUNCIL 32 PER CAP TAX T	5/15/2019	\$458.10 2019 - MAY - POLICE UNION DUES
Paid Chk# 062922	WI SCTF	5/15/2019	\$1,104.00 2019 - PAYROLL 10 - CASE NO. 1
Paid Chk# 062923	AMAZON CAPITAL SERVICES, IN	5/17/2019	\$119.85 PHONE CASE FOR PP
Paid Chk# 062924	APELL TILE COMPANY, INC	5/17/2019	\$1,202.60 POOL REPAIRS
Paid Chk# 062925	BERLIN JOURNAL NEWSPAPER	5/17/2019	\$201.50 05.21 BOA HEARING
Paid Chk# 062926	CCP INDUSTRIES INC.	5/17/2019	\$34.50 GRY NYLON GLOVES
Paid Chk# 062927	COMPLETE OFFICE OF WI	5/17/2019	\$96.27 INK CARTRIDGE FOR FAX MACHINE
Paid Chk# 062928	DTN, LLC	5/17/2019	\$491.40 2019 - JUNE - RADAR SERVICE
Paid Chk# 062929	ED'S TRACTOR REPAIR, LLC	5/17/2019	\$117.51 PARTS FOR PUBLIC WORKS
Paid Chk# 062930	EMERGENCY MEDICAL PRODUC	5/17/2019	\$1,447.50 GLUCAGON KIT FOR EMS
Paid Chk# 062931	FARRELL EQUIPMENT & SUPPL	5/17/2019	\$168.00 PARTS FOR PUBLIC WORKS
Paid Chk# 062932	FIRE & SAFETY EQUIPMENT, IN	5/17/2019	\$58.35 BERLIN, GL, PRINCETON ANNUAL F
Paid Chk# 062933	GRAPHIC SIGN & LETTER CO, IN	5/17/2019	\$231.60 CITY MAP PRINTING
Paid Chk# 062934	JEFFERSON FIRE & SAFETY, IN	5/17/2019	\$153,629.00 LIFE LINE SUPERLINER AMBULANC
Paid Chk# 062935	SEAMAN, MIDGE, PETTY CASH	5/17/2019	\$415.00 POOL START UP FUND
Paid Chk# 062936	VIKING ELECTRIC SUPPLY	5/17/2019	\$263.03 SUPPLIES FOR DPW
Paid Chk# 062937	BERLIN WATER & SEWER UTILI	5/17/2019	\$22,174.38 2019 - APRIL - GENERAL CITY WA
Paid Chk# 062938	ALL FLAGS, LLC	5/22/2019	\$173.27 US FLAGS FOR DPW 5X8 (4)
Paid Chk# 062939	BERLIN JOURNAL NEWSPAPER	5/22/2019	\$1,301.63 TAXI CAB SERVICE
Paid Chk# 062940	CENTURYLINK	5/22/2019	\$1,882.37 2019 - APRIL - PHONE SERVICE -
Paid Chk# 062941	CHARTER COMMUNICATION	5/22/2019	\$135.75 2019 - MAY - SERVICE AT BERLIN
Paid Chk# 062942	CHRISTENSEN, DOUGLAS A	5/22/2019	\$795.35 2019 - JUNE - RETIREE HEALTH I
Paid Chk# 062943	COMPLETE OFFICE OF WI	5/22/2019	\$179.90 TOWELS FOR CITY HALL
Paid Chk# 062944	CORPORATE NTRWK SOLUTION	5/22/2019	\$50.00 POWER SUPPLY FOR DELL OPTIPLEX
Paid Chk# 062945	ESCREEN INC	5/22/2019	\$31.70 PRE-EMPLOYMENT DRUG SCREEN MCC

***Check Summary Register©**

MAY 31 2019

Name	Check Date	Check Amt	
Paid Chk# 062946 FORMILLER, JOSEPH	5/22/2019	\$254.95	RETIREE HEALTH REIMBURSEMENT
Paid Chk# 062947 HAWKINS /ASH CPAs	5/22/2019	\$1,070.00	FIELDWORK - PREP OF REPORT-ST
Paid Chk# 062948 ITU ABSORBTECH, INC.	5/22/2019	\$90.97	2019 - MAY - UNIFORM SERVICE F
Paid Chk# 062949 JEFFERSON FIRE & SAFETY, IN	5/22/2019	\$35.50	WISCONSIN TITLE & LICENSE PLAT
Paid Chk# 062950 NATIONAL BAND & TAG COMPA	5/22/2019	\$97.00	TAGS FOR THE BERLIN AQUATIC CE
Paid Chk# 062951 NFPA	5/22/2019	\$175.00	MEMBERSHIP RENEWAL THROUGH 04/
Paid Chk# 062952 SCHRADER, JOHN	5/22/2019	\$445.84	RETIREE HEALTH REIMBURSEMENT -
Paid Chk# 062953 SONDALE FORD LINCOLN MER	5/22/2019	\$134.85	2016 - DODGE GRAND CARAVAN REP
Paid Chk# 062954 SUPERHEAT AND COOLING	5/22/2019	\$1,670.00	INSTALLED THE MAKE UP AIR BLOW
Paid Chk# 062955 THEDACARE AT WORK	5/22/2019	\$36.00	Drug Screen for City of Berlin
Paid Chk# 062956 UNITED COOPERATIVE	5/22/2019	\$267.13	TRIPLET SF 5X1 GAL FOR BERLIN
Paid Chk# 062957 vonBRIESEN & ROPER, s.c.	5/22/2019	\$5,234.38	POLICE NEGOTIATIONS
Paid Chk# 062958 BMO HARRIS BANK	5/23/2019	\$260.00	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062959 CITIZENS FIRST CREDIT UNION	5/23/2019	\$211.50	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062960 COMMUNITY FIRST CREDIT UNI	5/23/2019	\$265.00	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062961 FARMERS & MERCHANTS BANK	5/23/2019	\$596.07	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062962 FORTIFI BANK	5/23/2019	\$575.00	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062963 HORICON BANK	5/23/2019	\$100.00	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062964 NORTH SHORE BANK, FSB	5/23/2019	\$75.00	2019 - PAYROLL 11 - EMPLOYEE H
Paid Chk# 062965 VERVE	5/23/2019	\$25.00	2019 - PAYROLL 11 - EMPLOYEE H
	Total Checks	\$348,590.49	

*Check Summary Register©

MAY 31 2019

Name	Check Date	Check Amt	
11161 UTILITY CASH - FNB			
Paid Chk# 014681	BERLIN CITY TREASURER	5/3/2019	\$755.74 APRIL 2019 GAS & DIESEL
Paid Chk# 014682	CINTAS CORPORATION	5/3/2019	\$175.32 APRIL 2019 MAT CLEANING
Paid Chk# 014683	CUMMINS SALES AND SERVICE	5/3/2019	\$4,274.18 TRANSFER SWITCH, ONAN GENSET
Paid Chk# 014684	KUNKEL ENGINEERING GROUP	5/3/2019	\$8,593.75 UPDATE CITY SYSTEM MAP/GIS TO
Paid Chk# 014685	UNITED STATES POSTAL SERVI	5/3/2019	\$533.82 MAY 2019 MONTHLY BILLING
Paid Chk# 014686	ADVANCED DISPOSAL SERVICE	5/10/2019	\$227.53 APRIL 2019 TRASH/ RECYCLING
Paid Chk# 014687	BADGER STATE WASTE LLC	5/10/2019	\$6,696.00 BIOSOLIDS HAULING
Paid Chk# 014688	BERLIN JOURNAL NEWSPAPER	5/10/2019	\$176.05 AD FOR FLUSHING DEAD ENDS
Paid Chk# 014689	HAWKINS /ASH CPAs	5/10/2019	\$2,580.00 PROFESSIONAL SERVICES THROUGH
Paid Chk# 014690	J. F. AHERN COMPANY	5/10/2019	\$455.24 42 ANNUAL FIRE EXT
Paid Chk# 014691	L.W. ALLEN LLC	5/10/2019	\$1,892.09 REPLACED WILKERSTON ISOLATOR F
Paid Chk# 014692	NORTH CENTRAL LABORATORI	5/10/2019	\$290.05 GELMAN PETRI DISHES W/ PAD, M-
Paid Chk# 014693	U S CELLULAR	5/10/2019	\$177.44 APRIL/MAY 2019 CELL PHONE BILL
Paid Chk# 014694	USA BLUEBOOK	5/10/2019	\$569.35 LIQUID FILLED GAUGE, GENERAL P
Paid Chk# 014695	WALTCO INC	5/10/2019	\$590.11 PICK UP SAMPLES FOR BADGER LAB
Paid Chk# 014696	WATER TOWER CLEAN & COAT	5/10/2019	\$2,500.00 DIVE CLEAN AND INSPECTION OF C
Paid Chk# 014697	BADGER LABORATORIES INC	5/17/2019	\$752.40 TOTAL SOLIDS,VOLATILE SOLIDS,
Paid Chk# 014698	HAWKINS /ASH CPAs	5/17/2019	\$2,810.00 PROGRESS BILL FOR 12/31/2018 -
Paid Chk# 014699	ROGER/LORI MAYO	5/17/2019	\$45.24 000000608800
Paid Chk# 014700	BADGER LABORATORIES INC	5/24/2019	\$1,390.20 BOD/SUSPENDE SOLIDS/TOTAL PHO
Paid Chk# 014701	BERLIN CITY TREASURER	5/24/2019	\$605.27 CENTURYLINK APRIL 2019 BILLING
Paid Chk# 014702	BERLIN JOURNAL NEWSPAPER	5/24/2019	\$1,138.97 UPS TO BADGER LABS
Paid Chk# 014703	CenturyLink	5/24/2019	\$47.02 MAY 2019SERVICE
Paid Chk# 014704	FERGUSON WATER WORKS #14	5/24/2019	\$2,413.81 HD NON ROCK M/HOLE FRM/ SAN HD
Paid Chk# 014705	INTERSTATE BATTERY	5/24/2019	\$132.95 MTP-48/H6
Paid Chk# 014706	MARTELLE WATER TREATMENT	5/24/2019	\$4,246.38 LIQUID ALUMIUM SULFATE
Paid Chk# 014707	USA BLUEBOOK	5/24/2019	\$161.56 HACH PHOSVER 3 PHOSPHATE, HACH
Paid Chk# 014708	VILLAGE OF ASHWAUBENON	5/24/2019	\$40.00 NE WATER PROFESSIONALS ASSOC Q
Paid Chk# 014709	BERLIN CITY TREASURER	5/31/2019	\$28,473.70 MAY 2019 PAYROLL
Paid Chk# 014710	BERLIN JOURNAL NEWSPAPER	5/31/2019	\$14.07 UPS TO BADGER LABS
Paid Chk# 014711	CUMMINS SALES AND SERVICE	5/31/2019	\$216.58 HEATER-ENG COOLANT
Paid Chk# 014712	HORST DISTRIBUTING INC	5/31/2019	\$31.42 CABLE-THROTTLE
Paid Chk# 014713	HYLER SEPTIC SERVICE, LLC	5/31/2019	\$800.00 WATER JETTING 8 IN LINES
Paid Chk# 014714	JOSEPH MARKOWSKI	5/31/2019	\$50.00 EXAM REIMBURSEMENT
Paid Chk# 014715	MARTY'S BLUE SKY NURSERY	5/31/2019	\$175.00 TOPSOIL
Paid Chk# 014716	QUINN, R D PLUMBING	5/31/2019	\$224.24 892 CHICAGO VACUUM BREAKER
Paid Chk# 014717	SUPERIOR CHEMICAL CORP	5/31/2019	\$114.43 ALIVE LIQUID BACTERIA
Paid Chk# 014718	U S CELLULAR	5/31/2019	\$162.44 MAY 2019 CELL PHONE BILLING
Paid Chk# 014719	USA BLUEBOOK	5/31/2019	\$70.90
Total Checks			\$74,603.25

**PUBLIC NOTICE
CITY OF BERLIN SHARED-RIDE TAXI
PROPOSED CHANGES**

The City of Berlin receives funds from the Federal Transit Administration Section 5311 Rural Public Transit Assistance program and the Wisconsin Department of Transportation Section 85.20 Transit Assistance program to assist in funding the shared-ride taxi program. The state and federal funding sources require the program to offer the public the opportunity for input on proposed changes. The City is considering expanded taxicab service to Green Lake during limited hours; and also expanded service to medical services within Ripon during limited hours; and modifying its Fare Schedule to include surcharges for persons traveling to or from the aforementioned locations. These changes if adopted would become effective on July 1, 2019.

Please note that none of these proposed changes would affect the cost of cab service within the City. The proposed service expansion and associated new fares are as follows:

Fare Category	Current	As of 7/1/2019
Within City Limits	Base Fare*	no change
First 5 out-of-town Miles	\$1.50/ mile	no change
Green Lake	not allowed	Base Fare* plus \$15.00
Ripon**	not allowed	Base Fare* plus \$20.00

**Several Base Fares currently exist: one for Seniors & Disabled Citizens; another for Students; and yet another for Working Age Adults. These Base Fares are not changing.*

***This change is contingent upon a reciprocal agreement with the Ripon shared-ride taxi service and would not occur without that agreement.*

A public hearing on this new fare schedule will be held as part of the City Council Meeting at June 11, 2019 at Berlin City Hall, 108 N. Capron St., Berlin, WI 54923. Written comments should be sent to Jodie Olson, City Administrator, at the above address so they are received prior to the hearing date.

Publish May 16, 2019

ORDINANCE #06-19

AN ORDINANCE REDUCING SPEED LIMIT TO 25 MPH ON NORTH HUNTER STREET FROM BROADWAY STREET TO NORTHWEST CUMBERLAND STREET

The Common Council of the City of Berlin do ordain as follows:

Sec. 70-371 of the Code of Ordinances shall be amended as follows, and the superintendent of streets shall be authorized to cause appropriate signs to be erected accordingly:

Sec. 70-371. - Limits established.

Wis. Stats. §§ 346.57, 346.58 and 346.59, relating to the maximum and minimum speed of vehicles are adopted as part of this section as if fully set forth in this section, except that the common council has determined that the statutory speed limits on the following streets, or portions thereof, are unreasonable, unsafe or imprudent, and modifies such speed limits under authority granted by Wis. Stats. § 349.11. Speed limits established by Wis. Stats. § 346.57(4)(e), (f) and (g) are increased or decreased as set forth in this section upon the following streets, or portions thereof:

...

(3) *Twenty-five miles per hour.*

...

d. North Hunter Street from Broadway Street to Northwest Cumberland Street

(4) *Thirty-five miles per hour.*

...

d. North Hunter Street from the city limits to Broadway Street Northwest Cumberland Street.

...

This ordinance shall take effect the day after publication. The numeric section numbers and headings shall be subject to modification in the discretion of the codifier, and the approval of the city attorney, during codification into the city's current code of ordinances.

Passed, approved and adopted this ____ day of _____, 2019.

ROLL CALL VOTE:

____ AYES
____ NAYS
____ ABSENT

CITY OF BERLIN

BY: _____
Richard D. Schramer, Mayor

APPROVED AS TO FORM:

Matthew G. Chier
City Attorney

ATTEST: _____
Jodie Olson
City Clerk

DATE: June 3, 2019

TO: Common Council

FROM: Susan Thom and Midge Seaman

RE: **ANNUAL LICENSES: 2019-2020 Class A Liquor and Beer Licenses, Class B Liquor And Beer Licenses, Tobacco Licenses, Amusement Device Licenses**

BACKGROUND: Businesses requesting liquor, tobacco and amusement device licenses for license year 2019-2020 have submitted renewal applications. All requirements have been met except for following:

Las Brasas: Delinquent personal property taxes

Bellissimo LLC: We have received a Wholesaler's report of Delinquent Retail Licensee.

Wolff's Den Bar: We have received a Notice to Deny License or Permit from the Wisconsin Department of Revenue and a Wholesaler's report of Delinquent Retail Licensee. The Wolff's Den Bar has delinquent real estate and personal property taxes.

The Art Bar LLC dba The Art Bar & Boutique: The building has been purchased on May 30, 2019. The Art Bar & Boutique will be offering art classes, offer private parties, find unique creative gifts and cards and a place to relax with friends and family. The required inspections are scheduled and a seller's permit has been applied for.

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 Bellissimo, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____

All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Faruk Dzehil 1047 New Haven Ave, Fond du Lac, WI 54935
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent SELF
 Directors/Managers _____

C. 1. Trade Name Bellissimo Ristorante Italiano Business Phone Number 920-361-0809
 2. Address of Premises 103 W. Huron & Pizzeria Post Office & Zip Code Berlin, WI 54923

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.) Front Storage - Bar area
5. Legal description (omit if street address is given above): Kitchen coolers, basement coolers & 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>5-3-19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

456-1028722144-02

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>300834934</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 _____

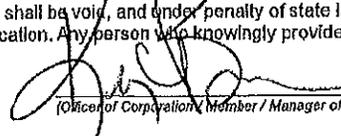
B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company ▶ CONDON OIL COMPANY
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 126 E JACKSON RIPON WI 54971
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>KRAIG BAUMAN</u>	<u>434 STONEHEDGE CT</u>	<u>RIPON WI 54971</u>
Vice President/Member	<u>THOMAS R REINSCH</u>	<u>N4593 HORNER RD</u>	<u>RIPON WI 54971</u>
Secretary/Member	<u>KARLA K BLOCK</u>	<u>N7930 DOTY DR</u>	<u>RIPON WI 54971</u>
Treasurer/Member	_____	_____	_____
Agent ▶	<u>KRAIG BAUMAN</u>	<u>434 STONEHEDGE CT</u>	<u>RIPON WI 54971</u>

 Directors/Managers _____

- C. 1. Trade Name ▶ BERLIN BP Business Phone Number 920-361-3678
 2. Address of Premises ▶ 247 RIPON RD Post Office & Zip Code ▶ BERLIN WI 54923
 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.) GASOLINE STATION/CONVENIENCE STORE/
 5. Legal description (omit if street address is given above): FAST FOOD
 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. TREASURER/MEMBER HAS RETIRED 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/13/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>45600053547403</u> FEIN Number: <u>39-0704880</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$
<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	\$
TOTAL FEE	\$

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000535474-03

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

License Number
Period Covered 07/01/19-06/30/20
Date of Issuance

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CONDON OIL COMPANY			Federal Employer Identification No. (FEIN) 39-0704880		
Trade or Business Name (if different than Legal Name) BERLIN BP			Telephone Number (920) 748-3186		
Business Address (License Location) 247 RIPON RD		Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 361-3678	
Municipality BERLIN	State WI	Zip Code 54923	of: BERLIN		County GREEN LAKE
Mailing Address (if different than Business Address)			Municipality	State	Zip Code

Organization (check one)

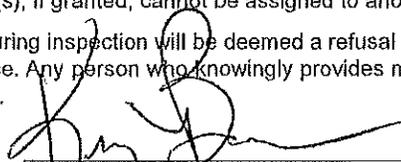
- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 03/30/1928
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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.

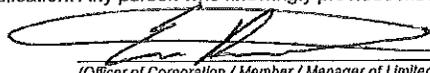
A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) _____ Home Address _____ Post Office & Zip Code _____

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Berlin Lanes LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:
 Title Name (Inc. Middle Name) Home Address Post Office & Zip Code
 President/Member Eric Berndt (owner) 119 N Pearl St Berlin WI 54923
 Vice President/Member _____
 Secretary/Member _____
 Treasurer/Member _____
 Agent _____
 Directors/Managers _____

C. 1. Trade Name Berlin Lanes LLC Business Phone Number (920) 361-1282
 2. Address of Premises 119-123 N Pearl St Berlin WI Post Office & Zip Code 54923

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, brewerles 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 Lanes, Banquet Hall, Basement
5. Legal description (omit if street address is given above): 119-123 N Pearl St Berlin
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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>05/07/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

81-3468610

Applicant's WI Seller's Permit No. <u>456-102932154902</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Eric Berndt

ADDRESS OF PREMISES TO BE LICENSED: 119-123 N Pearl St Berlin WI
54923

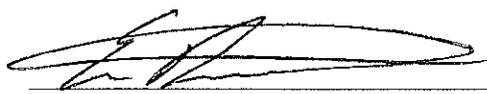
RESIDENCE OF OWNER OR MANAGER: 119 N Pearl St Apt A Berlin WI
54923

- DESCRIPTION OF DEVICES:
1. Candy Crush
 2. Spooky 2
 3. Spooky Cash
 4. Spooky 2
 5. Pool Table
 6. Big Bucks Hunter
 7. Key master
 8. Raw Thrills
 9. Dart Board
 10. Touch Tunes
 11. Pot of Gold

DATE OF APPLICATION: 4-11-19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE



SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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
WESNER Wayne Lewis N499 36th St Berlin WI 54923

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

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

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

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

C. 1. Trade Name ▶ BUCKYS Business Phone Number 290 3453

2. Address of Premises ▶ 115 West Huron Post Office & Zip Code ▶ BERLIN 54923

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.) Basement - First Floor

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/17/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>45600059429803</u>	<u>396175-547</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Wayne Wesner

ADDRESS OF PREMISES TO BE LICENSED: 115 West Huron

RESIDENCE OF OWNER OR MANAGER: N499 36th Ct Berlin WI 54923

- DESCRIPTION OF DEVICES:
1. 6 Video Games
 2. 2 Pool Tables
 3. Dart Board
 4. Juke Box
 5. Ticket Machine
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

DATE OF APPLICATION: 4/17/19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Wayne Wesner
SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

45600002516105 39-1547668

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No. / FEIN Number:	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 300.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

A. Individual or Partnership:

Full Name(s) (Last, First and Middle Name) Parker, David Wayne Home Address 405 La Fork St Post Office & Zip Code Reynolds, WI 54970

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

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

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

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

C. 1. Trade Name City Inn Beverage Hall Business Phone Number 920-361-4750

2. Address of Premises 689 Broadway Berlin, WI Post Office & Zip Code 54923

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.) Sell + serve 2 bars in building Products

5. Legal description (omit if street address is given above): Cookers Sells + serves outside in front area, special events inside building

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/10/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Permit Application
Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1. The name and address of the applicant, which must match the name and address stated on the applicant's corresponding alcohol beverage license.

Name: City Inn

Address: 689 Broadway Berlin, WI 54923

2. The address of the premises upon which the outdoor activity area is located, which must match the address of the premises stated on the applicant's corresponding alcohol beverage license.

Address: 689 Broadway Berlin, WI 54923

3. A description of the proposed outdoor activity area, which shall, at a minimum, include the following information:

- a. A description of all intended activities to occur in the outdoor activity area.

Steak Fry, sit and eat, have a drink.

- b. A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.

None at this time.

- c. Proposed hours that the outdoor activity area will be open for use.

11am - 9pm

- d. A description of any sound amplification devices intended to be used in the outdoor activity area.

None

- e. A description of all lighting intended to be used in the outdoor activity area.

Lights from Building & Parking
lot lights.

- f. A description of all efforts planned to be taken to mitigate the potential for unwanted light or sound to travel to neighboring properties. The common council may require the applicant to present technical drawings or plans of the sound and lighting system as part of the application.

- g. A description of all efforts planned to be taken to mitigate the possibility of unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special policies to be implemented (such as utilizing extra security personnel).

Patio is fenced in and no beverages
are sold outside.

- h. A description of all efforts planned to be taken to keep the outdoor activity area clean.

Area is checked + cleaned daily after
it is used.

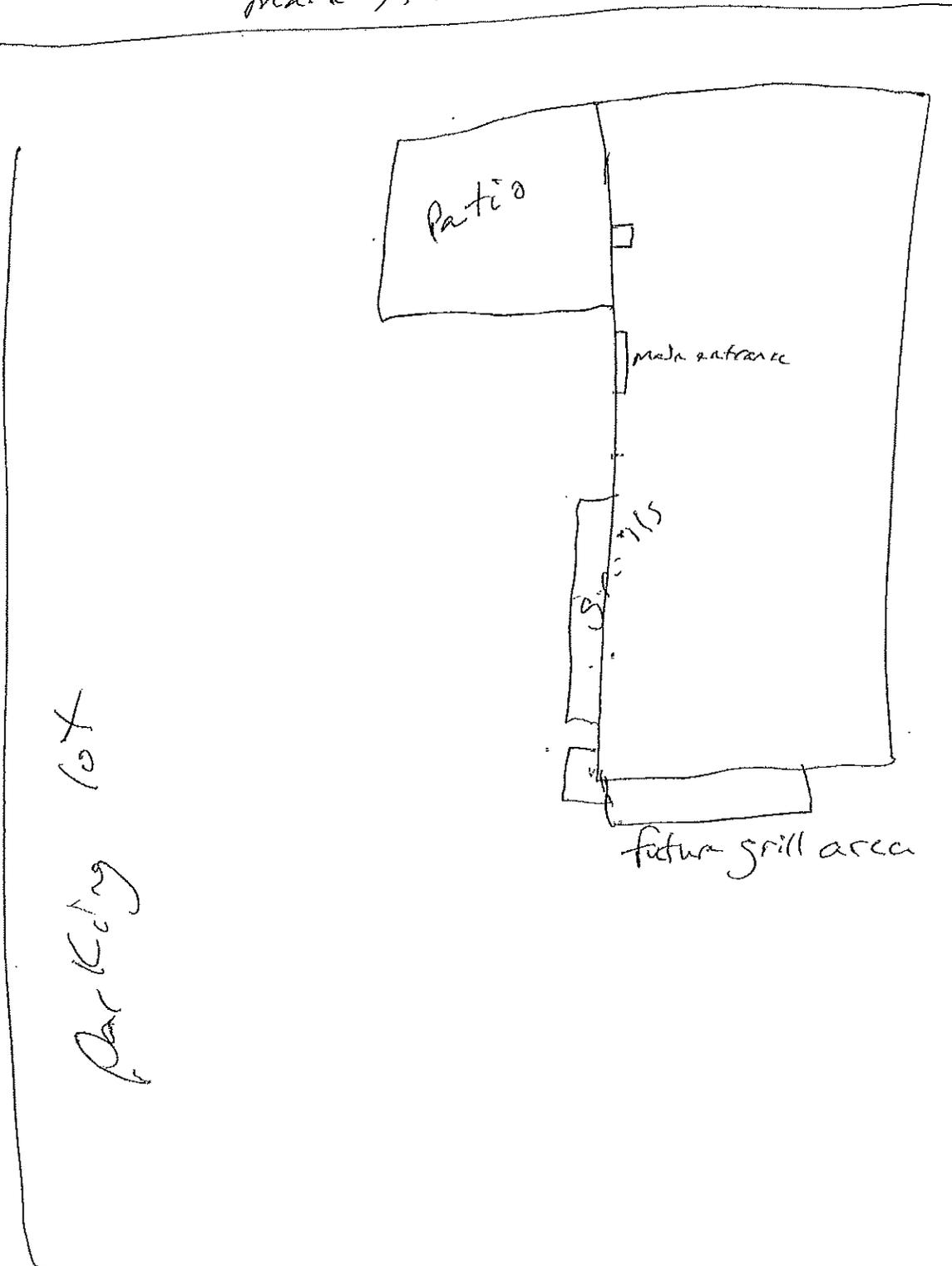
- i. The capacity of persons able to use the outdoor activity area.

32 patio, grilled area could be
around 50.

- j. Any planned increase or decrease in off street parking for the lot.

NO

Main St.



Parking lot

Patio

main entrance

stairs

future grill area

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Dave Parker

ADDRESS OF PREMISES TO BE LICENSED: 689 Broadway Berlin, WI 54923

RESIDENCE OF OWNER OR MANAGER: 405 Liffet Kellogg, WI 54970

- DESCRIPTION OF DEVICES:
1. Touch Tones Music
 2. ~~Video~~ ~~Poker~~ Video Poker
 3. Video Poker
 4. "
 5. "
 6. " Video Poker
 7. ~~Video~~ ~~Poker~~
 8. _____
 9. _____
 10. _____

DATE OF APPLICATION: 5-1-19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE



SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 BOB MORA'S LTD

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>THEODORE C BOMBINSKI</u>	<u>W 1467 DAKOTA AVE</u>	<u>BERLIN 54923</u>
Vice President/Member	<u>SHERIE A BOMBINSKI</u>	<u>"</u>	<u>"</u>
Secretary/Member	<u>SHERIE A BOMBINSKI</u>	<u>"</u>	<u>"</u>
Treasurer/Member	<u>THEODORE C BOMBINSKI</u>	<u>"</u>	<u>"</u>
Agent	<u>THEODORE C BOMBINSKI</u>	<u>"</u>	<u>"</u>

Directors/Managers

C. 1. Trade Name CLEM'S BAR Business Phone Number 920-361-0746
 2. Address of Premises 225 BROADWAY Post Office & Zip Code BERLIN 54923

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.) BASEMENT BAR & ON KITCHEN DINING PIZZA PARLOR ROOM

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Theodore C. Bombinski
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5/11/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

39-1732791

Applicant's WI Seller's Permit No.: <u>456-0000128490</u>	FEIN Number:
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class A liquor (cider only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ 300.00
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: THEODORE C. BOMBARDI

ADDRESS OF PREMISES TO BE LICENSED: 223 BROADWAY BERLIN 54923

RESIDENCE OF OWNER OR MANAGER: W1467 DAKOTA AVE BERLIN 54923

- DESCRIPTION OF DEVICES:
1. JUKE BOX
 2. POOL TABLE
 3. DART BOARD
 4. PET O SILVER
 5. WESTERN VENTURE
 6. POWER PLAYER
 7. FRUIT BONUS
 8. MAGICAL ODDS
 9. _____
 10. _____

DATE OF APPLICATION: 5/1/19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE


SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side. 6966

For the license period beginning: July 1 2019 ending: June 30 2020
(MM DD YYYY) (MM DD YYYY)

TO THE GOVERNING BODY of the: Town of
 Village
 City of BERLIN CITY OF (TAX-WI)

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Complete A or B. All must complete C.

Applicant's WI Seller's Permit No.: 456-0000208845-05		FEIN Number: 61-0852764	
LICENSE REQUESTED			
TYPE		FEE	
<input checked="" type="checkbox"/>	Class A beer	\$	100
<input type="checkbox"/>	Class B beer	\$	
<input type="checkbox"/>	Class C wine	\$	
<input checked="" type="checkbox"/>	Class A liquor	\$	300
<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	\$	
<input type="checkbox"/>	Publication fee	\$	
TOTAL FEE		\$	

257423 BERLIN CITY OF (TAX-WI) City Clerk 108 N Capron PO BOX 272 Berlin, WI 54923

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 Dolgencorp, LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 100 Mission Ridge Goodlettsville TN 37072
 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 Lawrence Joseph Gatta See Attached
 Vice President/Member Jason Reiser See Attached
 Secretary/Member _____
 Treasurer/Member _____
 Agent NICOLE GREIFENHAGEN
 Directors/Managers _____

- C.1. Trade Name Dollar General Store #6966 Business Phone Number 9203610441
2. Address of Premises 289 S CHURCH ST Post Office & Zip Code BERLIN WI 54923-2144
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.) 8235 sq ft Stand Alone Building
5. Legal description (omit if street address is given above): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been convicted of any offenses (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? If yes, complete reverse side Yes No
- b. Are charges for any offenses presently pending, (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? If yes, explain fully on reverse side Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? If yes, explain. _____ Yes No
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. _____ Yes No
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1000.



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

TO BE COMPLETED BY CLERK

Date received and if with municipal clerk <u>7/10/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. Each partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

The Officer(s) must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) **AND** AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

Members/managers must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Application must be signed where indicated on all copies in the presence of a notary public. Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

- | | |
|--------------------------|--|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| | |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| | |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

PENDING CHARGE

- | | |
|----------------------|-----------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____ |

DOLGENCORP, LLC

A manager-managed Kentucky Limited Liability Company
(Formerly known as Dolgencorp, Inc. – converted from Corporation to LLC)
Action by Written Consent dated August 31, 2017 showing the below LLC Managers

Sole Member

Dollar General Corporation

LLC Manager

Jason Reiser
Larry J. Gatta

Manager
Manager

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
REISER		JASON		SCOTT	
Home Address (street/route)		Post Office		City	
2512 BELMONT				NASHVILLE	
Home Phone Number		Age		Date of Birth	
479-366-6349		50		08/12/1968	
				State	
				TN	
				Zip Code	
				37212	
				Place of Birth	
				CT, USA	

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

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

which is making application for an alcohol beverage license.

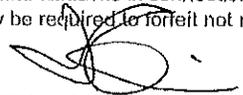
The above named individual provides the following information to the licensing authority:

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

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

Employer's Name	Employer's Address	Employed From	To
VITAMIN SHOPPE	300 Harmon Meadow Blvd Seacaucus, NJ 07094	07/01/2016	07/01/2017
Employer's Name	Employer's Address	Employed From	To
FAMILY DOLLAR	10401 Monroe Rd Matthews, NC 28105	06/01/2013	06/01/2016

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GATTA		LAWRENCE		JOSEPH	
Home Address (street/oult)		Post Office		City	
844 WINDSTONE BLVD				BRENTWOOD	
Home Phone Number		Age		Date of Birth	
615-855-4000		59		03/22/1960	
				State	
				TN	
				Zip Code	
				37027	
				Place of Birth	
				NILES, OH	

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

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

which is making application for an alcohol beverage license.

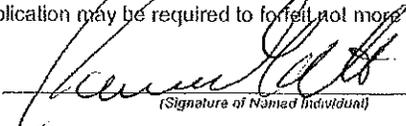
The above named individual provides the following information to the licensing authority:

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

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

Employer's Name	Employer's Address	Employed From	To
DOLLAR GENERAL CORP	100 Mission Ridge Goodlettsville, TN 37072	02/01/2009	Present
Employer's Name	Employer's Address	Employed From	To
LONG'S DRUG STORES	141 N Civic Drive Walnut Creek, CA 94596	09/01/2002	01/31/2009

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

List of Dollar General Stores For Which Lawrence Gatta and Jason Reiser Are LLC Managers					
Store	Address 1	City	State	Zip Code	Open Date
5866	2410 1ST CENTER AVE	BRODHEAD	WI	53520-1943	20051123
5871	1827 17TH AVE.	BLOOMER	WI	54724-1589	20050629
6413	1150 SERVICE RD	KIEL	WI	53042-1281	20040616
6432	1210 E MAIN ST	OMRO	WI	54963	20040616
6440	1011 E SPRUCE ST	ABBOTSFORD	WI	54405-0618	20040312
6477	1131 MARQUETTE AVE	SOUTH MILWAUKEE	WI	53172-2526	20040525
6481	2241 MAIN ST STE B	GREEN BAY	WI	54302-3743	20040513
6482	320 N MAIN ST	RIVER FALLS	WI	54022-2344	20040514
6509	991 MARQUETTE DR	KEWAUNEE	WI	54216-1772	20040715
6535	1320 W WISCONSIN AVE UNIT	APPLETON	WI	54914-3287	20040930
6554	902 W MAIN ST	WAUPUN	WI	53963-1201	20040701
6563	1152 S MILITARY AVE	GREEN BAY	WI	54304-2145	20040701
6571	905 E DIVISION ST	WAUTOMA	WI	54982-1035	20040916
6586	745 E FOND DU LAC ST	RIPON	WI	54971-9570	20041019
6588	103 BRALICK WAY	OCONTO	WI	54153-1978	20041027
6604	1102 LAWE ST	KAUKAUNA	WI	54130-1553	20040729
6627	360 S MAIN ST	CLINTONVILLE	WI	54929-1632	20041026
6637	610 S US HIGHWAY 141	CRIVITZ	WI	54114-0250	20041028
6639	105 HENRY ST	NEW LONDON	WI	54961-7509	20040930
6775	331 E CENTER ST	JUNEAU	WI	53039-1311	20040930
6861	528 E LAKE ST	LAKE MILLS	WI	53551-1607	20041111
6867	98 SWIGGUM RD	WESTBY	WI	54667-8413	20050209
6870	225 W LINCOLN ST	ADAMS	WI	53910-9460	20050630
6887	105 S 8TH ST	WATERTOWN	WI	53094-4724	20050309
6914	1231 WATER AVE	HILLSBORO	WI	54634-4308	20050506
6960	1400 IHM ST	LANCASTER	WI	53813-9442	20050713
6966	289 S CHURCH ST	BERLIN	WI	54923-2144	20050209
6972	19050 DEWEY ST	WHITEHALL	WI	54773-8525	20050812
7401	705 W 9TH ST N	LADYSMITH	WI	54848-1252	20050729
9836	2109 CAMERON ST	EAU CLAIRE	WI	54703-4947	20060607
9967	1060 E PINE ST	EAGLE RIVER	WI	54521-2075	20050825
10001	1010 COUNTRYSIDE PKWY	MONDOVI	WI	54755-5013	20060228
10015	1120 E WASHINGTON ST	WEST BEND	WI	53095-2608	20051130
10102	328 N 4TH ST	TOMAHAWK	WI	54487-1349	20050701
10109	28 RIVERSIDE SQ	PRAIRIE DU CHIEN	WI	53821-9642	20050629
10118	205 E MAIN ST	BLACK RIVER FALLS	WI	54615-1469	20060204
10132	213 JEFFERSON ST	CAMBRIDGE	WI	53523-9150	20060315
10309	951 W GRAND AVE	WISCONSIN RAPIDS	WI	54495-2606	20060228
10408	214 W COTTAGE GROVE RD	COTTAGE GROVE	WI	53527-9213	20060301
10422	951 W JAMES ST	COLUMBUS	WI	53925-1027	20060228
10517	243 S CECIL ST	BONDUEL	WI	54107-9292	20060427
10540	1014 4TH AVE S	PARK FALLS	WI	54552-1919	20060823
10595	830 GRAND AVE	SCHOFIELD	WI	54476-1118	20060926
10602	509 S MAIN ST	PARDEEVILLE	WI	53954-9119	20060919

List of Dollar General Stores For Which Lawrence Gatta and Jason Reiser Are LLC Managers

Store	Address 1	City	State	Zip Code	Open Date
10921	2579 NORTH ST	EAST TROY	WI	53120-1260	20070911
10945	205 N MAIN ST	BRILLION	WI	54110-1197	20070430
10954	701 W MAIN ST	MARSHALL	WI	53559-8982	20070430
11052	314 W BROADWAY ST	BLAIR	WI	54616-9365	20070731
11710	211 WISCONSIN AVE S	FREDERIC	WI	54837-4658	20100131
11718	619 W WARREN ST	REDGRANITE	WI	54970-9396	20091014
12489	110 PROGRESS DR	RANDOLPH	WI	53956-1451	20101010
12677	821 COPPER FALLS DR	MELLEN	WI	54546	20110724
12858	9040 N BOUNDARY RD	OLON SPRINGS	WI	54873-8100	20110711
13173	24199 STATE RD 35 70	SIREN	WI	54872	20111120
13175	1135 APPLETON RD	MENASHA	WI	54952-1905	20111217
13248	880 SPRUCE ST	BALDWIN	WI	54002-3264	20111218
13348	717 N. MAIN ST	LODI	WI	53555-1259	20120229
13463	5088 N HWY 51	MERCER	WI	54547	20120704
13775	961 MARKET ST.	NEKOOSA	WI	54457-1078	20120830
13790	309 GENESEE ST.	WITTENBERG	WI	54499	20120930
13946	412 W. NORTH ST.	PLAINFIELD	WI	54966-9296	20121017
14069	19919 WINNEBAGO ROAD	GALESVILLE	WI	54630	20130227
14302	216 BELKNAP ST	SUPERIOR	WI	54880-2964	20131030
14362	N3887 STATE RD 55	FREEDOM	WI	54130	20130728
14365	515 WALTER STREET	MAZOMANIE	WI	53560-9224	20130916
14373	830 FRENCH ST	PESHTIGO	WI	54157-1459	20130918
14377	207 N HWY 27	CADOTT	WI	54727-9300	20130704
14977	303 DOUGLAS DRIVE	BROOKLYN	WI	53521-9046	20140704
15009	510 GRANDVIEW AVENUE	CAMPBELLSPORT	WI	53010	20140813
15039	1560 15TH AVE	UNION GROVE	WI	53182-1529	20140825
15049	1520 HERITAGE BLVD.	WEST SALEM	WI	54669	20140730
15938	802 WAGNER DR	ROBERTS	WI	54023-8648	20150715
15975	200 ANN ST.	WATERLOO	WI	53594-1167	20150713
15996	121 W. 3RD ST.	OWEN	WI	54460	20150729
16020	928 240TH STREET	OSCEOLA	WI	54020	20150812
16028	614 NORTH MECHANIC STREET	ALBANY	WI	53502-9563	20150810
16447	111 E. DIVISION STREET	NEILLSVILLE	WI	54456-2148	20160207
16673	4500 FAIRGROUNDS RD	AMHERST	WI	54406	20160626
16744	229 STATE HWY 13	NEKOOSA	WI	54457-8702	20160926
16966	213 INDUSTRIAL DRIVE	MARION	WI	54950-8719	20160711
17048	700 S STATE RD 35	LUCK	WI	54853-9079	20161109
17126	603 E BRIDGE ST	NEW LISBON	WI	53950-1076	20161026
17471	715 S LAKE AVE	PHILLIPS	WI	54555-1449	20170922
17495	215 E STATE RD 70	GRANTSBURG	WI	54840	20170717
17575	110 STENCIL AVE	EDGAR	WI	54426	20170908
17613	322 WALWORTH ST	GENOA CITY	WI	53128-2173	20170503
17654	761 COMMERCIAL AVE	GREEN LAKE	WI	54941	20170215
17665	33651 US HWY 14	LONE ROCK	WI	53556-9220	20170322

List of Dollar General Stores For Which Lawrence Gatta and Jason Reiser Are LLC Managers

Store	Address 1	City	State	Zip Code	Open Date
17792	260 N MAIN ST	COCHRANE	WI	54622-7000	20170811
17883	333 PROSPECT AVENUE	NORTH FOND DU LAC	WI	54937-1466	20160810
18223	129 W FOLLETT DR	COLOMA	WI	54930	20170908
18230	1856 ANDERSON ST	THREE LAKES	WI	54562	20170818
18231	202 E ELM DR	LOYAL	WI	54446-9753	20171102
18255	8020 SOUTH 70 EAST	SAINT GERMAIN	WI	54558	20171013
18341	507 N MAIN ST	ORFORDVILLE	WI	53576	20171110
18396	N18770 US HIGHWAY 141 8	PEMBINE	WI	54156-9528	20171101
18451	9991 E CENTENNIAL RD	POPLAR	WI	54864	20171220
18463	103 S BRIDGE ST	MANAWA	WI	54949-9510	20181028
18554	5687 4TH AVE	PITTSVILLE	WI	54466-9361	20171217
18755	472 US HWY 45	BIRNAMWOOD	WI	54414	20180117
18788	1341 E MAIN ST	ARCADIA	WI	54612-3704	20190127
18814	10127 N COUNTY HIGHWAY K	HAYWARD	WI	54843-2261	20180531
18858	523 S MAIN ST	NESHKORO	WI	54960	20180528
18894	7513 STATE HWY 51	MINOCQUA	WI	54548	20180128
18984	16894 W 3RD ST N	STONE LAKE	WI	54876	20180613
19038	6499 N RIVERSIDE DR	JANESVILLE	WI	53546	20181017
19323	102 E NORTHLAND AVE	APPLETON	WI	54911-2125	20170901
19380	211611 STATE HIGHWAY 97	STRATFORD	WI	54484-4328	20180719
19382	1619 ACADEMY ST	ELROY	WI	53929-1018	20180613
19383	425 HAGEN ST	CASHTON	WI	54619-8031	20180826
19452	504 S HAMMOND ST	MERRILLAN	WI	54754	20180802
19533	7447 MAIN ST	DANBURY	WI	54830-8413	20180730
19724	741 PINE ST	ATHENS	WI	54411-9305	20181031
19877	710 W ARTHUR AVE	BRUCE	WI	54819-9452	20190113
19970	N11133 HWY 45	ELCHO	WI	54428	20181130
19998	733 W STATE ST	FOX LAKE	WI	53933	20181216
20022	205 N GRAND AVE	EMBARRASS	WI	54933	20190211

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
GREIFENHAGEN		NICOLE		K	
Home Address (street/route)		Post Office	City	State	Zip Code
636 8TH ST			REEDSBURG	WI	53959
Home Phone Number		Age	Date of Birth	Place of Birth	
615-855-4000		37	01/08/1982	ARIZONA	

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

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

which is making application for an alcohol beverage license.

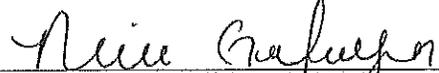
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 35+ YRS
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. AGENT OF SEE ATTACHED LIST
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify.
(Name of Wholesale Licensee or Permittee) (Address By City and County)

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

Employer's Name	Employer's Address	Employed From	To
DOLLAR GENERAL CORP	GOODLETTSVILLE, TN 37072	07/02/2016	PRESENT
Employer's Name	Employer's Address	Employed From	To
TORRID LLC	210 GASSER RD, BARABOO, WI	06/20/2015	07/01/2016

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


 (Signature of Named Individual)

Store	Address 1	City	State	Zip Code	Agent	Open Date
6432	1210 E MAIN ST	OMRO	WI	54963	NICOLE GREIFENHAGEN	20040616
6571	905 E DIVISION ST	WAUTOMA	WI	54982-1035	NICOLE GREIFENHAGEN	20040916
6586	745 E FOND DU LAC ST	RIPON	WI	54971-9570	NICOLE GREIFENHAGEN	20041019
6966	289 S CHURCH ST	BERLIN	WI	54923-2144	NICOLE GREIFENHAGEN	20050209
11718	619 W WARREN ST	REDGRANITE	WI	54970-9396	NICOLE GREIFENHAGEN	20091014
13946	412 W. NORTH ST.	PLAINFIELD	WI	54966-9296	NICOLE GREIFENHAGEN	20121017
16673	4500 FAIRGROUNDS RD	AMHERST	WI	54406	NICOLE GREIFENHAGEN	20160626
17654	761 COMMERCIAL AVE	GREEN LAKE	WI	54941	NICOLE GREIFENHAGEN	20170215
18223	129 W FOLLETT DR	COLOMA	WI	54930	NICOLE GREIFENHAGEN	20170908
18858	523 S MAIN ST	NESHKORO	WI	54960	NICOLE GREIFENHAGEN	20180528

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

Submit to municipal clerk.

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

To the governing body of: Town Village of Berlin County of Green Lake
 City

The undersigned duly authorized officer(s)/members/managers of Dolgencorp, LLC
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Dollar General Store # 6966
(trade name)

located at 289 Schuch St

appoints NICOLE GREIFENHAGEN
(name of appointed agent)
636 8TH ST REEDSBURG WI 53959-1226
(home address of appointed agent)

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

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

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

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 35+ YRS

Place of residence last year REEDSBURG, WI

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

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

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

ACCEPTANCE BY AGENT

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

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

[Signature] 3-17-19 Agent's age 37
(signature of agent) (date)
636 8TH ST REEDSBURG WI 53959-1226 Date of birth 01/08/1982
(home address of agent)

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

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

Approved on _____ by _____ Title _____
(date) (signature of proper local official) (town chair, village president, police chief)

July - June 06/30/20
**Application for Cigarette and Tobacco
 Products Retail License**

MUNICIPAL USE ONLY

6966

Submit to municipal clerk. **25.00**

257423 BERLIN CITY OF (TAX-WI) City Clerk
 108 N Capron PO BOX 272 Berlin, WI 54923

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000208845-05

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

License Number	
Period Covered	JULY 1 2019-JUNE 30 2020
Date of Issuance	
Federal Employer Identification No. (FEIN)	61-0852764
Telephone Number	9203610441
Business Telephone	(615) 855-4000
County	GREEN LAKE
State	TN
ZIP Code	37072

Legal Name (corporation, limited liability company, partnership or sole proprietorship)			Federal Employer Identification No. (FEIN)		
DOLGENCORP, LLC			61-0852764		
Trade or Business Name (if different than Legal Name)			Telephone Number		
DOLLAR GENERAL STORE #6966			9203610441		
Business Address (License Location)			Business Located In		
289 S CHURCH ST			City Village Town <input type="checkbox"/> BERLIN CITY OF (TAX-WI) City Clerk 108 <input type="checkbox"/> N Capron PO BOX 272 Berlin, WI 54923		
City	State	ZIP Code	County		
BERLIN	WI	54923-2144	GREEN LAKE		
Mailing Address (if different than Business Address)			City	State	ZIP Code
100 MISSION RIDGE APTN: TAX/LICENSING			GOODLETTSVILLE	TN	37072

Organization (check one)

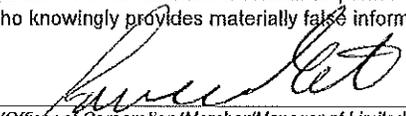
- Sole Proprietor
 Partnership
 Other (describe) **Out of State Limited Liability Company registered to do business in Wisconsin**
 Wisconsin Corporation -- Enter date incorporated: _____
 Out-of-State Corporation -- Are you registered to do business in Wisconsin?

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 Izzy's Dockside Diner LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) _____
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Alex Jecovicus</u>	<u>N470 County Rd XX Berlin</u>	<u>54923</u>
Vice President/Member	<u>Christopher Michael Jecovicus</u>	<u>N470 County Rd XX Berlin</u>	<u>54923</u>
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

C. 1. Trade Name Izzy's Dockside Diner Pub Business Phone Number 920-361-7693
 2. Address of Premises 180 Broadway, Berlin Post Office & Zip Code 54923

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, Pub, Patio, Parkinglot
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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/22/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No. FEIN Number: 456-1028/14067802/ 446-234/8353

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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
2. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY
3. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____	WHERE CONVICTED _____
DATE _____ PENALTY _____	<input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY

PENDING CHARGE

1. NAME _____	STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____	DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Chris / Aishe Jeevich

ADDRESS OF PREMISES TO BE LICENSED: 186 Broadway St. Berlin

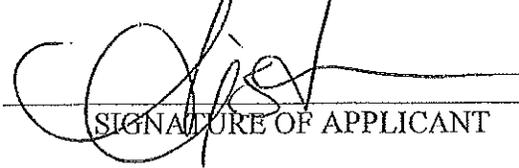
RESIDENCE OF OWNER OR MANAGER: N470 County Rd XX, Berlin

- DESCRIPTION OF DEVICES:
1. game machine
 2. game machine
 3. game machine
 4. game machine
 5. game machine
 6. dart board
 7. pool table
 8. lake box
 9. pinball machine
 10. golf machine

DATE OF APPLICATION: 4/19/19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE


SIGNATURE OF APPLICANT

Permit Application
Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1. The name and address of the applicant, which must match the name and address stated on the applicant's corresponding alcohol beverage license.

Name: Aishe Jecenicus

Address: N470 County Rd XX, Berlin

2. The address of the premises upon which the outdoor activity area is located, which must match the address of the premises stated on the applicant's corresponding alcohol beverage license.

Address: 186 Broadway St. Berlin

3. A description of the proposed outdoor activity area, which shall, at a minimum, include the following information:

- a. A description of all intended activities to occur in the outdoor activity area.

Anniversary Celebration, Steak fry, Pig Roast, Beer garden, deck, live music, entertainment

- b. A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.

Anniversary Celebration, steak fry, pig roast

- c. Proposed hours that the outdoor activity area will be open for use.

12:00 noon - 12:00 midnight

- d. A description of any sound amplification devices intended to be used in the outdoor activity area.

live music, DJ, Radio Station, TV

- e. A description of all lighting intended to be used in the outdoor activity area.

Band equipped lights, parking lot lights

- f. A description of all efforts planned to be taken to mitigate the potential for unwanted light or sound to travel to neighboring properties. The common council may require the applicant to present technical drawings or plans of the sound and lighting system as part of the application.

no immediate neighbors but will keep volume at reasonable level

- g. A description of all efforts planned to be taken to mitigate the possibility of unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special policies to be implemented (such as utilizing extra security personnel).

extra staff, fenced in area, wrist bands ect.

- h. A description of all efforts planned to be taken to keep the outdoor activity area clean.

Extra staff on hand, extra garbage containers cleaning during and after

- i. The capacity of persons able to use the outdoor activity area.

up to 200 people

- j. Any planned increase or decrease in off street parking for the lot.

Increase in off street parking due to more customers and use of parking lot for customers

Broadway

102'

Parking Lot

Berlin
Family
Restaurant

Fox River

Commercial Street

~~Parking lot 189'~~

~~Fenced Area for
Events~~

Bar

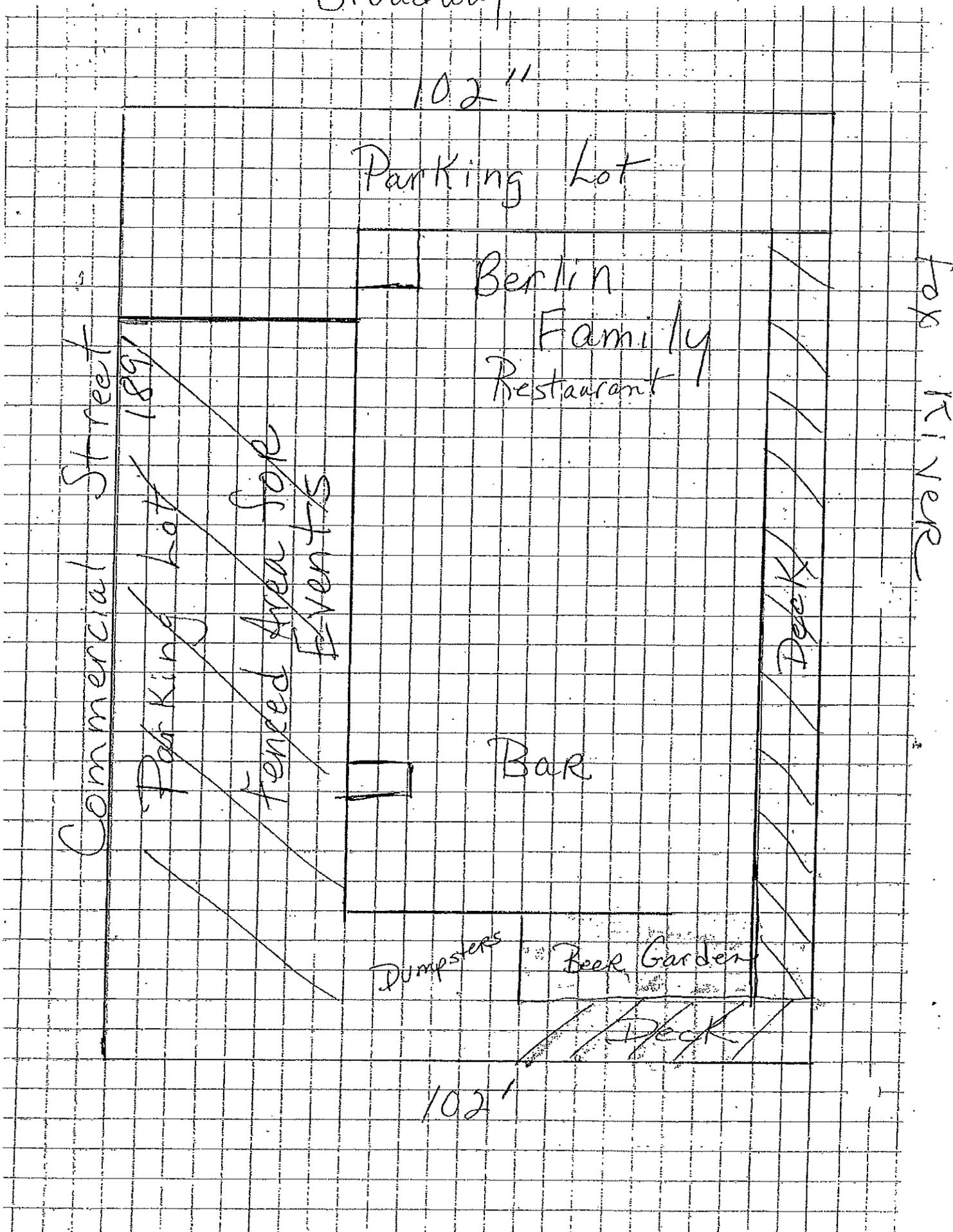
~~Deck~~

Dumpsters

Beer Garden

~~Deck~~

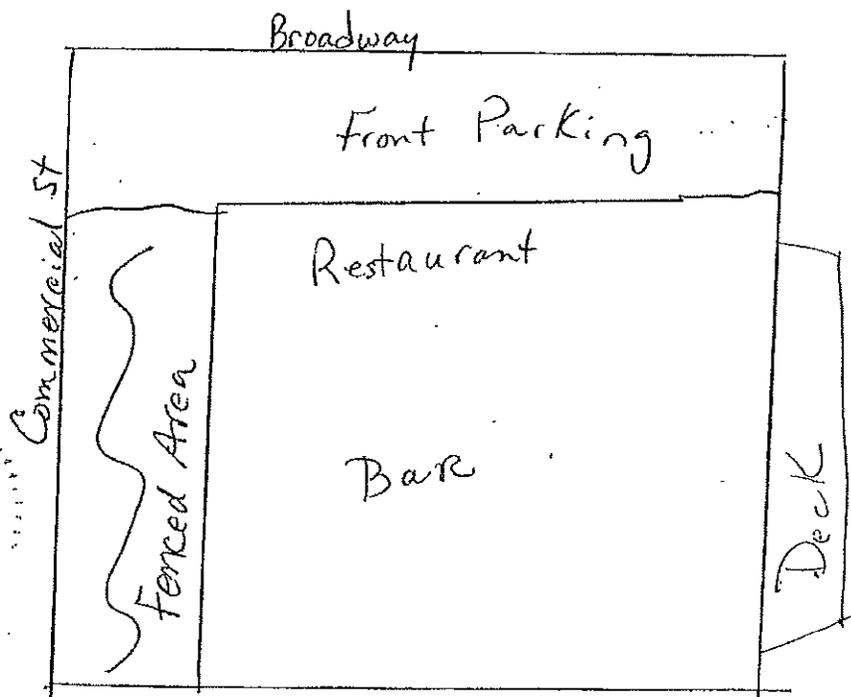
102'



4). Fenced In Area in Parking Lot for Events:

Example - Pig Roast.

- Steak Fry
- Anniversary Party
- Birthday/Graduation Party - Other Private Events



Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 JEFF'S "ON THE SQUARE" LLC
 Address of Corporation/Limited Liability Company (if different from licensed premises) 116 N. CAPRON ST BERLIN, WI 54923
 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 JEFFERY M. BENDING 535 VAN HORN ST BERLIN, WI 54923
 Vice President/Member JUDITH A. BENDING SAME SAME
 Secretary/Member _____
 Treasurer/Member _____
 Agent JEFFERY M. BENDING
 Directors/Managers _____

C. 1. Trade Name JEFF'S ON THE SQUARE LLC Business Phone Number 920-361-4847
 2. Address of Premises 116 N. CAPRON ST Post Office & Zip Code BERLIN, WI 54923

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Jeffery M. Bending
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/12/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>456-000006387-01</u>	<u>391979395</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07/01/2019 ending: 06/30/2020
(MM DD YYYY) (MM DD YYYY)

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

County of Green Lake 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 54602-2107
 All Officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	President, Donald Paul Zietlow	2802 Bergamot Pl.	Onalaska, WI 54650
Vice President/Member			
Secretary/Member			
Treasurer/Member	Treasurer, Jeffrey James Wrobel	3633 Bentwood Pl.	La Crosse, WI 54601
Agent	Andrew James Tessaro	121 Park Ln., Berlin, WI 54823	
Directors/Managers	Donald P. Zietlow		

C. 1. Trade Name KWIK TRIP 777 Business Phone Number 920/361-4957
 2. Address of Premises 270 Broadway Post Office & Zip Code Berlin, 54923

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 walk-in cooler 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 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. Asst Sec Mark Zietlow removed as officer Jan 2019 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 (808) 286-2776) 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Donald P. Zietlow
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>7/10/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's Wisconsin Permit No. (FEIN Number): <u>468-0000297614-03</u> <u>39-1036365</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ <u>100</u>
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ <u>300</u>
<input type="checkbox"/> Class A liquor (older 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	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000287614-03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) KWIK TRIP, INC.			Federal Employer Identification No. (FEIN) 39-1036365	
Trade or Business Name (if different than Legal Name) KWIK TRIP 777			Telephone Number (608)793-6262	
Business Address (License Location) 270 BROADWAY		Business Located In <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920)361-4957
Municipality BERLIN	State WI	Zip Code 54923	of: BERLIN CITY OF County GREEN LAKE	
Mailing Address (if different than Business Address) PO BOX 2107		Municipality LA CROSSE	State WI	Zip Code 54602-2107

Organization (check one)

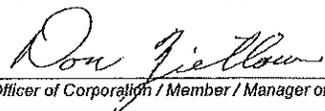
- Sole Proprietor Wisconsin Corporation -- Enter date incorporated: 10/07/1964
- Partnership Out-of-State Corporation -- Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

456-102819923602

Applicant's WI Seller's Permit No.:	FEIN Number:
	<u>90-0921656</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Complete A or B. All must complete C.

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

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

Title	Name (Inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	<u>Aidee Lopez</u>	<u>312 Ripon Rd Berlin, WI</u>	<u>54923</u>
Vice President/Member	<u>Jessica Rivera</u>	<u>115K North Wisconsin St Berlin, WI</u>	
Secretary/Member			
Treasurer/Member			
Agent	<u>Aidee Lopez</u>		
Directors/Managers			

C. 1. Trade Name Las Brasas Business Phone Number (920) 361-0821
 2. Address of Premises 215 Ripon Rd. Berlin, WI Post Office & Zip Code WI 54923

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 alcohol is stored. Bar area & office on back
5. Legal description (omit if street address is given above): Coolers, Serv Bar Dining Room & upstairs meeting 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/30/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

#4 Continued. Parking lot for special occasions & smoking area off back of bar.

CONVICTIONS

- | | |
|--------------------------|--|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

PENDING CHARGE

- | | |
|----------------------|-----------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____ |

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Aidee Lopez

ADDRESS OF PREMISES TO BE LICENSED: 215 Ripon Rd Berlin WI 54923

RESIDENCE OF OWNER OR MANAGER: 312 Ripon Rd Berlin, WI 54923

- DESCRIPTION OF DEVICES:
1. Penny Machine
 2. Penny Machine
 3. Penny Machine
 4. Penny Machine
 5. Juke box
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

DATE OF APPLICATION: 4/30/19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Aidee Lopez
SIGNATURE OF APPLICANT

Permit Application
Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1. The name and address of the applicant, which must match the name and address stated on the applicant's corresponding alcohol beverage license.

Name: Lopez Restaurants DOA Las Brasas Aideo Lopez
Address: 312 Ripon Rd. Berlin, WI 54923

2. The address of the premises upon which the outdoor activity area is located, which must match the address of the premises stated on the applicant's corresponding alcohol beverage license.

Address: 215. Ripon Rd Berlin, WI 54923

3. A description of the proposed outdoor activity area, which shall, at a minimum, include the following information:

- a. A description of all intended activities to occur in the outdoor activity area.

CINCO DE MAYO Party
Anniversary Party

- b. A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.

Live Band

- c. Proposed hours that the outdoor activity area will be open for use.

From. 4-9 pm

- d. A description of any sound amplification devices intended to be used in the outdoor activity area.

speakers, lights

e. A description of all lighting intended to be used in the outdoor activity area.

Band May bring own equipment

f. A description of all efforts planned to be taken to mitigate the potential for unwanted light or sound to travel to neighboring properties. The common council may require the applicant to present technical drawings or plans of the sound and lighting system as part of the application.

g. A description of all efforts planned to be taken to mitigate the possibility of unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special policies to be implemented (such as utilizing extra security personnel).

We will have Fence wrist Band's and staff outside taking care of the area

h. A description of all efforts planned to be taken to keep the outdoor activity area clean.

Large garbage cans & staff picking up after customers.

i. The capacity of persons able to use the outdoor activity area.

50 ppl

j. Any planned increase or decrease in off street parking for the lot.

NO

4. A scale drawing shall accompany each application, showing all of the following:
 - a. The proposed size of the outdoor activity area.
 - b. The proposed location on the lot and dimensional relationship to the principal structure and all other existing improvements.
 - c. All boundary lines of the subject lot, and the dimensional relationship of such boundaries to each lot line.
 - d. Proposed locations of prominent fixtures intended for the outdoor activity area, including but not limited to, bars or serving areas, restrooms, entrances and exits, music amplification devices, stages, dancing areas, eating areas, sporting activity areas, sporting activity apparatus, and gaming device areas.
5. A nonrefundable annual fee to cover the costs of processing and investigation of the application. The fee amount for each type of permit shall be according to the fee schedule on file in the clerk-treasurer's office, which may be changed from time to time by resolution of the common council.

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 CHEEMA & CHEEMA LLC

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

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

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

President/Member PRABHPREETS CHEEMA 538 ANN CT. BERLIN WI 54923

Vice President/Member INDERJEET CHEEMA

Secretary/Member _____

Treasurer/Member _____

Agent INDERJEET CHEEMA

Directors/Managers _____

C. 1. Trade Name MALCHETSKE ON BROADWAY Business Phone Number 920-361-3711

2. Address of Premises 265 BROADWAY ST. Post Office & Zip Code BERLIN WI 54923

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.) 3600 SQ FT. DISPLAY + 3600 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 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. 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Prabhpreet Cheema

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

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

Applicant's WI Seller's Permit No.: FEIN Number: <u>456000201840502</u> <u>201473138</u>	
LICENSE REQUESTED	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 300.00
<input type="checkbox"/> Class 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	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
600-0002018405-01

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) CHEEMA CHEEMA LLC			Federal Employer Identification No. (FEIN) 20-1473738	
Trade or Business Name (if different than Legal Name) MALSHETSKEP ON BROADWAY			Telephone Number (920) 229-4851 cell	
Business Address (License Location) 265 BROADWAY ST		Business Located in <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 361-3711
Municipality BERLIN	State WI	Zip Code 54923	County GREEN LAKE	
Mailing Address (if different than Business Address)		Municipality	State WI	Zip Code 54923

Organization (check one)

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

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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
Day Patricia Diane 9041 Timberlane Rd Woodruff, WI 54568

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

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

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

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

C.1. Trade Name ▶ Misty Inn Business Phone Number 920-361-4497

2. Address of Premises ▶ 221 Broadway St. Post Office & Zip Code ▶ Berlin, WI 54923

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.) First floor and Basement

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/23/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: FEIN Number: <u>456-10245297 No. 03 47-48512</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Patricia D. Day

ADDRESS OF PREMISES TO BE LICENSED: 221 Broadway St. Berlin, WI 54923

RESIDENCE OF OWNER OR MANAGER: 904 Timberlane Rd. Woodruff, WI 54568

- DESCRIPTION OF DEVICES:
1. Dart Board
 2. Pool Table
 3. Juke Box
 - * 4. 5 Titan Touch machines
 5. Wis. Master pull-tab machine
 6. Silver City Machine
 7. _____
 8. _____
 9. _____
 10. _____

DATE OF APPLICATION: 4/23/2019

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE

Patricia D. Day
SIGNATURE OF APPLICANT

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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) Vandre Mark R. Home Address 114 N. Capron St Post Office & Zip Code Berlin WI 54923

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

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

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

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

C. 1. Trade Name ▶ Rendezvous Business Phone Number 920-361-4437

2. Address of Premises ▶ 114 N. Capron St Post Office & Zip Code ▶ 54923 Berlin WI

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, Basement, Patio

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark R. Vandre
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/15/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Mark R. Vandave

ADDRESS OF PREMISES TO BE LICENSED: 114 N. Capron St

RESIDENCE OF OWNER OR MANAGER: 114 N. Capron St

- DESCRIPTION OF DEVICES:
1. Pool Table
 2. Juke Box
 3. Video
 4. Video
 5. Video
 6. Video
 7. Video
 8. Dart Board
 9. _____
 10. _____

DATE OF APPLICATION: 4-15-19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE


SIGNATURE OF APPLICANT

Permit Application
Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

1. The name and address of the applicant, which must match the name and address stated on the applicant's corresponding alcohol beverage license.

Name: Mark R Vandre

Address: 114 N. Capron St

2. The address of the premises upon which the outdoor activity area is located, which must match the address of the premises stated on the applicant's corresponding alcohol beverage license.

Address: 114 N. Capron St.

3. A description of the proposed outdoor activity area, which shall, at a minimum, include the following information:

- a. A description of all intended activities to occur in the outdoor activity area.

Sitting Talking Smoking, Drinking, Relaxing in the sun.

- b. A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.

N/A

- c. Proposed hours that the outdoor activity area will be open for use.

11:00 AM - Close

- d. A description of any sound amplification devices intended to be used in the outdoor activity area.

None

e. A description of all lighting intended to be used in the outdoor activity area.

Neon Beer Sign, Amber bug light

f. A description of all efforts planned to be taken to mitigate the potential for unwanted light or sound to travel to neighboring properties. The common council may require the applicant to present technical drawings or plans of the sound and lighting system as part of the application.

N/A

g. A description of all efforts planned to be taken to mitigate the possibility of unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special policies to be implemented (such as utilizing extra security personnel).

Wood & Iron Fence w/ gate
Security Camera w/ monitor in bar

h. A description of all efforts planned to be taken to keep the outdoor activity area clean.

I clean the bar inside & out daily

i. The capacity of persons able to use the outdoor activity area.

10-15 people

j. Any planned increase or decrease in off street parking for the lot.

No

4. A scale drawing shall accompany each application, showing all of the following:
 - a. The proposed size of the outdoor activity area.
 - b. The proposed location on the lot and dimensional relationship to the principal structure and all other existing improvements.
 - c. All boundary lines of the subject lot, and the dimensional relationship of such boundaries to each lot line.
 - d. Proposed locations of prominent fixtures intended for the outdoor activity area, including but not limited to, bars or serving areas, restrooms, entrances and exits, music amplification devices, stages, dancing areas, eating areas, sporting activity areas, sporting activity apparatus, and gaming device areas.

5. A nonrefundable annual fee to cover the costs of processing and investigation of the application. The fee amount for each type of permit shall be according to the fee schedule on file in the clerk-treasurer's office, which may be changed from time to time by resolution of the common council.

Fox Lane

Patio (Permit)

7' 1/2" A

North
↓



~ Approx 3 ft

City Hall

144 W. Capron St

22 ft

CAPRON ST.

Jeffs in the Square
99 ft

82-5055879

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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
Cloyd, Lindy Danielle N619 24th Ave Neshkoro, WI 54960

B. Full Name of Corporation/Nonprofit Organization/Limited Liability Company Riverside Coffee Company, LLC
Address of Corporation/Limited Liability Company (if different from licensed premises) 170 W. Huron St Berlin, WI 54923

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 Lindy Danielle Cloyd N619 24th Ave Neshkoro, WI 54960
Vice President/Member _____
Secretary/Member _____
Treasurer/Member _____
Agent Benjamin James Cloyd N619 24th Ave Neshkoro, WI 54960
Directors/Managers _____

C. 1. Trade Name Riverside Coffee Company Business Phone Number 920-390-3303

2. Address of Premises 170 W. Huron Berlin, WI 54923 Post Office & Zip Code 54923

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.) 170 W. Huron, Berlin, WI 54923

5. Legal description (omit if street address is given above): stored in under counter cooler and served on first floor.

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

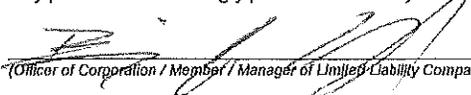
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? If not, explain. Yes No

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>5-2-19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: FEIN Number: <u>456103025121804</u>	
LICENSE REQUESTED	
TYPE	FEE
<input type="checkbox"/> Class A beer	\$
<input checked="" type="checkbox"/> Class B beer	\$ 100.00
<input checked="" type="checkbox"/> Class C wine	\$ 100.00
<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	\$
TOTAL FEE	\$

Permit Application Outdoor Activity Areas at Alcohol Beverage Licensed Establishments

Permit application requirements. All outdoor activity area permit applications shall include the following:

- 1. The name and address of the applicant, which must match the name and address stated on the applicant's corresponding alcohol beverage license.

Name: Lindy Cloyd

Address: N619 24th Ave Neshkoro, WI 54960

- 2. The address of the premises upon which the outdoor activity area is located, which must match the address of the premises stated on the applicant's corresponding alcohol beverage license.

Address: 170 W. Huron St Berlin, WI 54923

- 3. A description of the proposed outdoor activity area, which shall, at a minimum, include the following information:

- a. A description of all intended activities to occur in the outdoor activity area.

The outside patio area will be for seating around beside the river. Customers will enjoy coffee drinks, beer and wine

- b. A description of all plans for live or recorded entertainment proposed to occur in the outdoor activity area.

A couple times per month, during the afternoon, we plan to have music performed outside.

- c. Proposed hours that the outdoor activity area will be open for use.

we plan to have music during the afternoon on Saturdays

- d. A description of any sound amplification devices intended to be used in the outdoor activity area.

we will use a small PA

- e. A description of all lighting intended to be used in the outdoor activity area.

We have no current plans of lighting but in the future we may use string lights for ambiance.

- f. A description of all efforts planned to be taken to mitigate the potential for unwanted light or sound to travel to neighboring properties. The common council may require the applicant to present technical drawings or plans of the sound and lighting system as part of the application.

We intend to keep any amplified music at a low level reaching only the patio area.

- g. A description of all efforts planned to be taken to mitigate the possibility of unauthorized underage persons gaining access to the premises, including any special devices to be used (such as, fencing or security cameras) and any special policies to be implemented (such as utilizing extra security personnel).

Any alcohol sales will be inside. Underage individuals will be monitored by staff and all customers looking to purchase alcohol will be ID'd.

- h. A description of all efforts planned to be taken to keep the outdoor activity area clean.

Staff will maintain the outdoor activity area including sweeping and cleaning any garbage or spills on the patio.

- i. The capacity of persons able to use the outdoor activity area.

The total capacity will be approx. 20-25 individuals.

- j. Any planned increase or decrease in off street parking for the lot.

There may be a slight increase of off street parking during events.

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 ▶ Berlin Oil Products Inc
 Address of Corporation/Limited Liability Company (if different from licensed premises) ▶ 713 Broadway Berlin
 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>BARRY A RODENSAI</u>	<u>W 2189 DAKOTA AVE</u>	<u>Berlin 54923</u>
Vice President/Member	<u>GLORIA M RODENSAI</u>	<u>W 2189 DAKOTA</u>	<u>Berlin 54923</u>
Secretary/Member	<u>Kim L Lehr</u>	<u>W 3806 CTY E</u>	<u>Redgranite 54970</u>
Treasurer/Member			
Agent ▶			
Directors/Managers			

C.1. Trade Name ▶ Shell on Broadway Business Phone Number 920-361-4060

2. Address of Premises ▶ 703 Broadway Post Office & Zip Code ▶ Berlin 54923

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

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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Kim Lehr

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/12/19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>456000026752303</u> FEIN Number: <u>39-0985552</u>	
LICENSE REQUESTED ▶	
TYPE	FEE
<input checked="" type="checkbox"/> Class A beer	\$ 100.00
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Class C wine	\$
<input checked="" type="checkbox"/> Class A liquor	\$ 300.00
<input type="checkbox"/> Class 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	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
 456-0000267523-03

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Berlin Oil Products Inc			Federal Employer Identification No. (FEIN) 39-0985552		
Trade or Business Name (if different than Legal Name) Shell ON BROADWAY			Telephone Number (920) 361-4393		
Business Address (License Location) 703 Broadway		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town		Business Telephone (920) 361-4060	
Municipality Berlin	State WI	Zip Code 54923	of: Berlin	County Green Lake	
Mailing Address (if different than Business Address) 713 Broadway			Municipality Berlin		State Zip Code WI 54923

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 6-20-1961
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Karin Lehr

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

Original Alcohol Beverage Retail License Application

Submit to municipal clerk.

For the license period beginning July 1 20 19
 ending July 31 ~~June 30~~ 20 20

TO THE GOVERNING BODY of the: Town of } Berlin, WI
 Village of }
 City of }

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

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): The Art Bar, 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 (Last, First, M.I.)	Home Address	Post Office & Zip Code
President/Member	<u>Member Braesch, Janet, L</u>	<u>217 E. Park Ave, Berlin, WI</u>	<u>54923</u>
Vice President/Member	<u>Bader, Richard, K</u>	<u>W2640 Archer Ave, Pine River, WI</u>	<u>54965</u>
Secretary/Member	<u>Onuchinski, Michelle, A</u>	<u>1316 Pierce, Berlin, WI</u>	<u>54923</u>
Treasurer/Member	<u>Macknick, David</u>	<u>1316 Pierce, Berlin, WI</u>	<u>54923</u>

Agent _____

Directors/Managers

3. Trade Name The Art Bar & Boutique Business Phone Number 312-218-3878

4. Address of Premises 114 W. Huron Street, Post Office & Zip Code Berlin, WI 54923

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 WI and date 4/8/19 of registration.

- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? Yes No

- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? Yes No

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

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

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? _____

12. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? (phone 1-877-882-3277). 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 signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees 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, or one member of a partnership applicant must sign; one corporate officer, one member/manager 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.

[Signature] April 10, 2019
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/24/19</u>	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

#5.) Janet L. Braesch, Richard K. Bedek &
Michelle A. Omichinski will be enrolling/completing
the responsible beverage server training
course ~~upon~~ before the opening of the
establishment - set to open Sept. 2019.

#9.) The first floor of 114 W. Huron will
be where alcoholic beverages are served
and stored. Also the basement will
be used for storing.

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

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

CHECK ONE Individual Partnership Limited Liability Company
 Corporation/Nonprofit Organization

Applicant's WI Seller's Permit No.: 456-1020028180-05		FFIN Number: 71-0862119
LICENSE REQUESTED		
TYPE	FEE	
<input checked="" type="checkbox"/> Class A beer	\$ 100.00	
<input type="checkbox"/> Class B beer	\$	
<input type="checkbox"/> Class C wine	\$	
<input checked="" type="checkbox"/> Class A liquor	\$ 300.00	
<input type="checkbox"/> Class 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	\$	

Complete A or B. All must complete C.

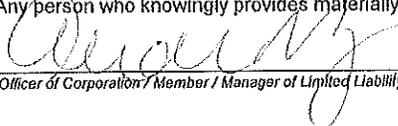
A. Individual or Partnership:
 Full Name(s) (Last, First and Middle Name) Home Address Post Office & Zip Code
 ▶ WAL-MART STORES EAST, LP 702 SW 8TH ST., LICENSING DEPT. 8916 BENTONVILLE, AR 72716-0500

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 ▶ TODD JANZEN
 Directors/Managers SEE LIST ATTACHED

C.1. Trade Name ▶ WALMART #1727 Business Phone Number (920) 361-1600
 2. Address of Premises ▶ 861 COUNTY ROAD F Post Office & Zip Code ▶ BERLIN, WI 54923

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 RM., 1 STORY, APPROX. 102,773 SQ. FT.
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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

TO BE COMPLETED BY CLERK		
Date received and filed with municipal clerk <u>4/26/2019</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
PENDING CHARGE _____ DATE _____

WAL-MART STORES EAST, LP
Renewal Alcohol Beverage License Application

Response to Item B:

<u>Title</u>	<u>Name</u>	<u>Home Address</u>
President and CEO	VACANT	
Senior Vice President and Chief Ethics and Compliance Officer	Cynthia Petersen Moehring	2908 Red Fox Ridge Bentonville, AR 72712
Treasurer	Matthew W. Allen	3 South Beau Chene Lane Rogers, AR 72758
Assistant Secretary	Andrea Marie Lazenby	9984 Philpott Road Bentonville, AR 72712

The above officers/directors own less than 1% of the stock of Wal-Mart Stores, Inc., a public corporation.

The above officers/directors are those designated with authority for all licensing matters and serve in the capacity as listed above for Wal-Mart Stores, Inc., Wal-Mart Stores East, Inc., Wal-Mart Stores East, LP, Wal-Mart Louisiana, LLC and Wal-Mart Stores Texas, LLC.

WSE Management, LLC and WSE Investment LLC own the limited and general partnership interests in Wal-Mart Stores East, LP.

WSE Management, LLC	General Partner	1%
WSE Investment LLC	Limited Partner	99%

Response to Item C.6.a:

From time to time, Walmart and its affiliated entities have had minor convictions for violations of laws related to such things as sales of alcoholic beverages or tobacco to minors, invoicing issues, and similar minor violations. Such convictions have resulted in various administrative or regulatory penalties. Any assessed orders or sanction have been complied with, satisfied or settled.

Wal-Mart Stores Inc. pled guilty to a misdemeanor under the Clean Water Act as well as the Federal Insecticide Fungicide Rodenticide Act. Neither of the misdemeanors involves a crime of moral turpitude or a crime relating to the license(s) at issue.

Additionally, as disclosed in its public filings, lawsuits relating to alleged violations of the U.S. Foreign Corrupt Practices Act and other alleged crimes or misconduct in connection with foreign subsidiaries including Wal-Mart de Mexico, S.A.B. de C.V. ("Walmex") and whether prior allegations of such violations and/or misconduct were appropriately handled by Walmart have been filed by several of Walmart's shareholders against it, its current directors, certain of its former directors, certain of its current and former officers and certain of Walmex's current and former officers. Walmart is assessing and responding to the shareholder lawsuits, and its internal investigation and review are on-going.

Response to Item C.6.b:

Wal-Mart Stores, Inc. directly and through its subsidiaries, operates numerous retail stores and clubs. Walmart holds licenses to sell alcoholic beverages in many of its retail outlets. From time to time, Walmart has been charged with minor violations related to such things as sales of alcoholic beverages to minors, invoicing issues, and similar minor violations that have resulted in administrative or regulatory action. Any assessed orders or sanction have been complied with, satisfied or settled.

WAL-MART STORES EAST, LP
ATTACHMENT TO ALCOHOL BEVERAGE LICENSE APPLICATION

Store #	Store Address	City	Zip	License Type	County
802	300 6TH AVE WEST	MONROE	53566	Beer/Wine/Liquor	Green County
847	601 E LEFFLER ST	DODGEVILLE	53533	Beer/Wine/Liquor	Iowa County
882	38020 US HIGHWAY 18	PRAIRIE DU CHIEN	53821	Beer/Wine/Liquor	Crawford County
910	201 S EDWARDS BLVD	LAKE GENEVA	53147	Beer/Wine/Liquor	Walworth County
958	1800 PROGRESSIVE PKWY	PLATTEVILLE	53818	Beer/Wine/Liquor	Grant County
965	222 W MCCOY BLVD	TOMAH	54660	Beer/Wine/Liquor	Monroe County
971	1133 N MAIN ST	VIROQUA	54665	Beer/Wine/Liquor	Vernon County
979	1600 W Wisconsin St	Sparta	54656	Beer/Wine/Liquor	Monroe County
1007	2401 US HWY 14 E	RICHLAND CENTER	53581	Beer/Wine/Liquor	Richland County
1012	120 FRANCES LN	BEAVER DAM	53916	Beer/Cider	Dodge County
1138	7202 WATTS RD	MADISON	53719	Beer/Wine/Liquor	Dane County
1167	3500 BRUMBACK BLVD	KENOSHA	53144	Beer/Wine/Liquor	Kenosha County
1176	1800 US HIGHWAY 51	STOUGHTON	53589	Beer/Wine/Liquor	Dane County
1202	4331 8TH ST S	WISCONSIN RAPIDS	54494	Beer/Wine/Liquor	Wood County
1267	1905 MCCOY ROAD	SUN PRAIRIE	53590	Beer/Wine/Liquor	Dane County
1274	1362 W MAIN ST	WHITEWATER	53190	Beer/Wine/Liquor	Walworth County
1276	3711 S TAYLOR DR	SHEBOYGAN	53081	Beer/Wine/Liquor	Sheboygan County
1277	611 STATE HIGHWAY 54	BLACK RIVER FALLS	54615	Beer/Wine/Liquor	Jackson County
1305	3800 DEERFIELD DR	JANESVILLE	53546	Beer/Wine/Liquor	Rock County
1316	1536 EGG HARBOR RD	STURGEON BAY	54235	Beer/Wine/Liquor	Door County
1366	3500 E MAIN ST	MERRILL	54452	Beer/Wine/Liquor	Lincoln County
1394	10600 W LAYTON AVE	GREENFIELD	53228	Beer/Wine/Liquor	Milwaukee County
1396	920 HWY 12	BARABOO	53913	Beer/Wine/Liquor	Sauk County
1430	351 S WASHBURN ST	OSHKOSH	54904	Beer/Wine/Liquor	Winnebago County
1447	3705 TOWER AVE	SUPERIOR	54880	Beer/Cider	Douglas County
1449	4115 CALUMET AVE	MANITOWOC	54220	Beer/Cider	Manitowoc County
1453	2440 W MASON ST	GREEN BAY	54303	Beer/Wine/Liquor	Brown County
1471	1717 N SHAWANO ST	NEW LONDON	54961	Beer/Wine/Liquor	Waupaca County
1515	W190N9855 APPLETON AVE	GERMANTOWN	53022	Beer/Wine/Liquor	Washington County
1551	6701 S 27TH ST	FRANKLIN	53132	Beer/Wine/Liquor	Milwaukee County
1571	250 E WOLF RUN	MUKWONAGO	53149	Beer/Wine/Liquor	Waukesha County

1635	2000 S WEST AVE	WAUKESHA	53189	Beer/Wine/Liquor	Waukesha County
1643	377 N ROLLING MEADOWS DR	FOND DU LAC	54937	Beer/Wine/Liquor	Fond du Lac County
1650	825 E GREEN BAY AVE	SAUKVILLE	53080	Beer/Wine/Liquor	Ozaukee County
1669	3915 GATEWAY DR	EAU CLAIRE	54701	Beer/Wine/Liquor	Eau Claire County
1678	2863 HERITAGE DR	DELAFIELD	53018	Beer/Wine/Liquor	Waukesha County
1679	3107 MARKET PL	ONALASKA	54650	Beer/Wine/Liquor	La Crosse County
1727	861 COUNTY RD F	BERLIN	54923	Beer/Wine/Liquor	Green Lake County
1776	1901 MARKET WAY	WATERTOWN	53094	Beer/Wine/Liquor	Jefferson County
1799	2950 NEW PINERY ROAD	PORTAGE	53901	Beer/Wine/Liquor	Columbia County
1819	180 CEDAR FALLS RD	MENOMONIE	54751	Beer/Cider	Dunn County
1828	250 CROSSROADS DR	PLOVER	54467	Beer/Wine/Liquor	Portage County
1908	2292 MAIN ST	GREEN BAY	54311	Beer/Wine/Liquor	Brown County
1931	2121 LINCOLN ST	RHINELANDER	54501	Beer/Wine/Liquor	Oneida County
1982	955 MUTUAL WAY	APPLETON	54913	Beer/Wine/Liquor	Outagamie County
2127	4300 RIB MOUNTAIN DR	WAUSAU	54401	Beer/Wine/Liquor	Marathon County
2271	1244 EAST GREEN BAY	SHAWANO	54166	Beer/Wine/Liquor	Shawano County
2335	4198 NAKOOSA TRL	MADISON	53714	Beer/Wine/Liquor	Dane County
2421	2212 GLACIER DR	SAINT CROIX FALLS	54024	Beer/Wine/Liquor	Polk County
2509	810 S IRISH RD	CHILTON	53014	Beer/Wine/Liquor	Calumet County
2510	8760 NORTHRIDGE WAY	MINOCQUA	54548	Beer/Wine/Liquor	Oneida County
2532	2785 MILWAUKEE RD	BELOIT	53511	Beer/Wine/Liquor	Rock County
2545	2900 ROOSEVELT RD	MARINETTE	54143	Beer/Wine/Liquor	Marinette County
2658	1515 W PARADISE DR	WEST BEND	53095	Beer/Wine/Liquor	Washington County
2668	3049 S OAKES RD	STURTEVANT	53177	Beer/Wine/Liquor	Racine County
2813	2001 N CENTRAL AVE	MARSHFIELD	54449	Beer/Wine/Liquor	Marathon County
2936	10330 W SILVER SPRING RD	MILWAUKEE	53225	Beer/Wine/Liquor	Milwaukee County
2958	3701 E CALUMET ST	APPLETON	54915	Beer/Wine/Liquor	Calumet County
2986	1155 W WINNECONNE AVE	NEENAH	54956	Beer/Wine/Liquor	Winnebago County
3245	15594 STATE HIGHWAY 77	HAYWARD	54843	Beer/Wine/Liquor	Sawyer County
3247	1819 E GENEVA STREET	DELANAN	53115	Beer/Wine/Liquor	Walworth County
3268	200 E STATE HIGHWAY 64	ANTIGO	54409	Beer/Wine/Liquor	Langlade County
3322	411 PEWAUKEE RD	PEWAUKEE	53072	Beer/Wine/Liquor	Waukesha County
3324	4433 VANGUARD DR	SHEBOYGAN	53083	Beer/Wine/Liquor	Sheboygan County
3488	1901 MILWAUKEE AVE	BURLINGTON	53105	Beer/Wine/Liquor	Racine County
3497	428 WALTON DR	PLYMOUTH	53073	Beer/Cider	Sheboygan County

3499	1520 STATE HWY 26	JEFFERSON	53549	Beer/Wine/Liquor	Jefferson County
3505	130 COMMERCE ST	WISCONSIN DELLS	53965	Beer/Wine/Liquor	Sauk County
3643	1010 N 8TH ST	MEDFORD	54451	Beer/Wine/Liquor	Taylor County
3857	2151 ROYAL AVE	MONONA	53713	Beer/Wine/Liquor	Dane County
4281	800 W 10TH ST S	LADYSMITH	54848	Beer/Wine/Liquor	Rusk County
4E77	W159S6530 MOORLAND RD	MUSKEGO	53150	Beer/Wine/Liquor	Waukesha County
5C90	1415 LAWRENCE DR	DE PERE	54115	Beer/Wine/Liquor	Brown County
5127	4622 MORMON COULEE RD	LA CROSSE	54601	Beer/Wine/Liquor	La Crosse County
5373	2786 COMMERCIAL BLVD	CHIPPEWA FALLS	54729	Beer/Wine/Liquor	Chippewa County
5438	15333 W NATIONAL AVE	NEW BERLIN	53151	Beer/Wine/Liquor	Waukesha County
5667	222 N CHICAGO AVE	SOUTH MILWAUKEE	53172	Beer/Wine/Liquor	Milwaukee County
5668	5301 S 76TH ST	GREENDALE	53129	Beer/Wine/Liquor	Milwaukee County
5669	4140 W GREENFIELD AVE	WEST MILWAUKEE	53214	Beer/Wine/Liquor	Milwaukee County
5695	5625 WASHINGTON AVE	MOUNT PLEASANT	53406	Beer/Wine/Liquor	Racine County
6394	6300 W. BROWN DEER ROAD	BROWN DEER	53223	Beer/Wine/Liquor	Milwaukee County

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered 07/01/2019 - 06/30/2020
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1020028180-05
--

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

Legal Name (corporation, limited liability company, partnership or sole proprietorship) WAL-MART STORES EAST, LP		Federal Employer Identification No. (FEIN) 71-0862119	
Trade or Business Name (if different than Legal Name) WALMART #1727		Telephone Number (479) 204-2096	
Business Address (License Location) 861 COUNTY ROAD F		Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	
Municipality BERLIN	State WI	Zip Code 54923	Business Telephone (920) 361-1600
Mailing Address (if different than Business Address) 702 SW 8TH ST., LICENSING DEPT. 8916		County GREEN LAKE	
		Municipality BETONVILLE	State AR
		Zip Code 72716-0500	

Organization (check one)

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

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

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

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

Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


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

Renewal Alcohol Beverage License Application.

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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 Wells-Krause VFW Post 2925
 Address of Corporation/Limited Liability Company (if different from licensed premises) 420 N Wisconsin St Berlin, WI 54923

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	Dennis R Wiese	213 Spring St	Berlin, WI 54923
Vice President/Member	Larry R Pelchat	255 Center St	Berlin, WI 54923
Secretary/Member	Raymond M Darnick	425 E. Marquette St	Berlin, WI 54923
Treasurer/Member	Richard J Bartol	W769 Klondike Rd	Berlin, WI 54923
Agent	Richard J. Bartol	W769 Klondike Rd	Berlin, WI 54923
Directors/Managers	David B Youngbauer	391 Sacramento St	Berlin, WI 54923

C. 1. Trade Name Wells-Krause VFW Post 2925 Business Phone Number 920-9361-1575
 2. Address of Premises 420 N Wisconsin St Post Office & Zip Code Berlin, WI 54923

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.) 1st floor bar, lower level storeroom, cooler in outbu
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 (808) 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 undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Richard J Bartol *RM*
 (Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-15-19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.: <u>ES-0484</u>	FELN Number: <u>39-6053530</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 (elder only)	\$ N/A
<input checked="" type="checkbox"/> Class B liquor	\$ <u>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE – (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY
3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 CHARGE _____ WHERE CONVICTED _____
 DATE _____ PENALTY _____ MISDEMEANOR FELONY

PENDING CHARGE

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
 PENDING CHARGE _____ DATE _____

Renewal Alcohol Beverage License Application

Submit to municipal clerk. Read instructions on reverse side.

For the license period beginning: 07 01 2019 ending: 06 30 2020
(MM DD YYYY) (MM DD YYYY)

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

County of GREEN LAKE 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
Simonis Teresa V 142 E Marguerite St Berlin WI 54923

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

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

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

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

C. 1. Trade Name WOLFF'S Den BAR Business Phone Number 920 290 3370

2. Address of Premises 122 E Huron St. Post Office & Zip Code Berlin WI 54923

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 1st floor 1/2 basement

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

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

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

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

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

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

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

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

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Teresa Simonis

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

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4-29-19</u>	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

Applicant's WI Seller's Permit No.:	FEIN Number:
<u>4560000420102-03</u>	<u>296569378</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>300.00</u>
<input type="checkbox"/> Reserve Class B liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

Instructions for Renewal Alcohol Beverage License Application

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e., individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Beverage License Application).

CORPORATIONS:

One officer must sign application. Be sure to answer Question No. 7 by indicating any change of officers, directors, and/or changes in home address. If there are any changes in officers and/or directors each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Forms AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One member/manager must sign application. Follow procedure under Corporations for any change of members or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. 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.

DISCRIMINATION CLAUSE -- (City of Milwaukee only)

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry, the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Questions No. 6a and/or 6b on reverse side are "YES," outline details below:

CONVICTIONS

- | | |
|--------------------------|--|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 2. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |
| 3. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| CHARGE _____ | WHERE CONVICTED _____ |
| DATE _____ PENALTY _____ | <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY |

PENDING CHARGE

- | | |
|----------------------|-----------------------------------|
| 1. NAME _____ | STATUTE NO./LOCAL ORDINANCE _____ |
| PENDING CHARGE _____ | DATE _____ |

9490-15

WISCONSIN DEPARTMENT OF REVENUE

WHOLESALER'S REPORT OF DELINQUENT RETAIL LICENSEE

TO THE LIQUOR LICENSING AUTHORITY OF:

C-Berlin County of Green Lake Wisconsin (Municipality)

This is to certify that Teresa Simonis (Name of Licensee)

a licensed liquor retailer doing business as Wolffs Den (Trade Name) 122 E Huron Street Berlin Wisconsin (Address of Premises)

is indebted in excess of 30 days to BADGER LIQUOR CO., INC.

for liquor purchased by and delivered to the named licensee on dates and in the amounts shown by the following invoices:

Table with 3 columns: INVOICE NUMBER, DATE, AMOUNT. Rows include BN903628 (nsf ck) 10/11/18 395.80, BN907639 (nsf ck) 10/18/18 187.74, BN911664 10/25/18 441.12, NS1391 (nsf ck s/c) 11/29/18 50.00, BN918957 11/01/18 256.60, BN923518 11/08/18 901.08, BN928065 11/15/18 351.65, BN931667 11/20/18 211.57.

Table with 3 columns: INVOICE NUMBER, DATE, AMOUNT. All cells are empty.

The accuracy of this report is verified by SUE HENSEL, CREDIT MANAGER whose signature appears below.

Section 125.69(4)2(b) of the Wisconsin Statutes prohibits issuance of a retailer's license to any person having any indebtedness for intoxicating liquor to any wholesale permittee of more than 30 days standing.

WHOLESALER'S VERIFICATION:

I declare under penalties of law that I have examined the records maintained in the normal course of business as a wholesaler of intoxicating liquors and that each of the invoices listed above is unpaid as of 4/2 2019

Signature Sue Hensel Title Credit Manager

For Badger Liquor Co., Inc., PO Box 1137 Fond du Lac, WI 54936-1137 800-242-9708

INSTRUCTIONS TO WHOLESALER

Wholesaler must prepare this report in triplicate with the original being sent to the licensing authority, one copy to the Wisconsin Department of Revenue, Excise Tax Bureau, Post Office Box 8905, Madison, Wisconsin 53708, and the other to be retained in the files of the wholesaler.

NOTE: This form is to be filed with the licensing authority and with the Wisconsin Department of Revenue no later than June 15, except in Milwaukee County where the filing date shall be no later than June 1.

WISCONSIN DEPARTMENT OF REVENUE

WHOLESALER'S REPORT OF DELINQUENT RETAIL LICENSEE

TO THE LIQUOR LICENSING AUTHORITY OF:

C-Berlin County of Green Lake Wisconsin
(Municipality)

This is to certify that Teresa Simonis
(Name of Licensee)

a licensed liquor retailer doing business as Wolffs Den
(Trade Name)
122 E Huron Street Berlin Wisconsin
(Address of Premises)

is indebted in excess of 30 days to BADGER LIQUOR CO., INC.

for liquor purchased by and delivered to the named licensee on dates and in the amounts shown by the following invoices:

Table with 3 columns: INVOICE NUMBER, DATE, AMOUNT. Contains 8 rows of invoice data.

Table with 3 columns: INVOICE NUMBER, DATE, AMOUNT. Contains 8 empty rows.

The accuracy of this report is verified by SUE HENSEL, CREDIT MANAGER whose signature appears below.

Section 125.69(4)2(b) of the Wisconsin Statutes prohibits issuance of a retailer's license to any person having any indebtedness for intoxicating liquor to any wholesale permittee of more than 30 days standing.

WHOLESALER'S VERIFICATION:

I declare under penalties of law that I have examined the records maintained in the normal course of business as a wholesaler of intoxicating liquors and that each of the invoices listed above is unpaid as of 4/2 2019

Signature Sue Hensel Title Credit Manager

For Badger Liquor Co., Inc., PO Box 1137 Fond du Lac, WI 54936-1137 800-242-9708

INSTRUCTIONS TO WHOLESALER

Wholesaler must prepare this report in triplicate with the original being sent to the licensing authority, one copy to the Wisconsin Department of Revenue, Excise Tax Bureau, Post Office Box 8905, Madison, Wisconsin 53708, and the other to be retained in the files of the wholesaler.

NOTE: This form is to be filed with the licensing authority and with the Wisconsin Department of Revenue no later than June 15, except in Milwaukee County where the filing date shall be no later than June 1.

APPLICATION FOR AMUSEMENT DEVICE LICENSE
For License Year Ending June 30, 2020

State of Wisconsin
County of Green Lake
City of Berlin

TO: Jodie Olson, City Clerk
Berlin, WI 54923

I, the undersigned hereby apply for a license to maintain or permit maintenance of amusement or music device(s) on my premises. As a condition of the granting of such license, I agree that during the period of such license, the Chief of Police, police officers, or any other duly authorized officials of the City may at all reasonable hours enter into and upon the licensed premises for the purpose of inspecting the premises to ascertain if all City Ordinances and State Laws are being obeyed, and shall also consent to the removal from the premises, without warrant, of all things and articles there and in violation of City Ordinances or State Laws and to the introduction and receipt of such things and articles in any prosecution or proceedings for violation of City Ordinances or State Laws.

NAME OF OWNER OR MANAGER OF BUSINESS: Teresa V Simonis

ADDRESS OF PREMISES TO BE LICENSED: 122 E Huron st.

RESIDENCE OF OWNER OR MANAGER: 142 E Marquette st

- DESCRIPTION OF DEVICES:
1. Juke Box
 2. Pool table
 3. dart board
 4. dart board
 5. Video Machine
 6. Video Machine
 7. Video Machine
 8. Video Machine
 9. Video Machine
 10. _____

DATE OF APPLICATION: 4-29-19

RECEIPT NUMBER: _____

LICENSE FEE: \$10.00 PER DEVICE



SIGNATURE OF APPLICANT